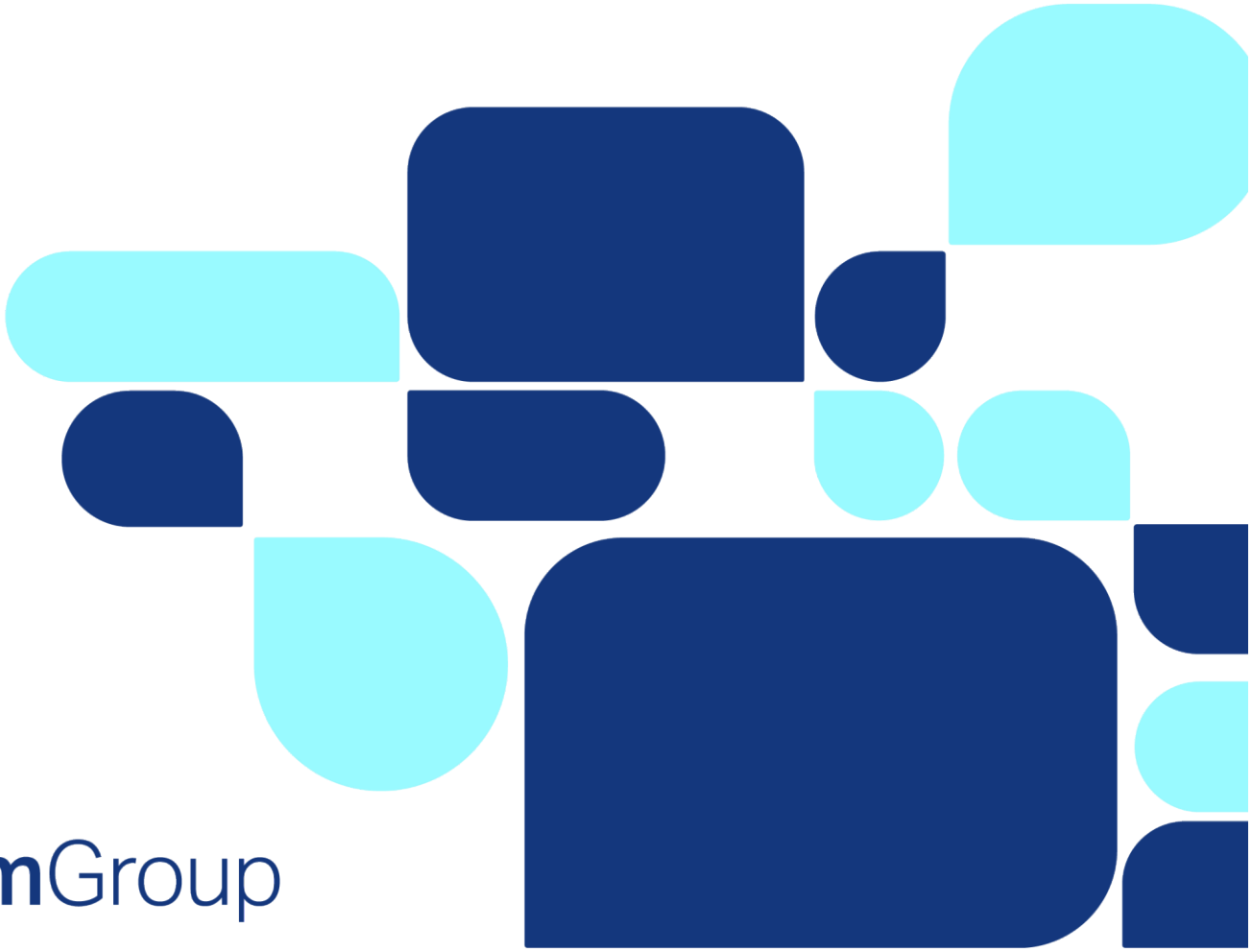
Bim Group

1151 Red Mile Road
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Florida Tile
REQUEST FOR PROPOSAL:
Benefits Broker and Consulting Services

December 1, 2022



BimGroup

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Scope of Services

In general, the following are services we would anticipate would be provided by the broker/consultant throughout the term of the contract. The selected firm will be viewed as an active partner in ensuring employee satisfaction. Detailed Scope of Services may be revised and finalized at the time of contract negotiations.

- Serve as management consultant on health plan and ancillary benefits and other related employee benefit programs. Provide advice and assistance reviewing the Employee Benefits Program on a continuing basis to ensure that plans are in compliance with federal, state, and local requirements, and that there is adequacy of benefits with respect to other plans. Recommend alternative benefit designs or delivery systems as dictated by emerging plan costs or benefit practices.
- Serve as a supportive partner to Human Resources as we deliver comprehensive and competitive benefits.
- Notification, monitoring and providing information on pending or new legislation, as well as benefit and funding trends that may affect the benefits program, applying assumptions to various scenarios. Advise of market and business benefit trends affecting employee benefits.
- Negotiate for favorable costs and services with vendors including semi-annual reports for budgeting and renewal purposes and quarterly reviews for plan management.
- Prepare and review contracts, plan documents including summary plan descriptions, contract, employee summaries, insurance policies and other documents for applicability, accuracy, understandability, and legal compliance.
- Prepare funding/cost analysis including projecting funding needs for upcoming fiscal year.
- Maintain records of the financial and claims experience, condition, and progress of the plans and provide quarterly reports. Set up strategic meetings, at least bi-annually.
- Participate with Florida Tile when requested in communications and actions with the insurance carriers. Work with insurance carriers and vendors on problem resolution and to monitor their performance.
- Provide support and assistance in preparing communication materials and in conducting wellness and open enrollment fairs/meetings.
- Be available to attend meetings at the Florida Tile and with vendors, as required.
- Participate in appropriate audits of vendors, if requested by the Florida Tile.

Bim Group confirms our proposal includes all mandatory services to market, place, and service all Employee Benefit programs of Florida Tile. We have thoroughly reviewed the services and responsibilities above, and our firm is prepared to execute each of the requested items.

Please see **Exhibit A** for our Professional Services Overview, which contains a comprehensive overview of the services Bim Group can deliver to Florida Tile.

In your proposal, please submit answers to the below questions:

1. Provide an overview of your company, including a brief description of your company's history (specifically your employee benefits division), growth, ownership structure, philosophy / culture, approximate number of employees locally and number of years in business under the same or different names.

Founded in 1980, Bim Group is an independent, privately held, professional services corporation dedicated exclusively to employee benefit consulting. Bim Group is the largest independent brokerage/consulting firm in Kentucky. With offices in Lexington and Louisville, Bim Group employs a team of professionals totaling 36 full time employees. We primarily serve employers with 50 to 5,000 employees in a variety of industries including government, legal, health care, education, manufacturing, equine, construction, banking, and retail. Please note Exhibit B for our Representative Client List.

Our shared vision is to provide employers with the opportunity to protect and enhance their employees' quality of life. To support this mission, we employ a diverse and dedicated team of professionals who possess expertise in all aspects of employee benefits, workforce health improvement, compliance, and human resources. Bim Group has a unique culture that allows us to recruit and retain some of the most talented professionals in the market. As evidence of such, Bim Group is a perennial recipient of Kentucky's Best Places to Work and has received national recognition as a winner of the Alfred P. Sloan Award for Workplace Excellence and Flexibility. Unquestionably, the depth and dedication of our team has been a catalyst to the continued success and growth of Bim Group.

We are a proud "Partner Firm" of United Benefit Advisors (UBA), a community of 140 of the most successful and trusted independent employee benefits advisory firms in North America and Europe – the fifth largest broker / consultant in the US based on global benefits revenue. Collectively, 2,500+ employee benefit professionals serve 36,000 employer plan sponsors representing 5,000,000 employees. UBA partner qualification requires strict adherence to the highest standards of business ethics, professionalism, and integrity – values that translate into exceptional service for employers. Partners share their collective innovation and best practices, which allows for the development of sophisticated, cost-effective solutions that are unparalleled by any local, regional, or national broker/consultant. As a result of our UBA partnership, Bim Group offers the best of both worlds – the confidence of working with a large national organization, while maintaining the personal experience of consulting with an independent advisor.



2. Please include a brief resume of the Service team members who would support the Florida Tile including qualifications, expertise, technical/industry-specific experience, and time with company. Who will be the day-to-day contacts for the account?

L. Briggs Cochran, CEO / Sr. Benefit Advisor

Briggs founded Bim Group in 1980 after graduating from the University of Kentucky with a degree in Business Administration. Under Briggs' leadership, Bim Group has grown into a regional market leader while earning a reputation for delivering exceptional value in all aspects of employee benefit consulting. Briggs' practice primarily serves employers with 100+ employees with emphasis on clients who are growing and place a high importance on benefits as a strategic initiative to their success. Briggs has also worked extensively with senior corporate leaders in establishing select executive compensation plans. He has served on numerous employee benefits related private and public advisory committees and is a frequently requested speaker on employee benefits matters. Briggs is proud to lead a team of professionals who have voted Bim Group as one of Kentucky's "Best Places to Work."!

Katie Casey, Account Executive (Primary Contact)

Katie began her insurance career in 2009 working for Bluegrass Family Health, then Baptist Health Plan, in Provider Services. She then transitioned to the ASO department as the Network Lease representative. She completed her tenure at Baptist Health Plan as the Self-Funded Account Manager for the TPA/ASO Division, which included managing the statewide Baptist Employee Health Plan. As Baptist closed its insurance company, she accepted a position with a national benefit advisory firm as an Account Manager and ultimately served there as a Supervisor of Account Management. In her role she worked with clients from 2-1,000 lives including a varied assortment of industries, plan types and funding arrangements. Katie joined Bim Group in March 2020.

Debbie Lemons, Client Service Specialist (Primary Contact)

Debbie graduated from West Virginia Institute of Technology in 1995 and has over 20 years of employee benefits experience working with large group clients. In her current position as Client Service Manager on the Large Group Account Service Team, Debbie is responsible for providing employee communication materials, conducting employee meetings, planning wellness initiatives, and is deeply involved with executing each client's strategic planning activities relating to employee engagement and communication. Debbie is passionate about serving her clients to leverage the full value of their employee benefits.

Bonnie Cupps, Account Coordinator

Bonnie is a fifteen-year employee benefit professional whose career commenced with Bim Group in 2013. Bonnie is an expert in employee benefits procurement and data management. Bonnie primarily supports large group employers who sponsor a self-funded health plan and reports directly to the Account Executive. Bonnie's role is driven by our standards-based management system and strict adherence to timelines to meet client expectations.

Matt Clifford, Manager of Underwriting & Data Analytics

Matt received his Bachelor of Science in Accounting from the University of Kentucky in 2011 and has been with Bim Group since 2011 as a financial analyst/underwriter. Matt is the team lead of our analytics department and is responsible for developing and maintaining client financial reports which identify plan costs and utilization patterns to facilitate data driven decisions. He utilizes actuarial tools to analyze proposed carrier renewals to ensure clients pay a fair and equitable rate. Matt also works closely with our Benefit Strategists to

model the impact of plan modifications and funding changes in both fully insured and self-funded plan designs.

Jake Gregory Sr. Analyst, Underwriting and Data Analytics

Jake is a graduate of the University of Kentucky with a Bachelors of Business Administration in Finance. Jake interned at Bim Group in college and joined Bim Group full time in 2014. He is recognized at BIM for his financial and analytical skills, with which he applies using Excel and other actuarial tools. Jake's primary responsibilities include maintaining client's financial reports, as well as analyzing data in unique ways to present to current and future clients.

Kurt Kittinger Graphic Design / Technology Specialist
Kurt has been with Bim Group since 2012 and has over 30 years of Graphic Design experience. He earned his BFA Degree in Graphic Design from Eastern Kentucky University. He is responsible for managing all aspects of design projects, including the creation, development and production of employee communication pieces in various forms of media utilizing the most current forms of technology. This includes customized posters, flyers, employee benefit overview booklets, client web portals, employee communication campaigns, and email communication pieces. Kurt's creativity and technical expertise helps our clients effectively share important information with their employees.

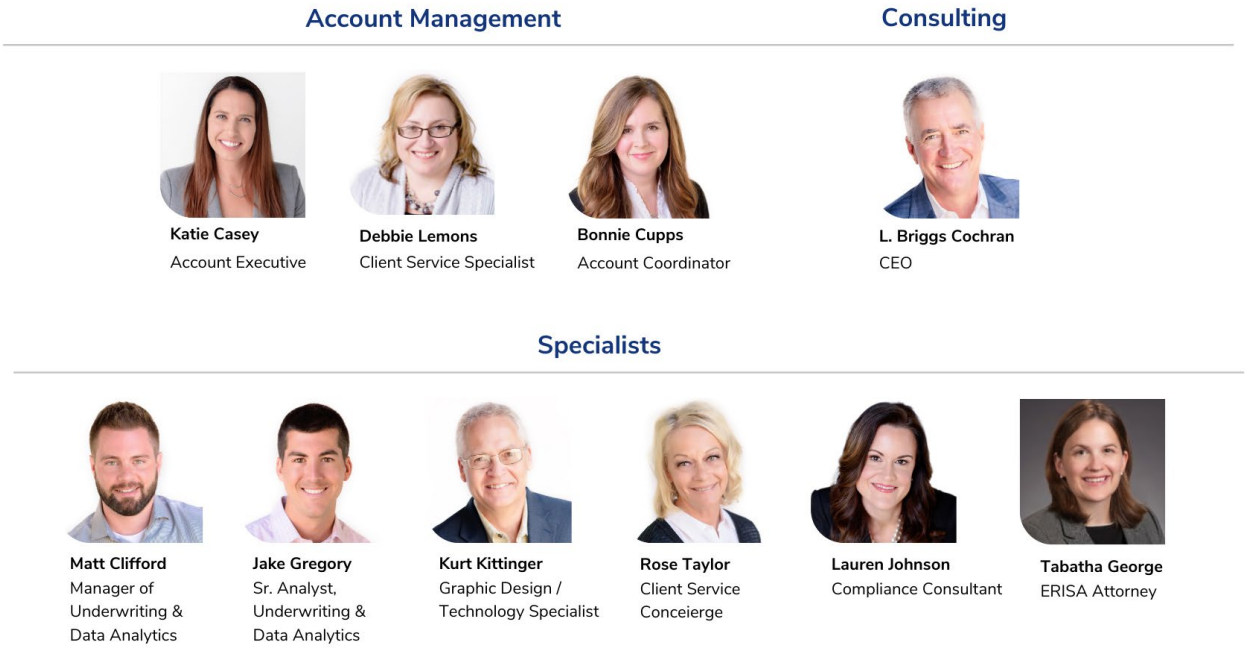
Rose Taylor Client Service Concierge
Rose serves Bim Group clients by handling billing and eligibility issues for our large group employers, while also providing accurate and timely resolution to complex claims issues. Rose joined Bim Group in 2004 and has more than 30 years of experience in the insurance industry, with an emphasis on complex claims resolution. Over the years, Rose has developed dedicated concierge relationships with a large pool of insurance carriers, which enables her to respond to inquiries and resolve complex issues in a timely manner.

Lauren Johnson, Compliance Consultant
Lauren Johnson is a benefits compliance expert with over 21 years of technical experience. She is a former partner with a regional employee benefits administration and consulting firm and is a subject matter expert on the Affordable Care Act, ERISA, Consumer Driver Healthcare Accounts, COBRA and other health and welfare benefit related issues. She earned her Bachelor's Degree from Eastern Kentucky and is a graduate of Leadership Lexington, a leadership program in Kentucky that offers individuals in the community the opportunity to broad perspectives and strengthen leadership skills. Lauren is a frequent speaker at industry events and has served as president of both the Central Kentucky Association of Health Underwriters and the Lexington Employee Benefits Council. She is certified in Flexible Compensation through the Employers Council of Flexible Compensation, received her certification as a Chartered Benefit Strategist through the National Association of Alternative Benefit Strategists and is an Accredited Pension Administrator through the National Institute of Pension Administrators.

Tabatha George, ERISA Attorney
Tabatha has 14 years' experience in commercial litigation and labor and employment law. As founder and partner in The Benefits Practice, Tabatha routinely consults with employers regarding ACA filings and has helped clients avoid or reduce millions of dollars in penalties. She also prepares plan documents for Wrap, Cafeteria, HRA, FSA, Retiree, Trust Account, Student Loan Repayment, and all other manner of employee benefit plans in addition to representing employers in DOL and IRS audits. Tabatha also specializes in preparing HIPAA compliance documents, audits privacy practices and IT systems, and conducts training for employer groups.

Tabatha completed her Juris Doctor at Harvard Law School and her BA with Concentrator in American and

English literature with a citation in Spanish literature from Harvard College. While in Law School, Tabatha participated as a representative in the UN Convention on the Rights of Persons with Disabilities NGO and is a Graduate Board Member and Legal Chair of the Harvard Bee Club.



3. What local support staff is available through your company and what is their ability to work autonomously to provide prompt service to our account? Are they employed by your company?

All team members assigned to serve Florida Tile and deliver our core health & welfare scope of services are local Kentuckians and employees of Bim Group except for Tabatha George. . We absolutely maintain the freedom to independently consult and invest in our clients without any outside organizational influence or leadership structure.

4. List manufacturing/sales clients to whom you currently provide consulting services.

Bim Group currently serves the following manufacturing clients:

- Clark Material Handling Company
- Florida Tile
- Bullard
- Gray
- KDMK
- Kobe Aluminum Automotive Products, LLC
- Tarter

- Hitachi
- Four Roses
- SRC of Lexington

5. Describe your firm's market leverage within the employee benefits marketplace.

As a recognized market leader, Bim Group's substantial block of business, underwriting expertise, negotiation skills, professional carrier relationships and unique tools & resources affords our clients with unparalleled market leverage. Bim Group maintains Platinum level relationship status with all major medical and ancillary carriers which is not only a critical success factor for negotiations but also stream-lined concierge service-related issues. On both a local and national basis, our firm has access to proprietary carrier pricing contracts with unique contractual guarantees.

While market access and influence are key factors, our approach and methodology help ensure the most advantageous outcomes for our clients. Bim Group's consultants, underwriters, and analysts have earned a reputation in the carrier community for being respectful but tenacious negotiators. Our analysts and underwriters conduct an independent analysis of previous years' claims data to determine renewal projections. Our independent underwriting serves as a resource to negotiate carrier proposals rather than accepting initial offers. We maintain a full suite of actuarial tools and resources to facilitate our underwriting negotiations and to advise our clients if the carrier's renewal is fair and reasonable. Our end goal is to ensure our clients do not overpay health and ancillary insurance premiums.

It should also be noted Bim Group utilizes specialized vendor partners for certain marketing efforts, such as IBX for the solicitation and placement of life and disability lines of coverage and Strategic Benefit Resources (SBR) for stop loss acquisition. These partners bring specific expertise to help ensure clients achieve the greatest market access with reputable carriers while evaluating and identifying deviations in contracts to achieve the lowest costs for coverage. Unlike many firms that only use a select number of carriers, we believe broader market exposure ensures our clients are receiving the best offers the market will bear. All work performed by these partners is planned within our RFP process and remains seamless to our clients.

6. List current clients in Kentucky. List clients in Kentucky with 250-500 covered lives.

We currently serve 684 clients in the state of Kentucky across a variety of industries including government, legal, health care, education, manufacturing, equine, construction, banking, and retail. Our client base is categorized into the following three market segments: LGU (Large Group Unit) – Employers with 100+ employees; MGU (Mid-Market Group Unit) — Employers with 50 to 99 employees; SGU (Small Group Unit) – Employers with 2 to 50 employees. In the LGU market segment, Bim Group currently serves 80 employers with more than 100 employees and 16 clients over 500 employees. We have included a representative client list for your review (Note Exhibit B).

7. Provide a sample of your consulting services contract.

Note Exhibit C for a sample of our consulting services contract.

8. Describe the form of professional liability or errors omission insurance carried by your company and the coverage amount.

Bim Group maintains Professionals Liability Insurance. The liability limits of this policy are $2,000,000 (including claims expense) per claim and $2,000,000 aggregate per policy period The policy covers services as insurance agent, insurance broker, managing general agent, surplus lines broker, wholesale insurance broker, underwriting manager, managing general underwriter, program administrator, insurance consultant or public, including claims adjusting, claims administration, risk management, loss control consulting, and arranging premium. Our Policy Declarations Page is included in the exhibit section (Note **Exhibit D**).

9. **Disclose any potential or perceived conflicts of interest or potential or pending litigation against your company.**

   NA

10. **Provide documentation that you are properly and currently licensed to be a broker/consultant that can perform the services desired.**

    All service team members maintain an active Kentucky Health & Life Insurance license.

11. **Do you have an in-house ERISA legal team? If yes, what services will they provide to our account and on what interval will these services be provided?**

    With the myriad of regulations which govern employee benefit plans, it is necessary for these plans to be compliant with a wide array of regulations. Our team lead and Compliance Consultant, Lauren Johnson, is supported by our ERISA attorney, Tabatha George of The Benefits Practice, both subject matter experts in compliance. Tabatha is a knowledgeable client resource for a variety of employee benefit compliance issues ranging from EEOC and IRS regulations to Health Care Reform. The Benefits Practice, is a boutique employment practices law firm that offers specialized services and when appropriate legal opinions. Furthermore, to support our compliance efforts, Bim Group has immediate access to UBA's Chief Compliance Officer.

    Bim Group's compliance team disseminates relevant information regarding state and federal laws (e.g., ACA, ERISA, ADA, COBRA, HIPAA, ARPA, etc.) through a variety of mediums and provides ongoing support to clients via email, blog posts, responding to technical questions, and staff training. Through our UBA affiliation, we provide complimentary monthly webinars with HRCI/SHRM credit. These webinars focus on a variety of HR/Compliance best practices and legislation alerts. Additional benefits of the UBA partnership include provision of in-depth material regarding the overarching aspects of the benefits law, producing client checklists and model notices, as well as facilitating discussions with legal counsel when appropriate. Bim Group also provides a semi-monthly outreach email that summarizes and provides additional information resources on regulatory HR and compliance issues.

    Our clients also have complimentary access to Mineral (formerly ThinkHR). Mineral provides real time access to SPHR experts as well as resources monitored by their team of attorneys and experts who anticipate future compliance challenges and prepare employers through additional CE accredited webinars. Please note **Exhibit E** for supporting documentation.

    As a member of the IFEBP, the premier nonprofit, educational organization, we are dedicated to providing objective, solution-oriented education and information to ensure the health and financial security of plan beneficiaries worldwide. IFEBP delivers research findings, education, and networking opportunities to thousands of benefits professionals in an objective, accurate, and timely manner. We can create group specific web-based landing pages to house documents/research/reports around emerging trends in particular areas of interest as needed for strategic planning.

A compliance services overview and examples of compliance proof of work are provided in **Exhibits F & G.**

12. **Do you have an in-house Wellness/PHM team? If yes, what services would be available to us from that team?**

Reducing the cost of health care by reducing the need for health care is a strategy Bim Group embraces and is ideally positioned to support with our subject matter expertise, tools, and resources. Anecdotally, it has been our experience that many of the traditional programs that promote healthy eating or encourage exercise routines are best considered for team building and cultural changes within an organization. However, these programs generally produce little measurable impact in overall medical plan cost. This conclusion was further validated based on a recent clinical trial of a workplace wellness program published in the April 2019 edition of the Journal of the American Medical Association JAMA), which concluded "there were no significant differences in clinical measures of health, health care spending and utilization, and employment outcomes after 18 months."[1]

Alternatively, helping members engage with providers to support preventive care and chronic disease management through a population health management approach is far more impactful to plan costs. Engaging members in preventive medicine that focuses not exclusively on decreasing plan cost, but also improving the member's individual health is essential to changing the member mindset regarding benefit plan utilization and wellness. For example, our communication efforts focus on how early detection of disease can reduce the degree of disruption to the member's daily life and can also directly impact the annual budget through potential mitigation of high-cost claims. Additionally, we have worked with many of our clients to establish on-site clinics to help eliminate the barriers to care by providing easy access, while encouraging opportunities to take advantage of the medical plan's annual screening and well visit benefits.

To support our client's executive decision process, we utilize many data elements to develop programs, including but not limited to current utilization data, plan design, robust data analytics through Cedar Gate, and overall client goals for the program. Our team supports the program through the collaborative efforts of assigned consultant, analyst, compliance specialist, service team members (NAHU wellness - certified), and when applicable external vendors. Based on current business priorities, we will continue to assist Florida Tile in the development and implementation of employee and member population health programs.

13. **Do you have an in-house Underwriting & Financial Analytics team? If yes, what services would be available to us from that team?**

Bim Group employs a dedicated underwriting and analytics team, who in working with the Sr. Benefit Advisor & Account Executive, will provide Florida Tile with monthly reporting, clinical claim analysis, plan modeling, benchmarking, budget development and reconciliation, reserve estimates, and renewal budget projections. Led by Matt Clifford (Manager of Underwriting & Data Analytics), Members of the department hold various degrees in mathematics, economics, and accounting. Our team maintains detailed historical claim files, records, and analyses through a Microsoft SQL server allowing the ability to rapidly query claims data. This coupled with a Microsoft Excel add-in allows our team to perform detailed analysis with large complex data sets on a member, provider, diagnosis, place of service, or procedure code basis.

Our team utilizes internally developed models to produce budget projections, trend analysis, premium equivalent funding rates, employee contributions, and fixed cost benchmarks, as well as various funding approaches. To

[1] [1] Song, Zirui, MD, PhD, Katherine Baicker, PhD. "Effect of a Workplace Wellness Program on Employee Health and EconomicOutcomes." *JAMA* 321, no. 15 (2019). 1491-1501.

augment and support our internal models, we employ specialized actuarial software tools as detailed below:

Claros Analytics' Actuarial Advisor – The model's detailed claim distributions are based on a claims data set that has more than 10.5 million lives and $115 billion in billed charges. The data set is updated annually in order to capture and utilize the most recent healthcare trends. The size and richness of the database allows for the development of claim distributions that reflect 34 medical service categories, 8 pharmaceutical categories, and over 200 claim size ranges. The actuarial tool affords our team to perform multiple analyses within three different areas as defined below. Please note **Exhibit H** for supporting documentation.

- Risk Decision Support
  - Monte Carlo simulation runs thousands of plan year claim scenarios that enables credible evaluation of the likelihood of key events and outliers, inaddition to predicting the likelihood of incurring an aggregate claim.
  - Evaluate the appropriate specific deductible level and how an aggregatingspecific corridor can be used to maximize return on premium.

- Actuarial Advisor
  - Enables you to compare, evaluate and customize plan options
  - Determine the expected financial impact of a plan change (e.g., deductibles, coinsurance, out-of-pocket maximums, and medical and pharmacy copays)
  - Understand the claim impact of mergers and acquisitions, provider networks, demographics and stop loss levels
  - Calculate a manual rate for underwriting negotiation support
  - Calculates manual pooling and stop loss rates for carrier negotiation support

- Plan Migration Forecast
  - Utilizing up to three years of claims data, the predictive solution normalizes data for large claims, and adjusts yearly for changes in demographics, plan design, and other factors. The tool's migration algorithm can then forecast how plan participants are expected to enroll given past benefit decisions and simulated future requirements. The solution can also model the impact of participant cost sharing and contributions.

Optum Insight's Medical Reserve Calculator – Actuarial tool utilized to analyze and establish appropriate IBNR accrual and reserve levels.

Cedar Gate – Our Population Health Management, Data Management, and Healthcare Analytics software company that provides clients with meaningful insights to better manage and analyze the cost, care, quality, and risk of populations. The application can accommodate up to five years of historical claim information as well as eligibility, wellness data, and biometric results. We are then able to compare the group's population to benchmarks, measure and track the ROI of wellness programs, use predictive modeling to estimate trends, identify areas of cost savings (Place of Service switch), and determine if cost variances are driven by unit cost or utilization. Please note **Exhibit I** for supporting documentation.

Milliman's Comprehensive Health Plan Assessment – Benchmarking survey covering plan design, trends, premium rating, and employee contributions based on over 23,000 employers across the country. Please note **Exhibit J** for supporting documentation.

14. **How would your account team service us differently than your general competitors?**

Our Bim Group team is energized by clients who embrace ideals that go beyond a simple benefit quoting process. We recognize that a client such as Florida Tile requires an intense focus beyond the transactional aspects of our practice, and we excel with such clients who are open to new ideas and approaches. Bim Group's business model supports this type of critical thinking through a dedicated team of professionals with broad expertise in all aspects of health & welfare planning and consulting. We maintain a "deep bench" of professional strategic partners that are nationally recognized for their expertise.

Simply stated, our team does not adhere to the approach of many consultants who make recommendations based upon a global perspective which often lack support and follow-up. Rather we actively manage and support our clients from concept through successful implementation. Bim Group's business approach ideally positions Florida Tile to leverage the best possible outcomes through a seamless delivery model for your Employee Benefit plans.

Our service model ensures the following goals are met:

- A clear, well-defined benefits strategy.
- Open and collaborative lines of communication between Florida Tile's HR Team, Leadership Team, Executives and the Bim Group Team.
- Action plans that enable Florida Tile to achieve benefit plan objectives.
- Florida Tile will have a clear and effective strategy for communicating with and engaging their employees.
- Health and wellness of Florida Tile employees will be supported through compliant and well communicated programs.
- Employees will fully understand, optimally utilize, and appreciate the value of their benefit plans.
- Engaging employees to understand the responsibility for decisions and actions that impact efficient utilization of their benefits.

15. **What services will be provided? Include both services that you would recommend to Florida Tile and any standard services you offer that set you apart from competitors.**

Strategic Planning

Accomplishment of Florida Tile's goals for its employee benefit plans will be achieved through our standards-based management system, which helps ensure tactical execution of both the immediate annual renewal process, as well as multi-year strategic initiatives. Reliance on this management approach is indispensable in effectively implementing the strategies identified during our custom planning process, as well as assisting our clients in realizing administrative efficiencies.

In support of this planning process, we will continue to utilize cutting edge delivery systems, best- practice healthcare initiatives, consideration of industry trends, and prospective legislation to form our recommendations to Florida Tile's leadership team. Our approach to the annual market analysis process of carriers for medical,

pharmacy, ancillary, and worksite coverage lines yields substantial savings opportunities for our clients. Our commitment to Florida Tile is not limited to identifying savings opportunities; it embraces working collaboratively to negotiate, leverage, review, budget, and effectively implement our recommendations to include the establishment of appropriate annual premium rates and reserves prepared by our analyst and underwriting teams.

As previously mentioned, Bim Group partners with Milliman, a globally recognized independent actuarial firm for various services but particularly for its medical plan benchmark reporting. Milliman's benchmarking report covers over 100 data points with 23,000 employer participants across 35+ markets.

Underwriting & Actuarial Services

Bim Group employs a dedicated underwriting and analytics team. Our team utilizes internally developed models to produce budget projections, trend analysis, premium equivalent funding rates, employee contributions, and fixed cost benchmarks, as well as various funding approaches. To augment and support our internal models, we employ specialized actuarial software tools as detailed below:

- Claros Analytics' Actuarial Advisor – The model's detailed claim distributions are based on a claims data set that has more than 10.5 million lives and $115 billion in billed charges. The data set is updated annually in order to capture and utilize the most recent healthcare trends. The size and richness of the database allows for the development of claim distributions that reflect 34 medical service categories, 8 pharmaceutical categories,and over 200 claim size ranges. The actuarial tool affords our team to perform multiple analyses within three different areas as defined below.
    - Risk Decision Support
        - Monte Carlo simulation runs thousands of plan year claim scenarios that enables credible evaluation of the likelihood of key events and outliers, inaddition to predicting the likelihood of incurring an aggregate claim.
        - Evaluate the appropriate specific deductible level and how an aggregating specific corridor can be used to maximize return on premium.
    - Actuarial Advisor
        - Enables you to compare, evaluate and customize plan options
        - Determine the expected financial impact of a plan change (e.g., deductibles, coinsurance, out-of-pocket maximums, and medical and pharmacy copays)
        - Understand the claim impact of mergers and acquisitions, provider networks,demographics and stop loss levels
        - Calculate a manual rate for underwriting negotiation support
        - Calculates manual pooling and stop loss rates for carrier negotiation support
    - Plan Migration Forecast
        - Utilizing up to three years of claims data, the predictive solution normalizes data for large claims, and adjusts yearly for changes in demographics, plan design, and other factors. The tool's migration algorithm can then forecast

how plan participants are expected to enroll given past benefit decisions andsimulated future requirements. The solution can also model the impact of participant cost sharing and contributions.

- Optum Insight's Medical Reserve Calculator – Actuarial tool utilized to analyze and establish appropriate IBNR accrual and reserve levels.

- Cedar Gate – This new Bim Group partner is a Population Health Management, Data Management, and Healthcare Analytics software company that provides clients with meaningful insights to better manage and analyze the cost, care, quality, and risk of populations. The application can accommodate up to five years of historical claim information as well as eligibility, wellness data, and biometric results. We are then able to compare the group's population to benchmarks, measure and track the ROI of wellness programs, use predictive modeling to estimate trends, identify areas of cost savings (Place of Service switch), and determine if cost variances are driven by unit cost or utilization.

- Milliman's Comprehensive Health Plan Assessment – Benchmarking survey covering plan design, trends, premium rating, and employee contributions based on over 23,000 employers across the country.

Utilization Reporting

Together Bim Group's account management and analytics team will provide monthly financial reporting, clinical claim analysis, and year-to-date budget analysis. Our reporting is flexible in order to illustrate utilization by category, place-of-service, and CPT category. This information is of utmost importance and positions Florida Tile's leadership team to make informed decisions.

Regarding the continual monitoring of the Florida Tile's budget and claims activity: initially, the Senior Benefit Strategist will work with internal team members, specifically the underwriting team to begin analyzing previous claims data, benchmarking the data, projecting renewal costs, and developing a budget. Ongoing, our use of predictive modeling software and risk mitigation strategies to manage the plan's financial exposure plays a central role in our consultative approach. Not only are we able to provide clarity into the impact of alternative benefit strategies on plan cost, we are able to identify rising risks that can be managed through intervention strategies that support member level wellness and chronic disease-prevention initiatives. Using actuarial software to model and normalize benefit design changes, combined with actual claim utilization repricing exercises, we can identify cost savings opportunities.

Following implementation of the renewal plan, our team will continue to utilize the analysts and underwriters to provide monthly reporting in regard to budgets and claims. This information is invaluable when fiscal responsibility is of utmost importance.

Bim Group partners with Cedar Gate, a Population Health Management, Data Management, and Healthcare Analytics & Reporting software company. Cedar Gate's software provides self-funded clients with meaningful insights to better manage and analyze the cost, care, provider quality, and risk of populations. Cedar Gate reporting is managed internally by our Underwriting department., making it easier to produce tailored reports for our clients.

Analyzing a self-funded employer's healthcare claims, Cedar Gate identifies high quality, lower cost provider options, tracks costs associated with chronic conditions identified within the group, identifies gaps in care, detects wasteful and unnecessary medical utilization, and measures effectiveness and Return on Investment (ROI) of medical management, wellness initiatives, or onsite clinics. Cedar Gate is capable of benchmarking cost and

utilization on national, regional or industry data sets. This helps enable the identification of rising risks that can be managed through intervention strategies supporting member level wellness and chronic disease-prevention initiatives.

Vendor Management

Three factors allow Bim Group to react with creativity, flexibility, and speed when working to resolve carrier/vendor issues: 1) we are a locally-owned independent firm, 2) we are recognized by national vendors due to our partnership with UBA, and 3) we maintain substantial books of business with a multitude of vendors in Kentucky. Our clients represent a significant portion of managed premium for Anthem BCBS of Kentucky, Humana, and United Healthcare, in addition to Aspirant and UMR. The platinum level status with major medical and ancillary (e.g., dental, vision, life and disability) carriers affords us market leverage, which is essential not only for negotiations but also for service-related issues. Both on a local and national basis, our firm has access to proprietary pricing and contractual feature guarantees through many insurance carriers- including health, reinsurance, life and disability, and other ancillary contracts. This level of influence affords the opportunity to be creative in leveraging risk for our clients, but our services extend beyond negotiation.

Our Account Service team leads the vendor procurement process, analyzing proposals and plan documents, and helping to ensure continuity and accuracy when vendor changes occur. Our team also aggregates and analyzes the performance guarantees offered by vendors and carriers. Upon completion of the renewal process, our Account Service team monitors issues and provides oversight of the selected vendor throughout the plan year. Bim Group's Client Service team is specifically tasked to work with Florida Tile's plan participants to help navigate a variety of challenges. When issues arise with vendors or carriers, our team takes the lead in resolving the problems.

Administrative / Communications Support

Our support of the HR team begins in the strategic development phase of our process, continues through the implementation phase, and culminates with ongoing support throughout the plan year. While serving our clients, the Human Resources/Benefits Management department provides the directional compass for our group efforts. Working in collaboration with Human Resources and Administration, Bim Group's team will ensure the successful development and implementation of the Florida Tile employee benefit program. Our teams include dedicated support representatives to minimize the workload on your Human Resources staff. Furthermore, this support extends to the individual employee and executive leadership.

Active participation in the planning and implementation of Open Enrollment Meetings, training of Human Resources staff on new/modified products and providing resolution to issues that arise are all assigned roles for our service team. In addition, we will attend any additional required meetings, present to executive leadership, and provide necessary material to HR for presentation to administration.

Bim Group places tremendous emphasis on employee communication supported by our investment in dedicated resources and staff (i.e., graphic designer/technology specialist in combination with our Client Service Specialist), who develop and produce all employee communication material in-house. Our service team will develop a strategic year-round communication plan. The cornerstone of that plan will be extensive support during the renewal and open enrollment phase of the plan year. Our team provides on-site support for open enrollment presentations, as well as assistance in providing instruction and training on transmitting enrollment transactions to the carriers. We will partner with Florida Tile to provide both employee materials for new hires and open enrollment as well as additional educational materials needed based on the strategic communication plan. We

also understand and recognize that diverse demographic groups receive and process information differently; therefore, we utilize a variety of communication mediums in supporting employee communication. An important component of our Communication and Engagement tools are survey tools which enable us to assist in beginning planning for the following year. Your Client Service Specialist would incorporate this survey plan into your 12-month strategic communication timeline.

Bim Group serves as a liaison between Florida Tile and insurance providers through our account management teams. Specifically, we provide dedicated Client Service Concierge (CSC) on- site and via telephone to help members with claims and billing resolution, coverage issues, wellness claim filings, and other general service-related issues. CSCs utilize our dedicated carrier contacts with each carrier to advocate for our client's members. However, advocating for members must be done in a compliant manner, thus, when required, all documentation (i.e., HIPAA release) is obtained prior to beginning to work on member claim issues. While the CSC and phone support staff are tasked with working directly with the plan's members, we elevate our support to ensure the Account Executive (AE) provides an additional level of oversight. AEs are made aware of and review claim concerns to ensure there is not a systemic issue within the plan.

Compliance

Providing resolution for technical questions, consistent email communication, comprehensive compliance assessments, audits, and staff training are a few of the services available to the Human Resources staff. ACA compliance and 5500 guidance are regularly discussed and shared with clients. Our Compliance Consultant will conduct an annual review of all plan documents to ensure compliance with applicable laws and contracted agreements and an annual risk assessment to identify vulnerable areas. Lauren Johnson aids with the facilitation of benefit-related forms (such as ACA 1094/1095 Forms and Form 5500) as required for compliance on all health and welfare plans.

Bim Group provides our clients with comprehensive plan documents and 5500 filing through strategic partners. This service is inclusive in our base professional service fee. Documents include a Wrap Plan, HIPAA Policies and Procedures, and Cafeteria Plan. We will consult on the addition of additional plans such as Dependent Care Account, Health Reimbursement Account, and Health Savings Account if applicable.

Through our UBA partnership, Bim Group provides monthly education and training webinars with HRCI/SHRM continuing education credit, accompanied by timely blog posts and email updates with a focus on Health Care Reform and other trending employee benefit issues. Additional benefits of the UBA partnership include provision of in-depth material regarding the overarching aspects of the benefits law, producing client checklists and model notices, as well as facilitating discussions with legal counsel when appropriate.

16. **What programs or resources do you have in place to help the Florida Tile control long term costs? How do these programs add value to our employees while keeping costs in check? How do you help with high cost claim management?**

The Bim Group underwriting team uses multiple actuarial resources but is primarily powered by Claros Analytics Actuarial Consulting Suite as described above in question #13. Using actuarial software to model and normalize benefit design changes, combined with claim utilization repricing exercises, helps validate the effect of potential changes and cost savings opportunities. Our underwriters have plan modeling capabilities to retrospectively and prospectively model a multitude of alternative health care financing strategies. When appropriate, Milliman is available to provide our team with a secondary opinion or to independently develop actuarial certified analyses.

Year round, our team assists our clients with vendor procurement, negotiating with insurance carrier peers, assisting in the development and implementation of programs, and preparing financial and contract analysis of both medical and pharmacy options. Throughout our work, we maintain a focus on opportunities to curb costs and better position clients with performance guarantees, when appropriate and available implementation of the renewal plan, our team will continue to utilize the analysts and underwriters to provide monthly reporting in regard to budgets and claims.

As mentioned previously, together Bim Group's account management and analytics team will provide monthly financial reporting, clinical claim analysis, and year-to-date budget analysis. Our reporting is flexible in order to illustrate utilization by category, place-of-service, and CPT category. Note **Exhibit K** for Florida Tile plan performance.

17. **Describe the process through which you would evaluate the effectiveness of the Florida Tile employee benefits program and how frequently you would conduct such an evaluation.**

Our team engages in an annual RFP/marketing process according to the agreed upon strategy each renewal season. The Bim Group team adheres to a standardized project plan management and guidelines which divide this activity into distinct phases with sub-tasks defined for each team of specialists. The result is well-defined renewal timeframes and categorized action items.

On an ongoing basis, our use of predictive modeling and risk mitigation strategies to manage the plan's financial exposure plays a central role in our consultative approach. We are able to define the impact of alternative benefit strategies on plan cost. Our team will also continue to assist to identify rising risks that can be managed through intervention strategies that support member level wellness and chronic disease-prevention initiatives.

Using actuarial software to model benefit design changes, combined with actual claim utilization repricing exercises, we can identify future cost savings opportunities. Our actuarial plan design tools enable our underwriting team to model the cost impact of plan design changes. Following implementation of the renewal plan, our team will continue to utilize the analysts and underwriters to provide monthly reporting in regard to budgets and claims.

18. **Describe your firm's ability to monitor legislative developments, compliance issues and carrier solvency. How will this information be communicated to us?**

Please note response to Question #11.

19. **Please describe your firm's capabilities and experience in data collection, statistical analysis and subsequent application of the quantifiable results of such analyses in the development and maintenance of benefit programs. How do you handle the confidentiality of such data and other employer related data?**

Our underwriting team utilizes internally developed models to produce budget projections, trend analysis, premium equivalent funding rates, employee contributions, and fixed cost benchmarks, as well as various funding approaches. To augment and support our internal models, we employ specialized actuarial software tools as detailed below:

Claros Analytics' Actuarial Advisor –The actuarial tool affords our team to perform multiple analyses within three different areas as defined below. Please note **Exhibit H** for supporting documentation.

- Risk Decision Support
    - Monte Carlo simulation runs thousands of plan year claim scenarios that enables credible evaluation of the likelihood of key events and outliers, inaddition to predicting the likelihood of exceeding a budget or incurring an aggregate claim
    - Evaluate the appropriate specific deductible level and how an aggregating specific corridor can be used to maximize return on premium.

- Actuarial Advisor
    - Enables you to compare, evaluate and customize plan options
    - Determine the expected financial impact of a plan change (e.g., deductibles, coinsurance, out-of-pocket maximums, and medical and pharmacy copays)
    - Understand the claim impact of mergers and acquisitions, provider networks, demographics and stop loss levels
    - Calculate a manual rate for underwriting negotiation support
    - Calculates manual pooling and stop loss rates for carrier negotiation support

- Plan Migration Forecast
    - Utilizing up to three years of claims data, the predictive solution normalizes data for large claims, and adjusts yearly for changes in demographics, plan design, and other factors. The tool's migration algorithm can then forecast how plan participants are expected to enroll given past benefit decisions and simulated future requirements. The solution can also model the impact of participant cost sharing and contributions.

Optum Insight's Medical Reserve Calculator – Actuarial tool utilized to analyze andestablish appropriate IBNR accrual and reserve levels.

Cedar Gate – This Bim Group partner is a Population Health Management, Data Management, and Healthcare Analytics software company that provides self-funded clients with meaningful insights to better manage and analyze the cost, care, quality, and risk of populations. The application can accommodate up to five years of historical claim information as well as eligibility, wellness data, and biometric results. We are then able tocompare the group's population to benchmarks, measure and track the ROI of wellness programs, use predictive modeling to estimate trends, identify areas of cost savings (Place of Service switch), and determine if cost variances are driven by unit cost or utilization. Please note **Exhibit I** for supporting documentation.

Milliman's Comprehensive Health Plan Assessment – Benchmarking survey covering plandesign, trends, premium rating, and employee contributions based on over 23,000 employers across the country.

In addition to the resources outlined above, Milliman's actuarial team is available to provide financial analysis, reporting, actuarial opinions, benchmarking, and secondary review of our work on an as needed basis.

Our comprehensive HIPAA and data security programs' purpose is to protect the confidentiality and integrity of information including ePHI by ensuring that our systems are protected against unauthorized access, use, or modification. This program also protects the availability of our network by ensuring it is available for operation and use, as well as conducting contingency planning in the event business would need to be conducted in an alternate location. Steps in achieving this high level of security are described below.

Technical Safeguards: We maintain a contract with a local Technology Services provider to outsource IT and Cyber Security Services for our employees and Infrastructure. The IT services provider manages logical security controls which include:

- Firewalls with Intrusion Prevention Services (IPS)
- Centrally Managed Anti-Virus
- Server and Network availability and performance monitoring
- Image-based backups of systems that allow for a quick restore of services inthe event of a server crash or other unexpected interruption
- Laptop encryption
- Mobile Device encryption passphrases
- Idle screen timeouts
- Enforced password rotations
- Security Incident and Event Management (SIEM)
- Centralized login with 12 months retention
- Implementation of Multi Factor Authentication (MFA) process to our server/VPN logins and email accounts
- System Availability and contingency planning: The private infrastructure that Bim Group relies on is built in a manner to maintain availability of its services through defined programs, processes, and procedures. The approach is based upon industrystandards for addressing contingency management, including:
    - A documented procedure for reporting, responding to, and handling "incidents" disruptive to normal business operations.
    - A documented procedure for responding to, managing, and maintainingbusiness continuity in a secondary location in the event of a long-term disruption caused by loss of use of the primary facility.

The IT Services provider is relied upon to maintain contingency plans and incident response playbooks to reflect emerging continuity risks and lessons learned, which include annual review exercises with Bim Group management. Bim Group has identified critical system components required to maintain the availability of the system and recover services in the event of an outage. Service usage is continuously monitored, protecting infrastructure needs and supporting availability commitments and requirements. In addition, utilization of Transport Layer Security (TLS) in email communication between Bim Group and many client domains has been established.

Administrative Safeguards:

- Defined security officer / compliance manager
- HIPAA policy written by outside counsel
- Annual updates to policy
- $1,000,000 Cyber Enterprise Risk Management Policy (Note Exhibit L)

- Information classification system
- Breach reporting procedure
- Employee Awareness training
- Secure database that requires unique user id and passwords
- Secure server that requires passwords to access internally and VPN secure access externally; secure email for PHI and PFI.
- Staff trained annually on HIPAA policies and procedures, including defining PHI, appropriate methods for sending PHI electronically, and HIPAA security. In addition, the staff is reminded throughout the year to lock pcs, laptops, tablets, smartphones, etc. that could have access to PHI and to change passwords on a monthly basis.

Physical Safeguards:

- Alarm System
- Paper information – when not in use, all PHI information is locked inside cabinets and/or offices. Paper PHI is shredded and disposed of properly when it is no longer necessary to manage the plan.
- We also execute a business associate agreement (BAA) with our clients and partners. We consult with the client and based on the individual need, we will recommend general education information, training resources, and/or consult with our strategic partners to provide HIPAA compliance and preparation of HIPAA policies and procedures at proprietary pricing.

Included in **Exhibit M** is a copy of our most recent Security Risk Analysis (SRA). The SRA results provide us an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronically protected health information on our internal servers.

20. What is the distribution of clients you have that are fully funded/self-funded?

Bim Group currently serves approximately 684 clients. Of those clients, 32 are self-funded and the remainder are fully insured.

21. Describe your firm's capabilities and expertise in the following areas

a. Self-funding/self-insurance

Bim Group has over 40 years of experience in Kentucky of effectively managing self-funded health plans with a heavily invested staff dedicated to client success.

b. Stop Loss Reinsurance

We strategically partner with Strategic Benefit Resources (SBR) for stop loss acquisition andmanagement. Our partnership with SBR allows the client seamless access to an expansive network of stop loss providers. We provide clients a standardized process that includes a thorough contractual review and comparison. This ensures the elimination of contract gaps that could create potential future claim liability.

Preferred Stop Loss contractual items reviewed as part of our process include:

- No laser contracts

- Guaranteed Renewable
- Rate Caps included
- Preferred Contract Types:
- Early Lock Provision (90-120 day)
- Medical Determination of Benefits

SBR also works with Bim Group to ensure that premiums and claims get paid quickly and accurately, reviews policies and documents for completeness, and compiles pertinent information that is delivered timely. Bim Group and SBR manage the components of self-funded health plans and work together to provide the following services related to stop-loss:

- Third Party Administrator Evaluation, Selection, and Implementation
- Stop-Loss Insurance Management
- Provider Network Evaluation, Selection and Implementation
- Negotiate Pricing, Terms and Conditions
- Plan Design Consulting
- Financial Underwriting and Premium Equivalent Rate Development
- Employer/Employee Cost Sharing Strategies
- Financial Reporting and Claims Modeling
- Plan Document Review and Compliance

c. Flexible spending accounts / health savings accounts

Bim Group provides guidance and planning related to Section 125 and FSA administration and works with multiple preferred vendors for FSA planning. Our Compliance Consultant also works with the administrators on ensuring necessary compliance of Section 125 and FSA plans.

d. Voluntary benefit programs (group and individual)

Bim Group is very experienced and well established within the realm of voluntary worksite benefit programs. The Bim team works with a variety of carriers on group and individual benefit options based on the client's preference after thorough evaluation. Through our discovery process, we will first work to provide specific analyses on how customized worksite products can complement the core benefit offerings while ensuring cost and features align to the best possible benefit advantage for Florida Tile employees.

e. TPA and recordkeeping experience

Our team has extensive experience managing self-funded employers and thus work with several TPAs in that

regard. TPAs through which we have placed business or have existing business include: UMR, United Healthcare, Humana, Anthem BCBS, ARC / Aspirant and Health Smart. TPAs providing national access networks with the deepest network discounts drive the greatest value for our self-funded clients, thus we steer our clients to these preferred partners. Bim often works in concert with the TPA to access the strongest reinsurance proposal for the client. To validate the results, we use the annual Aegis benchmark survey. We are experienced in Third Party Administrator Evaluation, Selection, and Implementation.

f. Plan administrative rules (eligibility, commencement, and termination of coverage, claims payment, appeal procedures, etc.)

Our team is trained, educated and updated with carrier and vendor administrative rules on an ongoing basis. Our Client Service Concierge representatives work with concierge-level representatives at the carriers to ensure that any issues that arise due to eligibility, claims or appeals are addressed in a timely manner and per the carrier / vendor protocol. As it relates to legislative or regulatory oversight of plan administrative rules, our Compliance Consultant and ERISA attorney may advise when guidance is needed related to these matters. We also keep clients updated regarding any regulatory activity that may have wider applicability beyond carrier rules regarding claims and appeals considerations.

g. Lifestyle/behavior modification (wellness) programs

Please note response to Question #12.

h. HIPAA, COBRA, and ACA Compliance

Bim Group is committed to providing compliance support for all regulations impacting employer sponsored health & welfare plans including ACA, ERISA, COBRA & HIPAA. For this purpose, Florida Tile has access to our Compliance Consultant who is also supported by our retained ERISA attorney. Engaging Bim Group would include an Initial compliance assessment that includes a full analysis of the Plan's compliance with State and Federal legislation, review of plan documents, annual employee notices, employee wellness program guidelines, and HIPAA policies. Reviews are performed on a periodic basis to ensure continued compliance. Bim Group provides monthly webinars, accompanied by timely blog posts and email updates with a focus on Health Care Reform and other trending employee benefit topics. We have also developed in-depth material and white papers regarding the overarching aspects of compliance regulations including the production of client checklists, and model notices. Our customized annual notices include provisions such as those required by the Public Health Service Act (ACA related regarding grandfathering, primary care physician, etc.), Medicare Part D Creditable Coverage, Health Exchange Notice, COBRA, Medicaid and the Children's Health Insurance Program Reauthorization Act (CHIPRA), Mental Health Parity, Newborn's Act Disclosure, HIPAA Special Enrollment Rights, Women's Health and Cancer Rights Act, Wellness Program (if applicable) and Summary of Benefits and Coverage. In addition to the notices, we provide an annual employer notice with step-by-step instructions on how to file Medicare Part D Creditability online and distribute the aforementioned notices to both participants and non-participants.

We work with self-funded clients to ensure that applicable HIPAA Privacy and Security policies and HIPAA training resources are identified. As part of ERISA requirements, we also work to confirm that a written plan document and summary plan description are in place to memorialize the specifics of the plan and how the plan operates. As it relates to any additional filing considerations such as the Patient Centered Outcomes Research Institute fee, our team provides the necessary information to complete the filing (e.g., participant counts). We take this approach with any current and new requirements to assist employers with maintaining a compliant health and

welfare plan.

i. Innovation

A hallmark of Bim Group's practice is innovation. We are continually and diligently pursuing health plan design strategies that deliver the highest quality health care at a lower cost while improving or maintaining a member's health. We have been frontrunners in direct to employer provider contracting in addition to adhering to the ideals of population health management in on-site, near site and virtual site health care delivery.

j. Benefit assistance and communication to employees

Bim Group employs dedicated staff (i.e., graphic designer/technology specialist in combination with our Client Service Specialist), to oversee customized employee communications. Utilizing our communication discovery process, our service team develops a strategic year-round communication plan. A primary focus of your plan will be education and support during the renewal and open enrollment phase of the plan year. Our team will work with you to develop a multi-faceted plan including needed on-site, remote and prerecorded open enrollment resources and presentations.
As detailed previously, we utilize various types of communication tools and messages based on the audience. Our professional capabilities include the opportunity with external vendor partners to deploy face to face benefit counselors during open enrollment in addition to call center capabilities with flexible hours for both open enrollment and new employee on-boarding dependent upon benefits offered. We also have expertise to aggregate enrollment data gathered through a wide variety of ben-admin systems and integrate with a client's current payroll and HRIS systems.

Post open enrollment, an important component of our Communication and Engagement tools and resources includes a bank of debrief/post open enrollment questions and survey tools to enable us to assist in beginning planning for the following year. Your Client Service Specialist incorporates this survey plan into your 12-month strategic communication timeline. We have provided a copy of your most recent customized Employee Benefits Overview (EBO) deliverable. (Note **Exhibit N**).

<u>Airbo</u>
Airbo is an employee communication platform that allows employers to push specific messaging to their employees via text and/or email and rewards those employees for acknowledging the content. Clickable tiles lead to text or videos that explain more about a particular benefit. Employees earn points as they access each tile and may participate in pop quizzes to compete for prizes (if the employer decides to offer). The point system works to engage employees and the prizes provide employees with a tangible incentive for learning more about their benefits. Airbo also provides HR with in-depth data analytics to ascertain employee engagement. Please note **Exhibit O** for supporting documentation.

<u>Touchpoints</u>
Touchpoints is a benefits communication platform with three main functions:

- Benefits portal – houses all of your employees' benefit information, including a plan comparison tool, downloadable Summary of Benefits and Coverage (SBC), and any company announcements or links you want to add.
- The Pocketpal – a mobile app version of their benefits portal. Employees can upload their individual and family's medical and dental ID cards to easily access at appointments or to send

directly to their provider.
- Text Capabilities – allows you to mass text your employees, directing them to their benefits portal, their enrollment site, their EAP site, or anywhere else you'd like them to take action.

Please note Exhibit O for supporting documentation.

Client Satisfaction

Ensuring client satisfaction is crucial to a successful partnership. Please address the following questions:

1. What is your service and client support philosophy?

Bim Group operates under a standards-based management system. Specifically, this means we have defined standard operating procedures (SOPs) with objectively written work tasks. Each member of the team refers to the SOP for the current operational task (e.g., renewal process, open enrollment, ongoing account management) and understands their specific roles and responsibilities. This standardized process benefits our firm as we adhere to reliable procedures that produce predictable results. More importantly, the standardized process streamlines the experience for our clients and achieves goals efficiently. As a result, our clients are rewarded with an account management experience that is designed to exceed their expectations.

SOPs enable our team to effectively manage a multitude of projects which also include new client on-boarding, RFP marketing, compliance audits, year-end client debriefs, financial reporting, and employee surveys. Through this proactive management process, Bim Group will develop, implement, and measure the client's goals.

Bim Group's account management team establishes a proactive client contact strategy which includes regular client meetings throughout the year. Although we have internal standards, our primary goal is to be accessible and will institute a meeting frequency that ensures our client's needs are met.

The governing documents for our engagement throughout the plan year are established through client specific project management timelines. These timelines are agreed upon by all parties including the benefit carriers who commit to delivering renewals by certain dates.

Expectations and accountability to execute are set forth a year in advance in an expansive project management timeline. Our clients are assured that renewal decisions can be integrated and aligned with their payroll, HRIS, benefits, leadership teams, and other HR processes. Other meetings throughout the year include post renewal debrief, employee education, mid-year renewal planning, a compliance audit, and monthly financial reporting on plan performance. Bim Group remains flexible and open to tailoring meeting patterns or timelines as a client's needs adjust.

2. What is your firm's process of ensuring client satisfaction?

Two core concepts drive our philosophy for ensuring customer satisfaction: 1) a customized service team comprised of specialists who we believe outperform generalists and 2) standards-based operating procedures produce predictable results. One example of our standards-based approach involves the annual renewal process; our management team has developed a project plan and guidelines which divide this activity into five distinct phases with sub-tasks defined for each team of specialists resulting in well-defined timeframes and explicitly

categorized action items.

Our team is locally-based and positioned to respond quickly and on-site as needed to interface with Florida Tile Administration and HR Team. We will continue to provide Florida Tile with a dedicated Customer Service Concierge, Rose Taylor, to help members with claims and billing resolution, coverage issues, and other general service-related issues. Rose utilizes our concierge contacts with each carrier to advocate for our client's members. However, advocating for members must be done in a compliant manner, thus, when required, all documentation (i.e., HIPAA release) is obtained prior to beginning to work on member claim issues.

All employee inquiries are documented in our client management system which provides access to all team members regarding resolution status in addition to stewardship reporting. While the Client Service Concierge is tasked with working directly with the plan's members, we elevate our support to ensure the Account Executive (AE) provides an additional level of oversight. AEs are made aware of and review claim concerns to ensure there is not a systemic issue within the plan. For particularly challenging circumstances, your Sr. Benefit Consultant and AE will become directly involved with the insurance providers in support of the member, while also making recommendations to Florida Tile's Human Resource team.

Finally, we employ random client satisfaction surveys which enable our leadership to receive actionable feedback on all aspects of the project work and interactions with the service team.

3. What is your criteria to evaluating Broker/Consultant performance?

As mentioned above, employee inquiries are documented in our client management system which provides access to all team members regarding resolution status in addition to stewardship reporting. While the Client Service Concierge is tasked with working directly with the plan's members, we elevate our support to ensure the Account Executive (AE) provides an additional level of oversight. AEs are made aware of and review claim concerns to ensure there is not a systemic issue within the plan. For particularly challenging circumstances, your Sr. Benefit Strategist and Account Executive will become directly involved with the insurance providers in support of the member, while also making recommendations to Florida Tile's Human Resource team.

In addition, we employ periodic client satisfaction surveys which enable our leadership to receive actionable feedback on all aspects of the project work and interactions with the service team.

4. What will the relationship with the Florida Tile look like? How will you communicate with HR? How often will you have meetings with HR to review administrative issues, program design and costs and vendor issues?

Supporting the Human Resources staff is a top priority for the Bim Group account service team assigned to the Florida Tile. As described throughout our response, communication is constant throughout the plan year with specific meetings earmarked during the year for renewal planning and debrief, financial & analytics reviews, benefit leadership meetings, and strategy sessions. Our communications team will be conducting meetings with HR concurrent to the renewal planning timeline to discuss specific messaging and any communication campaigns / technology implementations. Our process includes weekly internal team meetings where our client service team, concierge and account management team will be communicating on any emerging issues or projects needing attention. Our team of professionals have clearly defined roles and responsibilities dedicated to the success of your account, with communication being paramount. Our team utilizes multiple mediums for communications including email, text, office or cell phone, virtual calls. and in person.

Strategic Planning / Vendor Selection

1. If we were to select you as our broker, what would be the onboarding process?

   In the collaborative partnership that currently exists, we will pursue continuous improvement in delivering on these ideals in our desire to exceed Florida Tile's expectations of our professional services relationship.

   Bim Group has taken great pride in serving the employee benefit consulting & broker needs of Florida Tile for the past 12 years. We admire the commitment Florida Tile demonstrates in providing an innovative and comprehensive benefit plan for their employees. Our team understands the positive direct correlation a meaningful benefits strategy has on an employer to attract and retain the most competitive workforce. We value the privilege to support your leadership team and employees with expert consulting and service while also supporting the overall mission of Florida Tile. Through this RFP process and upcoming discussions, we look forward to the opportunity to further this relationship in developing long-term strategies that will align with the future of Florida Tile.

2. What resources do you have available to help us manage our benefits and outline benefits strategy consistent with current and future business plans?

   Short-Term Strategy: From initial engagement with a client, our team works to consistently maintain an open dialogue regarding strategies to be executed and explicit planning of timelines and initiatives. We have a clearly defined protocol for the inaugural year of working with a client. We immediately begin thorough data and cultural analyses that allow our team to make recommendations at the outset on priority items and communication goals for the first 12 months of our partnership.

   The Account Executive develops the initial 12- month timeline, which includes tasks and associated dates for Bim Group and the client to adhere to during the first year. Often, our focus upon initial engagement with a client is the upcoming renewal and marketing activities in the various lines of coverage. In subsequent years, we find it beneficial to schedule a discussion session prior to renewal in which all stakeholders agree upon a timeline regarding renewal activities and goals. Expectations and accountability to execute are established a year in advance providing our clients with the confidence that timely renewal decisions can be made that will integrate and align with their payroll, HRIS, leadership teams, and other HR processes.

   Long-Term Strategy: After completing a full year of data analysis and holding a renewal debrief meeting, we are able to ascertain a long-term strategy for the client (1-3 and 3-5 year goals). This long-term timeline and goal setting will be a collaborative effort of development between the specialists on our team and your HR and Administration teams. Recognizing a long-term strategy can involve several different areas of expertise, our process for development includes discussions with Compliance, Client Services, and our Analytics specialists. Involving various departments and addressing multiple goals simultaneously requires careful planning and coordination within our firm, as well as between our firm and the client's team of experts. The ultimate goal is to allow multiple goals to be addressed seamlessly. The strategies and goals will be revisited and adjustments made during mid-year discussions as well as annually in debrief meetings. Factors and resources that can help inform long-term strategic goals include healthcare trends, benchmarking, compliance updates, pharmacy changes, and emerging industry trends.

3. **How will you help us with the competitive marketing of our plans, including development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for annual renewals?**

Standard Operating Procedures (SOPs) empower our team to execute client initiatives for all plan management activities. We follow SOPs for all plan marketing activities which includes a dedicated SOP for self-funded TPA services, reinsurance, ancillary, and pharmacy benefit management (PBM).

The goals of these processes are:

- To adequately and consistently provide clients with information on all potential expenses associated with each TPA to avoid omissions/hidden costs
- To develop a comprehensive document that is easy to understand and clear/concise for carriers
- To develop a consistent final product and scoring mechanism for clients to analyze
- To adequately and consistently provide Clients with all potential expenses and contract impact for PBMs prior to engagement

These processes clearly delineate a multi-departmental strategy, led by the Sr. Benefit Advisor and Account Executive with clearly defined timelines and workflows. This process starts with data gathering and front-end analysis of cost avoidance initiatives. Our process includes the population and analysis of a Comprehensive RFP Data Sheet (CRDS) that allows us to capture all aspects of the plan that will be analyzed.

In the development phase of the RFP, our team meets with your team to discuss specific items that should be included or addressed by potential respondents. Data is then gathered from the group and current carrier/TPA partner, while our team assembles customized reports to provide potential respondents a consistent snapshot of the required metrics. As part of our preparations with the client, our team reviews the current market conditions and identifies potential vendors that may offer a competitive response based on those metrics. The RFP is then distributed to individual carriers/TPAs/PBMs specifically suited to be a fit for the group, with a defined timeline for response.

It should be noted Bim Group partners with a number of specialized vendor partners. For example, as mentioned previously, we utilize IBX, for the solicitation and placement of life and disability lines of coverage and Strategic Benefit Resources (SBR) for stop loss acquisition. These partners act as a 'back shop' for Bim Group and bring specific expertise to help ensure clients achieve the greatest market access with reputable carriers. Additionally, they are better equipped to evaluate and identify deviations in contracts while helping achieve the lowest costs for coverage. All work performed by these partners is planned within our RFP process and remains seamless to our clients.

Bim Group routinely manages Request for Proposals (RFPs) for both carve-out and bundled Pharmacy Benefit Managers (PBMs), including both pass-through and guaranteed pricing arrangements. Our process specifically examines the following categories for each PBM proposal using the applicable group's historical claims experience (i.e., typically two years) to create a baseline data set:

- Drug discounts, dispensing fees, and rebate guarantees
- Contract and performance guarantees
- Added fees and other utilization-based costs
- Formulary Disruption
- Value added programs designed to support proper plan management

In addition, we contract with Garrett Brown, JD, CEBS, with Employer Health Solutions (EHS) to provide a secondary review of Bim Group's PBM evaluation process. EHS enhances Bim Group's RFP process by supporting the updates of our internally developed PBM RFP document. Such support includes providing guidance related to changes in PBM pricing methodology, contract best practices and market changes impacting PBM pricing performance, and reconciliation practices. EHS conducts an additional review in blinded form of each PBM bidder submission against the baseline data set to ensure an accurate assessment is conducted. This output is then compared to any reprice analysis that was provided as part of a bidder's submission. An analysis is then provided for each formulary proposed by a bidder.

Based on the criteria outlined above, we identify the most cost-effective proposals and then negotiate terms based on each client's goals/standards. For example, some clients may only utilize year-to-year contract arrangements, which we fully support in negotiating terms with the PBM. Finally, based on our working knowledge of various PBM vendors and the impact pharmacy disruption can cause on a workforce, we try to anticipate service or performance issues that may occur and help identify those concerns prior to a client transitioning to a particular vendor relationship.

We will provide a cost of care analysis for prescription drugs and a clinical risk profile analysis of plan members. Bim Group's underwriting and analytics division will provide an in- depth analysis of the plans prescription benefit manager (PBM). The PBM analysis will include discounts on brand, generic, and specialty, dispensing fees, and rebate opportunities. Once quotes / bids are received, our team reviews and compiles information for the client for review with the team.

Once RFP responses are received, our client service team reviews the responses for completeness and notes any deviations, performance guarantees, value-added services, and contract terms. Concurrently, the Sr. Benefit Strategist and underwriting team analyzes the financial offers and prepares consolidated exhibits to compare competing offers (Note Exhibit P). Our underwriters utilize internal models, comparative benchmarking from other proposals, and actuarial tools to create internal projections based on fixed cost and claims data to confirm proposals received are within expected ranges.

Negotiations take place during and immediately following the RFP process to ensure carriers are providing their most competitive quotes. Simultaneous with the RFP timeline, national, local, and industry specific benchmarks are created to ensure plans and rates presented to the group are comparable to the area and industry competitors. All responses are succinctly organized into a binder/presentation format that fits with the renewal meeting setting. Following review with the client, final touches are negotiated with the respondents and interviews (e.g., in-person or virtual) are scheduled with the considered vendors.

The final product to client will typically include the following (in addition to PBM items noted above):

- Aggregate Re-Pricing Report
- BIM Admin/Reinsurance Spreadsheet Template
- Network Geo Access Analysis
- Renewal Budget Projection
- Summary of Self-Funded Options

This approach to the market analysis process yields great value for our clients. Each year the account service team performs a complete review of a group's benefit plans and costs. This includes mid-year financial review and pre-renewal strategy meetings with the group to understand internal focus, ideas, and potential changes within the employer which may impact upcoming plan year

Should the recommendation include the transition to a new carrier, Bim coordinates a call between the group and the carrier representatives for detailed questions and explanation of any carrier specific nuances or group specific requests. In the event of a carrier change on any line of coverage, our team coordinates and monitors the entire process as reflected in the project timeline included.

4. How is the "rebidding" process handled?

As mentioned throughout this RFP response, our account service team annually and continuously performs a complete review of a group's benefit plans and costs. This includes mid-year financial reviews and pre-renewal strategy meetings with the group to understand internal focus, ideas, and changes for the upcoming plan year. Note response to Question #2 in this section.

5. How are plan design changes handled?

Going beyond relying on vendor/carrier recommendations, Bim Group utilizes Claros Analytics' Actuarial Advisor. This allows Bim Group to accurately project the cost impact of plan design changes. Once data is built into the tools, benefit modification modeling is readily available. The model allows users to run "what if" scenarios to evaluate changes to plan cost and utilization based off edits to plan design parameters such as deductibles, coinsurance, out-of-pocket maximums, and medical and pharmacy copays. Results return a high-level financial impact summary, visual charts showing a side-by-side comparison of the current plan versus the proposed scenario (including utilization changes), and a table that breaks down the underlying financial components.

6. How would you manage implementation of new benefits or programs?

If a change in vendor or plan design is recommended, our team will work with the new carrier / vendor to facilitate implementation calls and document review. As it relates to communication of new programs, Bim Group employs a multi-faceted communication approach to educate HR and employees
on new or changing benefit programs. We utilize multiple methods of communication detailed above in A. to describe any benefit program changes. Our various methods of communications include printed materials, electronic versions of materials to be emailed or posted to an intranet site, as well as construction of dedicated benefit sites with our technology partners for easy employee access to benefit information and direct employee outreach via push messaging,

Most often benefit program changes take place at Open Enrollment. At Bim Group, we divide our Open Enrollment communication into phases to avoid employees becoming overwhelmed with too much information in a compressed time period. The experience of sharing information on new or changed benefits programs is more impactful and successful when the information is delivered over a longer period of time.

- Pre-open enrollment: This phase is focused on reminding employees of employee benefit terminology and educating your team on upcoming open enrollment educational opportunities or resource availability.

- Open enrollment: The open enrollment phase is a "take action" phase. During this period, we will provide our onsite support, distribute our benefit booklets (electronically and/or printed) and will make our pre-recorded benefit presentations available. Our focus in this phase is ensuring that your employees are aware of the changes taking place and actions they must undertake to complete enrollment in their benefit plans. We will also enlist support and assistance from carriers, specifically when a carrier change occurs.

- Post open enrollment: This phase allows us to collaborate with your HR team to confirm employees have completed their open enrollment activities and that follow-up questions are addressed. The Client Service Specialist will embed follow up activities including surveys and virtual or onsite Q&As s in your communication plan. We will also ensure that our in-house Client Service Concierge is able to answer any questions related to the transition and can supply your employees with any open enrollment resources that may have been previously provided.

7. What sort of industry specific and general benchmarking data can you provide?

As highlighted throughout our responses, Bim Group is proud to partner with Milliman, a globally recognized independent risk management, benefits, and technology firm. Milliman provides our team access to various professionals including but not limited to actuaries, clinicians, technology specialists, and plan administrators, offering world class expertise in employee benefits, investment consulting, healthcare, life insurance, and financial services. Milliman's benchmarking report covers over 100 data points with over 23,000 employer participants across 35+ markets (Note Exhibit J).

The report includes:

- Benchmarks by national, regional, and industry data
- Plan design elements such as deductible, coinsurance, copays, etc.
- Medical, dental, ancillary plans PPOs, HDHPs, HMOs
- Premiums and employee contributions
- Assessments in new trends, such as HDHPs, ACOs, and wellness
- Online, real-time access

Compelling Competitive Advantages and Other Services

1. Please list the competitive advantages that distinguish you from your competitors.

Notable Bim Group differentials include:

Making it Easy

- In addition to our comprehensive scope of professional services, one of Bim Group's greatest differentiators is our high staff to client ratio. As an independent consulting firm, Bim Group operates on lower margins while maintaining an ability to reinvest heavily in support staffing. We offer clients a broad bench strength of consultants, underwriters, analysts, compliance specialist, graphic designers, concierges, and account management teams, manage every aspect of an employer sponsored health & welfare plan.
- We are a standards-based management company with strict adherence to lean consulting methodologies in all aspects of our practice (i.e., repeatable processes produce predictable results which result in a great client experience)

- A unique differentiator is our "Partner Firm" status in United Benefit Advisors (UBA) in addition to our independent ownership and recognized market leadership in Kentucky. As a result, Bim Group's business model provides our clients with the positive attributes of a national and or local broker without the negative attributes that impede exceptional service.
- Our team of professionals are characterized as having a servant's mindset and a relentless work ethic to provide our clients with innovative advice and execution of their strategic plan. Embedded in our core value of mutual respect & trust, team members challenge one another in a creative and collaborative process (i.e., continuous improvement) to deliver a unique client experience.

As a result of our making it easy differentiator, our clients are assured that their health & welfare plans will be easy to sponsor, manage and administer.

Analytics & Underwriting

- Our in-depth expertise in data analytics and underwriting enables our team to identify and capture cost avoidance opportunities in health & welfare plans that our peers do not recognize.
- Our professional staffing, underwriting and actuarial resources emulate those of an insurance company underwriting department which empower our team to be tenacious and professional negotiators. Our underwriting clout is unparalleled by our peers.

As a result of our analytics & underwriting differentiator, our clients have great confidence they are providing the highest quality at the lowest cost health and welfare plan.

Communication & Engagement

- Our investment in dedicated graphic design professionals, commercial production equipment and technology enables Bim Group to produce high quality customized employee communication in our corporate office which many of our peers do not have the resources to replicate.
- Our communication professionals possess subject matter expertise in employee learning behaviors, which empower them to develop annual communication campaigns to enhance benefit literacy while reinforcing our client's culture. Customized, curated content delivered in a high frequency are other noteworthy attributes and differentiators.

As a result of our communication & engagement differentiator, our clients are assured that their employees will understand, appreciate, and value all the benefits they provide.

Compliance Resources

- Bim Group has the ability to provide our clients with a comprehensive plan documents. Documents include a Wrap Plan, HIPAA Policies & Procedures, Cafeteria Plan, Dependent Care Account, Health Reimbursement Account and Health Savings Account if applicable.

As a result of our compliance resources differentiator, our clients are assured their health & welfare plans are iron clad compliant with all health & wellness regulations and protected against unmitigated plan sponsor risk.

Innovation

- A hallmark of Bim Group's practice is innovation. We are continually and diligently pursuing health plan design strategies that deliver higher quality health care at a lower cost while improving or maintaining a member's health. We have been frontrunners in direct to employer provider contracting in addition to adhering to the ideals of population health management in on-site and near site health care delivery.

2. List any additional services available to the Florida Tile not specifically requested in this RFP that you believe will be valuable as it relates to the selection, management, and administration of our employee benefit programs.

Other strategic partnerships previously mentioned and inclusive within our global fee and scope of services include Strategic Benefit Resources (SBR) for stop-loss procurement/management, Milliman for benchmarking, and IBX reverse auction technology for ancillary benefits marketing and placement.

We have also taken the liberty of highlighting examples of vendor partners listed below which would fall outside of the scope proposed in our service fees. The vendors within the categories listed below have been thoroughly vetted and are in use directly with Bim Group or through our UBA Affiliation for at least one year of service.

Benefit Administration Technology:
Bim Group will work with the Ben-Admin partner of choice as chosen by our clients. Bim Group works with several benefits enrollment/administration technology vendors to provide clients with support to seamlessly administer employer sponsored benefit plans. We often work with strategic benefit partners which may be inclusive of a Ben Admin system. For clients initiating a search for a benefits administration technology partner, we will work alongside the client to analyze various technologies to support on-line enrollments and management of all eligibility data. We have extensive experience working with multiple enrollment and eligibility vendors, including but not limited to:

- Employee Navigator
- Selerix
- Benefits Connect
- Benefitfocus
- BSwift
- Benecom

This experience includes an assessment of the client's internal resources, identification of the strengths and weaknesses of various enrollment systems, contract negotiations to include procuring financial assistance from carriers for system set up, implementation, and ongoing fees. Our service team is also experienced in working with payroll vendors and carrier partners when implementing benefits administration capabilities embedded within those services. We routinely assist with annual auditing to benefits- administration programming as well as helping to navigate issues with the benefits administration/HRIS vendors and carriertechnology.

3. Please explain how the experience and services you provide make you a leader in the healthcare broker market.

Bim Group has provided professional Health & Welfare consulting services for 40+ years. We currently serve 682 employer plan sponsors representing 80,000 covered members. Bim Group's practice is often referred and recommended based on high touch client service and innovation. We are continually and diligently pursuing health plan design strategies that deliver higher quality health care at a lower cost while improving or maintaining a member's health. We have been frontrunners in direct to employer provider contracting in addition to adhering to the ideals of population health management in on-site and near site health care delivery.

Pricing, Fee Arrangements and Service Performance Guarantees

1. **Describe your pricing, fee arrangements and any commission structure with insurance carriers and providers.**

   Please note Professional Services Overview (Exhibit A) for services not included in our global fee and commission structure, as noted in Question #2.

2. **Based on the scope of services described herein, please identify which services are fee based and what are your estimated fees for the services.**

Professional Service Fees	
Medical Plan Management & Consultation	$10.00 Per Employee Per Month
Employer Sponsored Ancillary Lines (Group Life, LTD, Dental, Vision)	Standard Industry Commission Fees Apply
Voluntary Ancillary Lines (Life, AD&D, and Worksite benefits)	Standard Industry Commission Fees Apply

3. **Do you provide a service performance guarantee to your clients in the overall delivery of employee benefit consulting and brokerage services? If yes, please describe the amount you put at risk and your proposed criteria and method of measurement to determine satisfaction of service performance.**

   Please refer to the included sample contract. We have provided an overview of our services which are described throughout our RFP response. Unless specifically noted, all listed services are inclusive of our fees which are also described in the sample contract. We are happy to provide any clarification as needed. Bim Group aggressively and competitively prices our services relative to the marketplace. However, we are very open to discussing and mutually agreeing upon any bonus or 'at risk' fee structure relative to our performance.

References

Provide a minimum of three (3) references, one per employer, from projects similar to this RFP. Include the contact name, mailing addresses, telephone, and email. List the services that you are currently providing to them.

Please inform your references that they may be contacted by Florida Tile.

Whitaker Bank

- **Location/Nature**: Lexington, KY
- **Size**: 270 employees
- **Benefit Advisor**: L. Briggs Cochran
- **Contact:** Sean Alcorn, Human Resources Manager
- **Phone:** 859-294-6265
- **Email**: salcorn@whitakerbank.com
- **Number of Years Serving Client**: 16+ years

Full-service brokerage/consulting engagement for all applicable employee benefit coverage lines, including: Health, Dental, Life, Accidental Death & Dismemberment, Vision, Disability, FSA, and Supplemental insurance products.

- Plan Market Analysis, Plan Modeling and Benefit Design and Analysis, Budget Development
- Financial Reporting & Monthly Data Analysis & Reserve Calculations
- Medical and Pharmacy Vendor Pricing and Performance evaluation
- Electronic Enrollment & Billing Platform-Vendor Specific Eligibility Feeds for Payroll & Carrier Integration
- Employee Communication & Engagement-Development and Printing of Customized/Branded Communication Materials, On-site Enrollment Meetings
- Employee Customer Service Center- Complex Claim and Eligibility Resolution with Access to Dedicated Team Member(s)
- Employee Health Improvement programs and onsite delivery as well as a delivery system built for the local employer market

Clark Material Handling Company

- **Location/Nature**: Lexington, KY
- **Size**: 165 employees
- **Benefit Advisor**: L. Briggs Cochran
- **Contact:** Sherry Myers, Human Resources Manager
- **Phone:** 859-422-6537
- **Email**: sherrymyers@clarkmhc.com
- **Number of Years Serving Client**: 18+ years

Full-service brokerage/consulting engagement for all applicable employee benefit coverage lines, including: Health, Dental, Life, Accidental Death & Dismemberment, Vision, Disability, FSA, and Supplemental insurance products.

- Plan Market Analysis, Plan Modeling and Benefit Design and Analysis, Budget Development
- Financial Reporting & Monthly Data Analysis & Reserve Calculations
- Medical and Pharmacy Vendor Pricing and Performance evaluation
- Electronic Enrollment & Billing Platform-Vendor Specific Eligibility Feeds for Payroll & Carrier Integration
- Employee Communication & Engagement-Development and Printing of Customized/Branded Communication Materials, On-site Enrollment Meetings
- Employee Customer Service Center- Complex Claim and Eligibility Resolution with Access to Dedicated Team Member(s)
- Employee Health Improvement programs and onsite delivery as well as a delivery system built for the local employer market

University of the Cumberlands

- **Location/Nature**: Williamsburg, KY
- **Size**: 443 employees
- **Benefit Advisor**: Dustin Stacy
- **Contact:** Steven Allen, Director of Human Resources
- **Phone:** 606-539-4219
- **Email**: Steve.Allen@ucumberlands.edu
- **Number of Years Serving Client**: 18+ years

Full-service brokerage/consulting engagement for all applicable employee benefit coverage lines, including: Health, Dental, Life, Accidental Death & Dismemberment, Vision, Disability, FSA, and Supplemental insurance products.

- Plan Market Analysis, Plan Modeling and Benefit Design and Analysis, Budget Development
- Financial Reporting & Monthly Data Analysis & Reserve Calculations
- Medical and Pharmacy Vendor Pricing and Performance evaluation
- Electronic Enrollment & Billing Platform-Vendor Specific Eligibility Feeds for Payroll & Carrier Integration
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