

**RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT WITH MARK III
BROKERAGE, INC., TO PROVIDE BROKERAGE CONSULTING SERVICES
(FINANCE DEPARTMENT)**

WHEREAS on February 8, 2016, the Forsyth County Board of Commissioners awarded Mark III Brokerage, Inc., a contract for comprehensive employee benefits consulting services for one year beginning January 1, 2016, with an optional two-year annual renewal through December 31, 2018;

WHEREAS Mark III Brokerage, Inc., also provided the services as bid and at the same price for the two years ending December 31, 2020, in the absence of a signed contract renewal for same;

WHEREAS the Forsyth County Finance Department encumbered the contract for the two additional years and the County continued to receive the services for those two years without formal approval by the Forsyth County Board of Commissioners or the County Manager;

WHEREAS fees and commissions from third party benefit providers earned by Mark III Brokerage, Inc., to be conveyed to Forsyth County in accordance with the original bid, offset the payment earned and withheld by Mark III Brokerage, Inc., of \$65,000 for each of the two years; and

WHEREAS Mark III Brokerage, Inc., has remitted to the County the excess of its third party fees and commissions over the contractual amounts owed by the County, such that no additional amounts will be owed by the County;

NOW, THEREFORE, BE IT RESOLVED, by the Forsyth County Board of Commissioners that the County Manager and Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County, an agreement with Mark III Brokerage, Inc., for the provision of benefits consulting services for the calendar years 2019 and 2020, subject to a pre-audit certificate thereon by the County Chief Financial Officer, if applicable, and approval as to form and legality by the County Attorney.

Adopted this 17th day of December 2020.

STATE OF NORTH CAROLINA

AGREEMENT

FORSYTH COUNTY

THIS AGREEMENT, made and effective this 1st day of January 1, 2019, by and between Forsyth County, North Carolina (the "County"), and Mark III Brokerage, Inc. (the "Provider");

For the purpose and subject to the terms and conditions hereinafter set forth, the County and the Provider hereby agree as follows:

1. Services. Provider shall provide the County comprehensive employee benefits consulting services for the County's group insurance benefits, flexible spending accounts, short-term and long-term disability, wellness incentives, as well as other employee benefits which may be added from time to time.

2. Term. The services of the Provider shall begin on January 1, 2019, and, unless sooner terminated by mutual consent or as hereinafter provided, shall be provided until December 31, 2020; provided that the County shall have the right to terminate this Agreement, without cause, upon 30 days' notice in writing to the other party, or upon 7 days written notice if the Provider breaches the Agreement.

3. Compensation. As full compensation for the Provider's services, the County has compensated the Provider the sum of \$65,000 per calendar year, totaling \$130,000 for the two-year period. The Provider shall not be entitled to any additional compensation for any expenses and costs, including direct labor, indirect costs, and profit. The Provider shall remit to the County any fees or remuneration received directly or indirectly by the Provider from any source, including insurance or benefits providers, as a result of acting as the employee benefits consultant for the County ("Third Party Remuneration").

No later than December 31, 2020, the Provider shall provide the County with a copy of each Schedule A of Form 5500 from every Third Party Benefit Provider from which the Provider received Third Party Remuneration relating to its service to the County for each year from 2014-2020. The Provider shall reimburse the County for the amounts by which Third Party Remuneration exceeded the contractual amount the County owed the Provider for each year from 2014 through 2020. Notwithstanding anything to the contrary herein, the parties acknowledge that the Provider has paid the County \$192,899.68, which represents the amount that the Provider claims Third Party Remuneration exceeded the contractual amounts owed the Provider, and the Provider shall remit to the County any additional Third Party Remuneration owing to the County for the period of service to the County up to and including December 31, 2020. The parties agree that the County has paid the Provider in full and does not owe the Provider any additional compensation pursuant to this Agreement.

4. Independent Contractor. The Provider shall operate as an independent contractor, and the County shall not be responsible for any of the Provider's acts or omissions. The Provider, its employees, and subcontractors shall not be treated as an employee with respect to the services performed hereunder for federal or state tax, unemployment or workers' compensation purposes. Neither federal, state, nor payroll tax of any kind shall be withheld or paid by the County on behalf of the Provider or the employees of the Provider. The Provider is fully responsible for the payment of any and all taxes arising from the payment of monies under this Agreement. The Provider shall comply with the North Carolina Workers' Compensation Act and shall ensure that its subcontractors also comply. The Provider shall not be treated as an employee with respect to the services performed hereunder for purposes of eligibility for, or participation in, any employee pension, health, or other fringe benefit plan of the County. The Provider has no authority to enter into contracts or agreements on behalf of the County. The County shall not be liable to the Provider for any expenses paid or incurred by the Provider unless otherwise agreed in writing. The Provider shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide contracted services unless otherwise agreed in writing.

5. Indemnification. The Provider agrees to indemnify, defend, and hold the County harmless from and against any and all claims, expenses (including attorney fees), costs or liability for acts or omissions of the Provider relating to this Agreement or services provided pursuant to it.

6. Insurance. The Provider shall maintain, at its sole expense, insurance coverage as required by the Forsyth County Risk Manager.

7. County Property. Provider agrees that it shall be responsible for the proper custody and care of any property furnished to it by the County for use in connection with the performance of this contract and will reimburse the County for loss of, or damage to, such property. Any information, data, documents, studies, or reports given to or prepared or assembled by the Provider under this Agreement shall be kept confidential and not divulged or made available to any individual or organization without prior written approval of the County.

8. Notice. All notices permitted or required to be given by one party to the other party shall be addressed and delivered in writing as follows:

For the County:
Paul L. Fulton, Jr., CFO
Forsyth County Finance Department
201 N Chestnut Street, Winston-Salem, NC 27101
fultonpl@forsyth.cc

For the Provider:
Mark Browder, Vice President
211 Greenwich Road,
Charlotte, NC 28211
mark@markiieb.com

9. Assignment. The Provider may not assign its obligations under this Agreement unless it has received prior written approval from the County, which may be withheld at the sole discretion of the County.

10. Waiver. No action or failure to act by the County shall constitute a waiver of any of its rights or remedies or as approval or acquiescence in a breach thereunder, except as may be specifically agreed in writing.

11. Governing Law. This Agreement shall be governed by North Carolina law, except that provisions regarding conflicts of laws shall not apply. The venue for any legal proceeding shall be in Forsyth County, North Carolina.

12. Nonappropriation. Notwithstanding anything to the contrary herein, in the event that public funds are unavailable and not appropriated for the performance of the County's obligations under this Agreement, then this Agreement shall automatically expire without penalty to the County 30 days after written notice of the unavailability and non-appropriation of public funds. In the event of a change in the County's statutory authority, mandate, or mandated functions by state or federal legislative or regulatory actions, which adversely affects the County's authority or duty to continue its obligations under this Agreement, then this Agreement shall automatically terminate without penalty to the County 30 days after written notice of such limitation or change in the County's legal authority or duty.

13. Survival of Provisions. All obligations arising prior to termination of this Agreement and all provisions of this Agreement allocating responsibility or liability between the parties shall survive the completion of services and termination of this Agreement.

14. Modification. This Agreement may only be modified in writing and signed by both the Provider and by the County Manager or other authorized County official.

15. Conflict with Attachments. In the event of any conflict between the provisions in this Agreement and any provisions in an attachment thereto, the provisions in this Agreement shall take precedence over any provision in an Attachment.

16. Miscellaneous. The Provider shall comply with all applicable laws and regulations including but not limited to federal, state and local laws regarding business permits, certificates, and licenses that may be required to carry out the services to be performed under this Agreement and all federal immigration laws in its hiring and contracting practices. Provider and its subcontractors shall comply with Article 2 of Chapter 64 of the North Carolina General Statutes relating to the required use of the federal E-Verify program to verify the work authorization of newly hired employees. Failure of the

Provider to comply with this provision or failure of its subcontractors to comply could render this contract void under North Carolina law. Provider hereby certifies that it is not on the North Carolina State Treasurer's lists of persons engaging in business activities in Sudan (Darfur), Iran, or boycotting Israel, prepared pursuant to NCGS §§ 147-86.43, 147-86.58, and 147-86.81, nor will Provider utilize for this Agreement any subcontractor on such lists. This agreement is intended for the benefit of the County and the Provider

and not for any other party. If any provision of this Agreement shall be unenforceable, the remainder of the Agreement shall be enforceable to the extent allowed by law.

IN WITNESS WHEREOF, the authorized officials of the County and the Provider have set their hands and seals as of the day and year first above written.

FORSYTH COUNTY, NORTH CAROLINA

(SEAL)

By: _____
J. Dudley Watts, Jr, County Manager

Date: _____

ATTEST:

Ashleigh M. Sloop, Clerk to the Board

Date:

PROVIDER

(SEAL)

By: _____

Printed Name: _____

Date: _____

**RESOLUTION AWARDING AND AUTHORIZING EXECUTION OF A CONTRACT
BETWEEN FORSYTH COUNTY AND MARK III BROKERAGE, INC., FOR
COMPREHENSIVE EMPLOYEE BENEFITS CONSULTING SERVICES FOR
INSURANCE, FLEXIBLE SPENDING ACCOUNTS, SHORT- AND LONG-TERM
DISABILITY, AND WELLNESS INITIATIVES**

WHEREAS Forsyth County staff prepared a request for proposals (RFP) and solicited proposals from thirty-six benefits consulting firms;

WHEREAS five firms responded by submitting proposals and the firm with the lowest proposed cost also meeting the specifications and providing the most comprehensive services of the RFP is Mark III Brokerage, Inc. (Mark III);

WHEREAS Mark III will provide such services for a fee of \$35,000 per year; and

WHEREAS it is recommended that a contract for comprehensive employee benefits consulting services be awarded to Mark III and that all other proposals be rejected;

NOW, THEREFORE, BE IT RESOLVED, that the Forsyth County Board of Commissioners hereby awards a contract to Mark III Brokerage, Inc., for comprehensive employee benefits consulting services for insurance, flexible spending accounts, short- and long-term disability, and wellness initiative, for a term of three years from January 1, 2021, until December 31, 2023, with an optional two-year annual renewal during calendar years 2024 and 2025, and rejects all other proposals; and

BE IT FURTHER RESOLVED, by the Forsyth County Board of Commissioners that the County Manager and Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County, an agreement, amendments to the agreement and additional agreements with Mark III Brokerage, Inc., for these services, within budgeted appropriations, in the current and future fiscal years, for a maximum of three years duration, with agreements terminating no later than December 31, 2023, if these services are deemed necessary, subject to pre-audit certificate thereon by the County Chief Financial Officer, if applicable, and approval as to form and legality by the County Attorney.

Adopted this the 17th day of December 2020.

STATE OF NORTH CAROLINA

AGREEMENT

FORSYTH COUNTY

THIS AGREEMENT, made and effective this 1st day of January 2021, by and between Forsyth County, North Carolina (the "County"), and Mark III Brokerage, Inc. (the "Provider");

For the purpose and subject to the terms and conditions hereinafter set forth, the County and the Provider hereby agree as follows:

1. Services. The Provider shall provide comprehensive employee benefits consulting services for Forsyth County's group insurance benefits, flexible spending accounts, short-term and long-term disability and wellness initiatives, as well as other employee benefits which may be added from time to time. Services outlined in the Mark III Brokerage, Inc., response to "Forsyth County's Request for Proposals" dated November 12, 2020, attached hereto as Exhibit A, and any mutually agreed upon addenda are incorporated herein by reference.

2. Term. The services of the Provider shall begin on January 1, 2021 and, unless sooner terminated by mutual consent or as hereinafter provided, shall be provided until December 31, 2023. Forsyth County reserves the right, at its sole option, to renew the contract up to a maximum of two (2) additional one-year terms extending through December 31, 2025. The County shall have the right to terminate this Agreement, without cause, upon 30 days notice in writing to the other party, or upon 7 days written notice if the Provider breaches the Agreement.

3. Compensation. The Provider shall invoice the County quarterly for services rendered during the preceding 90 days. The County shall pay all such bills within the following 15 days provided all elements of the Agreement are satisfactorily met. Total payments under this contract are not to exceed \$35,000 annually.

The Provider shall not retain any commissions, fees, remuneration, or other payment from Third Party Benefits Providers or from any other party, which were received as a result of acting as the employee benefits consultant for the County ("Third Party Remuneration"), and shall remit to the County any Third Party Remunerations within 15 days of receiving them. Provider will provide the County with a copy of each Schedule A of Form 5500 from every Third Party Benefit Provider by December 31 of each calendar year.

4. Independent Contractor. The Provider shall operate as an independent contractor, and the County shall not be responsible for any of the Provider's acts or omissions. The Provider, its employees, and subcontractors shall not be treated as an employee with respect to the services performed hereunder for federal or state tax, unemployment or workers compensation purposes. Neither federal, state, nor payroll tax of any kind shall

be withheld or paid by the County on behalf of the Provider or the employees of the Provider. The Provider is fully responsible for the payment of any and all taxes arising from the payment of monies under this Agreement. The Provider shall comply with the North Carolina Workers Compensation Act and shall ensure that its subcontractors also comply. The Provider shall not be treated as an employee with respect to the services performed hereunder for purposes of eligibility for, or participation in, any employee pension, health, or other fringe benefit plan of the County. The Provider has no authority to enter into contracts or agreements on behalf of the County. The County shall not be liable to the Provider for any expenses paid or incurred by the Provider unless otherwise agreed in writing. The Provider shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide contracted services unless otherwise agreed in writing.

5. Indemnification. The Provider agrees to indemnify, defend, and hold the County harmless from and against any and all claims, expenses (including attorney fees), costs or liability for acts or omissions of the Provider relating to this Agreement or services provided pursuant to it.

6. Insurance. The Provider shall maintain, at its sole expense, insurance coverage as required by the Forsyth County Risk Manager.

7. County Property. Provider agrees that it shall be responsible for the proper custody and care of any property furnished to it by the County for use in connection with the performance of this contract and will reimburse the County for loss of, or damage to, such property. Any information, data, documents, studies, or reports given to or prepared or assembled by the Provider under this Agreement shall be kept confidential and not divulged or made available to any individual or organization without prior written approval of the County.

8. Notice. All notices permitted or required to be given by one party to the other party shall be addressed and delivered in writing as follows:

For the County:

Shannon Hutchins, Human Resources Director
201 North Chestnut Street
Winston-Salem, NC 27101
hutchiss@forsyth.cc

For the Provider:

Mark Browder, Vice President
211 Greenwich Road
Charlotte, NC 28211
mark@markiieb.com

9. Assignment. The Provider may not assign its obligations under this Agreement unless it has received prior written approval from the County, which may be withheld at the sole discretion of the County.

10. Waiver. No action or failure to act by the County shall constitute a waiver of any of its rights or remedies or as approval or acquiescence in a breach thereunder, except as may be specifically agreed in writing.

11. Governing Law. This Agreement shall be governed by North Carolina law, except that provisions regarding conflicts of laws shall not apply. The venue for any legal proceeding shall be in Forsyth County, North Carolina.

12. Nonappropriation. Notwithstanding anything to the contrary herein, in the event that public funds are unavailable and not appropriated for the performance of the County's obligations under this Agreement, then this Agreement shall automatically expire without penalty to the County 30 days after written notice of the unavailability and non-appropriation of public funds. In the event of a change in the County's statutory authority, mandate, or mandated functions by state or federal legislative or regulatory actions, which adversely affects the County's authority or duty to continue its obligations under this Agreement, then this Agreement shall automatically terminate without penalty to the County 30 days after written notice of such limitation or change in the County's legal authority or duty.

13. Survival of Provisions. All obligations arising prior to termination of this Agreement and all provisions of this Agreement allocating responsibility or liability between the parties shall survive the completion of services and termination of this Agreement.

14. Modification. This Agreement may only be modified in writing and signed by both the Provider and by the County Manager or other authorized County official.

15. Conflict with Attachments. In the event of any conflict between the provisions in this Agreement and any provisions in an attachment thereto, the provisions in this Agreement shall take precedence over any provision in an Attachment.

16. Miscellaneous. The Provider shall comply with all applicable laws and regulations including but not limited to federal, state and local laws regarding business permits, certificates, and licenses that may be required to carry out the services to be performed under this Agreement and all federal immigration laws in its hiring and contracting practices. Provider and its subcontractors shall comply with Article 2 of Chapter 64 of the North Carolina General Statutes relating to the required use of the federal E-Verify program to verify the work authorization of newly hired employees. Failure of the Provider to comply with this provision or failure of its subcontractors to comply could render this contract void under North Carolina law. Provider hereby certifies that it is not on the North Carolina State Treasurer's lists of persons engaging in business activities in Sudan (Darfur), Iran, or boycotting Israel, prepared pursuant to NCGS §§ 147-86.43,

147-86.58, and 147-86.81, nor will Grantee utilize for this Agreement any subcontractor on such lists. This agreement is intended for the benefit of the County and the Provider and not for any other party. If any provision of this Agreement shall be unenforceable, the remainder of the Agreement shall be enforceable to the extent allowed by law.

IN WITNESS WHEREOF, the authorized officials of the County and the Provider have set their hands and seals as of the day and year first above written.

FORSYTH COUNTY, NORTH CAROLINA

(SEAL)

By: _____
J. Dudley Watts, Jr, County Manager

Date: _____

ATTEST:

Ashleigh M. Sloop, Clerk to the Board

Date: _____

Provider

(SEAL)

By: _____

Printed Name: _____

Title: _____

Date: _____

Durham



Request for Proposals



Employee Benefits Consulting Services

November 12, 2020



Europe	2,566,723	2,377,880	568,843	24.3%
Product A01	976,886	563,980	412,906	42.1%
Product A02	869,812	45,000	824,812	94.8%
Product A03	121,042	461,771	340,729	281.5%
Australia	421,042	182,790	238,252	56.6%
Product B01	1,795,690	278,981	1,516,709	84.5%
Product B02	690,279	278,981	411,298	59.7%
Product B03	279,981	278,981	0	0%
Total	244,775	4,597,284	4,352,509	17.8%

	2015	2016	%Growth
Product A01	108,287	108,287	-11%
Product A02	91,938	91,938	+37%
Product A03	125,819	125,819	+42%
Product B01	278,161	278,161	+78%
Product B02	11,827	11,827	+18%
Product B03	107,812	107,812	0%
Total	47,029	107,812	128.2%

November 10, 2020

Mr. Jerry Bates
Purchasing Director
Forsyth County Government
101 North Main Street
Winston-Salem, NC 27101

Re: Requests for Proposals

Dear Mr. Bates:

Please find enclosed our response for Employee Benefits Consulting Services

We appreciate the opportunity to respond to the Request for Proposal.

Mark III has a 30-year history of performance and innovation with Forsyth County.

- Through that 30-year history, Mark III has guided Forsyth County through numerous evolutions and transitions.
- Medical Innovation:
 - Mark III has been tested, successfully being chosen as the best Advisor solution for the County through multiple broker bids.
 - Provided strategic planning and leadership to the County.
 - Bid the Medical Plan to ensure competitiveness from vendor partners.
 - Carved Out Stop Loss coverage.
 - Funding changes – Successfully transitioned the County from Fully Insured to Self-Funded.
 - Discussed HSAs and consumerism.
 - Strategies Mark III crafted for the County have resulted in **no claims increase** on a per employee per month basis from 2015 – 2016 to 2020 – 2021.

Since 2015 - 2016
99.78%

- Provided historically accurate funding recommendations the County could count on for budget purposes.
- These estimates have kept the County adequately budgeted, which allows Finance, Budget, and County leadership to ensure there are no budgetary surprises.
- Mark III utilizes book of business leverage for stop loss and pharmacy, negotiating best in class contracts.
- For the 2020 – 2021 Plan Year, Mark III negotiated a Pharmacy Contract improvement. **The net improvement is over \$400,000.**
- Mark III negotiated a hold on the VOYA Stop-loss renewal and **saved the County over \$200,000** for the 2020 – 2021 Plan Year.
- Performed dependent eligibility audit to ensure eligibility compliance and risk mitigation Dependent Eligibility Audit. The criteria change and dependent eligibility audit produced significant results.
- From 2014 – 2015 to 2017 – 2018, the audit produced a reduction of over **\$2,000,000 in Spouse claims.**
- Mark III organizes and supports OPEB data coordination.
- Health Care Reform – Provided ACA reporting solutions and paid for those services.
- Provided the County with Benefit, Wellness, and ACA updates.
- Reviewed carving out Retirees from the Plan.
- Provided Stop-loss Pooling Analysis.
- Provided comparative surveys and benchmarking for the County.

- Mark III managed the Benefit Administration RFP, analysis, presentations, implementation support, and problem resolutions.
- Mark III has discussed a stand-alone data analytics strategy for the County.
- Wellness Innovation:
 - Mark III developed many of the successful wellness strategies in place today at the County including providing a wellness coordinator.
 - Those wellness strategies include, developing accountability solutions and incentive- based strategies that have improved employee health.
 - Those include biometrics, health coaching, onsite disease management, and incentive-based strategies.
- Mark III expects 2021 – 2022 initiatives will improve the Medical and Pharmacy Contract value by \$500,000.

Mark III Delivers:

Experience

Mark III is a firm focused on employee benefits and possesses a knowledge base of operational considerations few can match.

This knowledge translates into results as we design the right solutions for your organization, which are best in class and managed for the long haul.

Most importantly, we know what works for governmental employers and what does not. We take care of the organization.

Leverage

Our competitive advantage is our size and experience, which equates to leverage for the County. Mark III Brokerage has over 100 large group public entities utilizing our services

This provides us with significant leverage and knowledge, translating into value for the County.

With over \$300,000,000 of self-funded benefit plans under management, this is self-funded perspective that only Mark III can bring.

This also applies to dental and Section 125 vendors as well.

Service

Mark III uses a team approach to employee benefits revolving around service. Since we work for the customer and not the insurance company our philosophy is to provide the best products available in the marketplace backed up by the best service possible.

We have been delivering this service for over 30 years.

Negotiating the Best Arrangements

We have the underwriting experience to negotiate the best arrangements for the County with the vendors.

We have significant experience in all coverage lines and bring significant employee benefits experience to the marketplace.

We provide:

- Plan Marketing and Evaluation Services
- Specification Preparation
- Marketing the Specifications
- Evaluation of Responses
- Plan Monitoring
- Accurate renewal calculations well in advance of the final renewal.
- Setting budgeted rates.
- Obtain stop-loss coverage.
- Providing pharmacy benefit solutions.
- Creating Wellness Strategies.
- Creating benefit recommendations based on plan performance and budget considerations.
- We deliver accurate renewal estimates months in advance of the renewal delivered by the payor.

This allows the County to accurately budget for the upcoming Fiscal Year and not be surprised if there is a cost issue with the medical plan. If there is a challenge with plan performance, planning and bidding can be done to give you multiple renewal options.

Mark III is a firm focused on employee benefits. This focus and years of experience with Public Sector clientele give us an insight to the needs and solutions for the County. We have a thirty-year history of performance and innovation. For thirty years, Mark III has guided the County through numerous evolutions and transitions.

Mark provides assistance on the following as desired:

Data Analytics:

- In the Medical Plan budget, a data analytic strategy was built in, which provided the following:
- Capture health risk assessment and biometric data
- Trend analysis year over year
- Risk stratify the data
- Provide for employee/provider interaction regarding health risks
- Build and track incentive programs
- Predictive model for budgeting

Wellness Innovation:

- Mark III successfully guides, leads, and advises clients on wellness strategies.
- In a recent wellness evaluation called Healthiest Employer in the Charlotte market by the Charlotte Business Journal, Mark III groups performed very well.
- The rankings and scores were provided by a third-party surveying partner, Indianapolis-based Healthiest Employers LLC. Companies were nominated at bizjournals.com/charlotte/nomination. Nominated companies completed surveys that were verified, scored and ranked by Healthiest Employers.
- For employers between 500 and 1,500 employees, Rowan County came in 1st and Cabarrus County came in 3rd.

Rowan County Government	Local government - Mark III Customer
City of Concord	Local government
Cabarrus County Government	Local government - Mark III Customer
Mecklenburg EMS Agency (MEDIC)	Local government emergency services
Truliant Federal Credit Union	Credit union
Kintegra Health	Health-care provider

Iredell Health System	Health care system
LaBella Associates	Architecture, engineering, environmental and planning
Brighthouse Financial Inc.	Annuity and life insurance products

Communication:

- Mark III is a leader in Enrollment, Administration, and Communication.
- Mark III has developed the following for Forsyth County:
- Videos (Promotion, HR, product videos, customized to your needs)
- Enrollment Services (in-person, web, & call center)
- Benefits Statement (listing of deductions applied during enrollment)
- Website (view all benefits, download forms, view booklet, & contact info)
- Benefits Booklet (summaries & rate handbook)
- Posters (dates and enrollment/benefits info)
- Employee Enrollment Letters
- As an innovator, Mark III began enrolling using the web since 2005.

Enrollment and Communication Innovation:

COVID Enrollment Success – Targeted Communication Campaign:

- Mark III worked with our clients on open enrollment communication goals with a targeted inbound campaign.
- Our Marketing & Media team created assets for the campaign including copy, graphics, ads, etc. which comply with branding guidelines (if you have an official branding guideline).
- We sent the assets for approval along with a proposed timeline.
- Once approved, we scheduled, prepared, and launched the campaign.
- Options to post on your own pages were available and Mark III ran an ad campaign on our accounts, so no passwords, permissions, or costs need to exchange hands. This kept things simple.
- Weekly reports on our progress and engagements until the campaign ends.
- During the COVID-19 pandemic, Mark III used Facebook’s built-in advertising tools to target users who live in a client’s county and work in government.

This campaign directed them to client microsites which contained:

- Instructions on How to Enroll
- Option to self-enroll with login instructions
- Option to use call center with dates & call center #
- COVID-19 Enrollment Video with customized updates for our clients

2020 Open Enrollment Success – Call Center

- The employee visits the “enrollment” page on their benefits website.
- Follow on-screen instructions, click a timeslot to reserve and fill out name, phone, and email.
- At your scheduled enrollment time a licensed benefits counselor will call the employee and walk through the process in an educational format.
- At your scheduled enrollment time a licensed benefits counselor will call the employee and walk through the process in an educational format.
- Agents are fully licensed in your state
- Calls are recorded and monitored
- Supervisory & Agent roles
- Can use any enrollment platform Mark III offers
- Call queue with disclaimers, self-help prompts, and the ability to leave a voicemail

- Scalable in minutes. As a cloud service, we can add benefits counselors on a minute's notice as call volume demands
- To drive traffic to our licensed benefits counselors we can create ads that target your employees with simple enrollment communication and instruction.
- This type of campaign allows easy access to enrollment during the open enrollment period. These ads are targeted on mobile devices and enrolling is as simple as tapping on the ad on their smartphone to call their dedicated call-center toll-free number.

Voluntary Benefits:

Mark III provides a best-in-class voluntary benefits solution for the County and employees.

Our leverage delivers the following for employees:

- Guarantee Issue each contract year
- Non-offset with other contracts
- Many contracts do not include pre-existing condition limitations
- Block pricing and stability
- Composite rates

Mark III Brokerage welcomes the opportunity to further expand our relationship with the County with leadership and vision required for your organization.

We deliver:

- Healthcare Consulting/Creativity
- Wellness Coordinator
- Population Health Improvement
- Service – Dedicated Account Manager
- Voluntary Benefits
- Enrollment – Experienced COVID-19 Team
- Communication – Social Media and Text
- Flexible Spending Accounts
- Health Reimbursement Accounts
- Benefits Website
- Benefits Booklet
- Videos
- Compliance Information
- Health Care Reform Guidance

Please do not hesitate to call or email me with any questions you may have.

Mark Browder
Mark III Brokerage, Inc.
211 Greenwich Rd.
Charlotte, NC 28211
Phone: 800-532-1044, ext. 204
Email: mark@markiiieb.com

Sincerely,



Mark E. Browder

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Qualifications, Related Experience, and References

1. Overview: This section should establish the ability of the Proposer (and its subcontractors, if any) to satisfactorily perform the required work by reasons of: demonstrated competence in the services to be provided; the nature and relevance of similar work currently being performed or recently completed; record of meeting schedules and deadlines of other clients; competitive advantages over other firms in the same industry; strength and stability as a business concern; and supportive client references. Information should be furnished for both the Proposer and any subcontractors included in the offer.

Our special insight and focus has allowed Mark III Brokerage to develop a customer base of over 100 public sector customers.

Mark III is a licensed consultant with no affiliation with any insurance company, third party administrative agency, or provider network.

Mark III Brokerage uses a team approach to employee benefits (our principal business) revolving around service. Since we work for the customer and not the insurance company, our philosophy is to provide the best products available in the marketplace backed up by the best service possible.

Mark III was founded in 1973 as a firm focused on the insurance needs of the individual. In the process of working with our individual clients, we concluded many of the individual needs we were satisfying could be accomplished by the employer. The group purchasing power of an employer can be leveraged to help its employees acquire coverage and services more cost effectively than the employee can on an individual basis. We felt that we could best serve our individual customers by serving the large employer. This is how Mark III developed into a firm focused on employee benefits providing group employee benefits.

Our consulting philosophy is one centered on partnership, commitment, and quality service for you and your employees. We are a member of your team and will provide responsive, comprehensive, quality advice with competitive product offerings, leveraging our total membership and relationships in the market.

We will proactively advise you on any plan design or administrative changes that present potential vendor service or financial challenges, resulting in employee morale issues and dissatisfaction.

We want enduring relationships based on trust and accountability, providing you with long-term, innovative approaches to your benefit challenges with solid fiscal advice for long-term future success in the management of your employee benefits.

Ultimately, we want to assist you in protecting your employees' household finances through quality employee benefits, education strategies, and consumer accountability.

Mark III is a firm that is focused on employee benefits in the Public Sector. With over 100 public sector customers and 40 years of experience in the public sector, not only does Mark III have the experience as a consultant to find the best programs available, but we also implement and manage the programs for the long haul.

Mark III Brokerage, Inc. is a privately held corporation with 51 employees with headquarters at 211 Greenwich Road, Charlotte, NC 28211 and under tax identification number 56-1055004.

We are a privately held, financially sound corporation that is debt free.

Experience & Scope of Services

You are our target customer.

Our services include the following:

- **Data Gathering and Plan Assessment** – To gain an understanding of the current employee benefits, we will collect the necessary information to provide the County with an assessment of the current status of the employee benefit program.
- **Create a Strategic Plan** – During the assessment phase, we will create a strategic plan by following the SWOT analysis method.
- **Identify and Implement the Priorities** – Once the SWOT analysis is complete, the County and Mark III will assign priorities and begin the marketing/evaluation process.
- **Plan Marketing and Evaluation Services** – Mark III will begin the Request for Proposal process, which includes:
 - a. **Specification Preparation** – With the guidance and assistance from the County, Mark III will prepare specifications that give the carriers/vendors an accurate assessment of your existing medical plan. The specifications outline your concerns and goals.

- b. **Marketing the Specifications** – Mark III will contact the qualified carriers and vendors to determine their interest in evaluating your medical plan. Carriers/vendors that express an interest are sent the specifications to obtain a response.
- c. **Evaluate the Responses** – Once all proposals are received, Mark III will evaluate the responses and provide analysis of the responses based on the following criteria:
- Quality of Care provided to the employees and their dependents.
 - Sound financial status of the firm.
 - Outstanding service, including but not limited to, strong client service support, home office underwriting, contracts and legal service departments, claims processing, and related customer service.
 - Networks, which provide excellent access to hospitals and physicians in the locations where employees reside.
 - Network discounts and pricing.
 - Competitive rates or fee structure.
 - Future stability of rates/fees
 - Providing comprehensive experience reports to the client so that an evaluation can be made relative the plan performance.
 - Carrier flexibility when plan design changes are necessary to meet the needs of the employees and the employer.
 - Provides quality ongoing service and a service team that is dedicated to solving problems that arise during the plan year.
 - An ongoing employee education program to assist the employees' understanding of the plan's operation.
 - The flexibility to expand the network to cover new employees.
 - Mark III will provide a comprehensive evaluation, giving a side-by-side comparison of each vendor's offer.

We track the claims to look for trends and monitor the service level of the vendor.

- Our service function involves problem resolution.
- Prior to the client receiving the renewal from the carrier/vendor, Mark III will evaluate the initial experience and develop our renewal separate of the carrier/vendor.
- Once Mark III has completed our initial evaluation, we will meet with the client to discuss our initial assessment.
- At the renewal meeting, we will compare our estimates against the carrier/vendor's using the following criteria:

- Claims activity.
 - Competitiveness of the carrier's reserving philosophy. This will be determined by comparing their assumptions to industry norms.
 - Competitiveness of the carrier's retention. This will be determined by comparing their costs to industry norms.
 - Changes in the demographic composition of the client and how that has changed over time. How these demographics (manual rate) impact the renewal.
 - How competitive/aggressive the carrier is when weighing the manual rate vs. the experience rate or vice versa.
 - Industry trending factors.
- **Plan Monitoring** – We monitor the performance of the plans throughout the plan year, look for trends that impact the plan, and check service level performance of the vendor. We track claims activity, reserving, retention, and claim trends.
 - **Underwriting and Budget Projections** – We accurately predict plan costs for our public sector customers' months in advance of the renewal process. This allows the County to accurately budget for the upcoming Fiscal Year and not be surprised if there is a cost issue with the medical plan.
 - **Alternate Plan Design Experience** – Mark III has customers who have implemented Consumer Driven Healthcare Plans (CDHP), HRAs, HSAs, and employer funded FSAs. We can provide you with the pros and cons of CDHPs and the areas where there are opportunities to be a good consumer of health care.
 - **Using Plan Data to Make Plan Modifications** – Because we are monitoring plan data throughout the year, when the budget process begins, we are ready to provide suggestions on benefit design and wellness strategies that can improve plan performance.
 - **Creation of Wellness Strategies** – Mark III has experience in creating wellness strategies for Public Sector clients in North Carolina and can assist the County in the following:
 - Health Coaching
 - Wellness Clinics
 - Onsite Pharmacies
 - Smoker/non-smoker premium differentials
 - Screenings and Health Fairs
 - Health risk assessments

- Exercise programs
 - Asheville Projects style programs: Diabetes Management
 - Accountability Based Strategies
- **Medical Plan Claim Audits** – Mark III can arrange for an audit of your claims payor to review for:
 - Eligibility Confirmations
 - Claims Pricing Accuracy
 - Timeliness of Payment
 - Compliance Contract Terms
 - Duplicate Payments
 - Coordination of Benefits Review
 - Non-covered Procedure Review

Our experience is in the Public Sector and is important because employees at the County have different needs and expectations than other industries.

- **Benefit Booklets** – Mark III provides a professional employee benefits booklet for all employees. The information is in a concise and informative format. The brochure gives your employees benefits information in one document.
- **Benchmarking** – Because of the customer base that we have in North Carolina, we are probably better suited than anyone to compare your benefits to other similar entities. This can be very helpful when discussing benefits with the elected leadership and employees.
- **County Specific Employee Benefits Web Site** – Mark III builds and maintains an employee benefits website for the County. The website will be specific to the benefits of the County.
- **High Level of Service Throughout the Year** – Last and certainly not least, Mark III provides full time service personnel to answer questions that your employees and staff might have. Our staff's core responsibility is only to address the needs of their customer. They are not responsible for marketing. They are advocates for the County and your employees.

Population Care Management

The significant challenge that our clients face is the health of the employee and dependent population.

This issue includes the following:

- Weight, which drives Cardiovascular Disease, Hypertension, Diabetes

- Cholesterol leading to Coronary Artery Disease
- High Blood Pressure, which is a primary cause of Heart Disease, Heart Failure, Kidney Disease

Mark III is a leader in strategic population health management and has a proven track record in improving the health of the population and improving claims in controllable health conditions.

Mark III helps develop strategies to improve the health of the population. We have accomplished this at the County.

- Disease Management strategies at the Employer level.
- Population Health Management at the Employer level.

Implementation of the following based on comfort level and budget considerations:

- Screenings
- Coaching
- Incentive based strategies
- Accountability strategies
- Clinics
- Disease Management vendors
- Data mining

The impact of our strategies is an improvement in the health of the population and a positive impact on the claims of our customers.

Why is this important?

The main driver of healthcare cost is claims, and we have a meaningful impact on the dominant cost.

Data Analytics is a service that can be purchased by clients at additional cost as desired.

- Bring all the data in one place
- Identify members, risks, cost drivers to ensure right programs are being put in place
- Agree on metrics, and track these metrics
- Show ROI calculations to internal exec teams
- Proactively drive vendors to report and manage these metrics
- Identify members for programs on an on-going basis

An evidence-based software platform designed to:

- Integrate Medical and Pharmacy Claims
- Capture Biometric Data
- Disease Management Data
- Trended year over year
- Risk stratify the data
- Provide for employee/provider interaction regarding health risks
- Build and track incentive programs
- Predictive model for budgeting
- Demonstrate Plan Successes and Opportunities

Engagement Tool with our Diabetes Management program that can be purchased at additional cost:

- 30% higher engagement
- Higher engagement in members by proactively messaging them to take actions before it's too late. Improving enrollment rates during enrollment period.
- 10%-15% cost savings
- Solutions that deliver ROI, drive cost savings when members are enrolled and engaged. Get greater returns on your investments in employee health programs and solutions.
- 1-touch communication
- Communicating to members in a seamless manner over time is the key solution. Get the right messages to the right people to get the right responses.
- 20% reduction in risks
- Engaged members result in a healthier population overall. The seamless cycle of messaging will ensure the engagement flow is continuous.

Keeping You Informed

Human Resources /Benefits Portal

MyWave

Click+Connect+Communicate

Welcome to a whole new way of working — MyWave is your personalized website that allows you to effortlessly click, connect and communicate with Mark III.

It's designed to offer you time-saving tools and resources that build convenience into managing your everyday work tasks. Whether you want to view documents online, participate in plan/program surveys or connect with more than 325,000 peers in your industry, this is the place to be. It's easily accessible, hardworking and just one of the many services available to you when you partner with us.

Posting Center

Our document posting capabilities allow us to seamlessly provide you information. Accessible 24/7, postings from our agency are timely, relevant and easy to locate in one convenient place online.

Healthcare Reform

Get the information you need about health care reform, including legislative updates, explanations and timelines.

Provide your employees the education they need to understand how reform impacts their lives.

Survey Benchmarking

Participate in benefit plan surveys.

Allows you to determine how your plans and programs compare to other employers across the U.S.

Community

Through MyWave® Community, you have access to a vast and knowledgeable network of colleagues from across the country.

Share information and resources via the Community's interactive forum that enables you to post questions to your peers, provide insight into other users' questions, and allows you to track response based on topics or individual questions.

Mark III is a leader in Enrollment, Administration, and Communication.

Mark III developed multiple open enrollment support tools and services for our clients.

- Customized videos
- Enrollment Services (in-person, web, & call center)
- Website (view all benefits, download forms, view booklet, & contact info)
- Benefits Booklet (summaries & rate handbook)
- Posters (dates and enrollment/benefits info)
- Employee Enrollment Letter

COVID Solutions Implemented 2020

Enrollment and Communication Innovation:

- COVID Enrollment Success – Targeted Communication Campaign:
- Mark III worked with clients as desired on open enrollment communication goals with a targeted inbound campaign.
- Our Marketing & Media team created assets for the campaign including copy, graphics, ads, etc. which comply with your own branding guidelines (if you have an official branding guideline).
- We sent the assets for approval along with a proposed timeline.
- Once approved, we scheduled, prepared, and launched the campaign.
- Options to post on your own pages were available and Mark III ran an ad campaign on our accounts, with no passwords, permissions, or costs need to exchange hands.

2020 Open Enrollment Success

- During the COVID-19 pandemic, Mark III used Facebook’s built in advertising tools to target users who live in the county and work in government.
- This campaign directed them to the employer’s Benefits Microsite which contained:

Instructions on How to Enroll

- Option to self-enroll with login instructions
- Option to use call center with dates & call center #
- COVID-19 Enrollment Video with customized updates for the client
- 2020 Open Enrollment Success – Call Center
- The employee visits the “enrollment” page on their benefits website.
- Follow on-screen instructions, click a timeslot to reserve and fill out name, phone, and email.
- At your scheduled enrollment time a licensed benefits counselor will call the employee and walk through the process in an educational format.
- Agents are fully licensed in your state
- Calls are recorded and monitored
- Supervisory & Agent roles
- Can use any enrollment platform Mark III offers
- Call queue with disclaimers, self-help prompts, and the ability to leave a voicemail

- Scalable in minutes. As a cloud service, we can add benefits counselors on a minute's notice as call volume demands
- To drive traffic to our licensed benefits counselors we can create ads that target your employees with simple enrollment communication and instruction.
- This type of campaign allows easy access to enrollment during the open enrollment period. These ads are targeted on mobile devices and enrolling is as simple as tapping on the ad on their smartphone to call their dedicated call-center TOLL-FREE number.

1 Choose Appointment

Enrollment
30 minutes

NOBE TIMES >

Wednesday March 28	Thursday March 29	Friday March 30	Next Week Monday March 28	Tuesday March 29
8:00am	8:00am	8:00am	8:00am	8:00am
8:20am	8:20am	8:20am	8:20am	8:20am

2 Your Information

Name * (required)

First Name Last Name

Phone

Email * (required)

Your email address is invalid

[Complete Appointment >](#)

3 Confirmation



Mark III Employee Benefits
Sponsored · 🌐

It's open enrollment time! We're offering call center and self enrollment options this year. Enroll Now!




OPEN ENROLLMENT STARTS APRIL 20

MARKIIIBROKERAGE.COM
Enroll Online
It only takes a few minutes to confirm.

[SIGN UP](#)

👍 Like 💬 Comment ➦ Share

Compliance Services

Mark III provides monthly updates on healthcare reform as well as a benefits buzz newsletter that outlines current topics of interest. Samples are enclosed. Mr. Browder and Ms. McCarty also provide quarterly updates in meetings necessary to keep our clients in compliance. We currently work with one vendor exclusively for all healthcare reporting for the IRS as well.

Mark III provides online access to a human resources library as well as articles to keep clients up to date on the latest legislative requirements.

Mark III has access to seminars, materials, and email updates along with other compliance resources. A healthcare reform update as well as industry trends newsletter is distributed monthly.

To assist our clients in staying informed on healthcare and other health – related information and legislation, Mark III disseminates compliance and trend information as the developments occur.

Topics in the past have included:

- Healthcare Reform
- Debit Card Capabilities - Enhanced Data Capture
- Web Based Enrollment Opportunities
- Contrarian Point of View - Consumer Driven Health Care
- Dental Insurance Trends
- FSA Grace Period – Operational Pros and Cons
- Compliant Wellness Plan Incentive Strategies and Legal Updates
- Multi-layered Approach to Controlling Healthcare Costs
- Employer Based Wellness Strategies and Population Health Management
- Consumer Driven Health Trends
- Section 403b Regulation Changes and Implementation Strategies
- Section 125 Regulation Changes and the Impact of IIAS
- An Employers Strategies for Wellness and Cost Management
- Children's Health Insurance Program
- Healthcare Reform
- Mental Health Parity
- Early Retiree Subsidy

Sample compliance material included.

Background Information

2. Furnish background information about your firm, including date of founding, legal form (i.e., sole proprietorship, partnership, LLC, corporation/state of incorporation), number and location of offices, principal lines of business, number of employees, days/hours of operation and other pertinent data. Disclose any conditions (e.g., bankruptcy or other financial problems, pending litigation, planned office closures, impending merger) that may affect the Proposer's ability to perform contractually. Certify that the firm is not debarred, suspended or otherwise declared ineligible to contract by any federal, state or local public agency.

We are a licensed broker in North Carolina unaffiliated with any insurance company, third party administrative agency or provider network. We were founded in NC in 1973 as an LLC that is financially sound with no pending mergers that would affect our services. We are located at 211 Greenwich Road, Charlotte, NC 28211, open 8-5 Monday-Friday with call center hours flexibility as needed for enrollment needs. We have no loss of licensure

Mark III Brokerage uses a team approach to employee benefits revolving around service. Since we work for the customer and not the insurance company our philosophy is to provide the best products available in the marketplace backed up by the best service possible.

3. Describe your firm's most noteworthy qualifications for providing the required services to Forsyth County. Specifically highlight those qualifications that distinguish you from your competitors.

With over \$300,000,000 of self-funded benefit plans under management, this is self-funded perspective that only Mark III can bring.

One of the reasons that we are so successful in Public Sector business is that it requires a sophistication that we possess.

The self-funded medical plan business is an extraordinarily sophisticated business that requires years of knowledge and experience.

Mark III's focus on public sector and our breadth of clients provides us with more leverage and knowledge, translating into value for the County.

We work with over 80,000 covered dental lives. In some cases, we are the largest consultant for these carriers nationally.

With respect to Section 125 benefits and flexible spending accounts, we have over 70,000 covered lives and bring significant experience and leverage for the County.

We have been a 30-year partner for Forsyth County spanning back to 1988, assisting with everything from medical plan management & OPEB support/coordination to voluntary benefit offerings.

Mark III is a leader Enrollment, Administration, and Communication Innovation. Mark III has developed the following for Forsyth County:

- Videos (*Promotion, HR, product videos, customized to your needs*)
- Enrollment Services (*in-person, web, & call center*)
- Website (*view all benefits, download forms, view booklet, & contact info*)
- Benefits Booklet (*summaries & rate handbook*)
- Posters (*dates and enrollment/benefits info*)
- Employee Enrollment Letters
- As an innovator, Mark III began enrolling using the web since 2005.

4. List all similar companies to which your firm has provided employee benefits insurance broker and consulting services.

Our client list is comprehensive and includes the following:

NC Counties	NC Schools	NC Cities/Towns
Burke County Government	Alexander County Schools	City of Asheboro
Cabarrus County Government	Asheboro City Schools	City of Brevard
Caldwell County Government	Cabarrus County Schools	City of Gastonia
Cleveland County Government	Cleveland County Schools	City of Graham
Columbus County Government	Davidson County Schools	City of Hendersonville
Dare County Government	Durham Public Schools	City of High Point
Durham County Government	Franklin County Schools	City of Laurinburg
Edgecombe County Government	Graham County Schools	City of Monroe
Forsyth County Government	Guilford County Schools	City of Oxford
Gaston County Government	Harnett County Schools	Town of Boone
Halifax County Government	Jackson County Schools	City of Raleigh
Haywood County Government	Kannapolis City Schools	City of Rocky Mount
Henderson County Government	New Hanover County Schools	City of Salisbury
Hertford County Government	Pitt County Schools	City of Sanford
Hoke County Government	Randolph County Schools	City of Shelby
Jackson County Government	Rowan-Salisbury Schools	City of Washington
Lee County Government	Surry County Schools	City of Winston Salem
Lincoln County Government	Watauga County Schools	Town of Holly Springs
Martin County Government	Winston-Salem/Forsyth County Schools	Town of Nags Head
Nash County Government	TN Schools	Town of Smithfield
Northampton County Government	Grainger County Schools	TN Cities/Towns
Person County Government	Hamilton County Schools	City of Johnson City
Pitt County Government	Johnson City Schools	City of Kingsport
Polk County Government	Johnson County Schools	City of Lawrenceburg
Randolph County Government	Rhea County Schools	Town of Greeneville
Robeson County	Sullivan County Schools	City of McMinnville
Rowan County Government	VA Schools	City of Morristown
Scotland County Government	Bristol Virginia Public Schools	City of Sevierville
Transylvania County Government	Caroline County Schools	VA Cities/Towns
Vance County Government	Culpeper County Schools	City of Lynchburg
Watauga County Government	Dinwiddie County Schools	Town of Hillsville
Wayne County Government	Floyd County Schools	GA Clients
Yancey County Government	Fredericksburg City Schools	Barrow County Government
Wilkes County Government	Greenville County Schools	Laurens County Schools
TN Counties	Lancaster County Schools	Rabun County Government
Bledsoe County Government	Lee County Schools	City of Dalton
Hamblen County Government	Lynchburg City Schools	Trion City Schools
Johnson County Government	Montgomery County Schools	Colleges/Universities
Rhea County Government	Northumberland County Schools	Duke University
Sullivan County Government	Nottaway County Schools	Forsyth Technical Community College
Unicoi County Government	Orange County Schools	Private Sector/Other
Warren County Government	Salem County Schools	Barter Theatre (VA)
VA Counties	Smyth County Schools	Bertie-Martin Regional Jail
Carroll County Government	Spotsylvania County Schools	Bristol Virginia Utility Authority (VA)
Culpepper County Government	Stafford County Schools	Cleveland County Water (NC)
Lee County Government	Surry County Schools	First Tennessee Human Resources Agency (TN)
Montgomery County Government	Wise County Schools	Habersham Electric Membership Corp (GA)
Orange County Government	Alabama Clients	NCRGEA
Pittsylvania County Government	Huntsville Utilities	Onslow Water & Sewer Authority (NC)
Prince George County Government		Vaya Health (NC)
Scott County Government		Western Virginia Water Authority (VA)
Spotsylvania County Government		
Stafford County Government		
Washington County Government		

5. Identify at least four (4) current clients (governmental references preferred) and up to three (3) former clients whom Forsyth County may contact as references and who can independently evaluate the Proposer's expertise in this area. Describe the work performed and include the name, job title, address and telephone number of a contact person for each reference.

Durham County

2018

2000 Employees

Kathy Everett-Perry, Esq.

CHRO/Chief Employment Counsel

200 East Main Street

3rd Floor

Durham, NC 27701

919-560-7910

keverettperry@dconc.gov

Consulting on health, ancillary, and voluntary benefits

Gaston County

2004

1496 Employees

Pam Overcash

Deputy County Manager

128 W. Main Avenue

Gastonia, NC 28053

pam.overcash@co.gaston.nc.us

704-866-3722

Consulting on health, ancillary, and voluntary benefits

City of High Point

2016

1400 Employees

Angela Kirkland

Director of Human Resources

angela.kirkwood@highpointnc.gov

336-883-3259

Consulting on health, ancillary, and voluntary benefits

Rowan County

2010

842 Employees

Debbie Holshouser

Human Resources Analyst II

Debbie.Holshouser@rowancountync.gov

130 West Innes Street

Salisbury, NC 28144

704-216-8103

Consulting on health, ancillary, and voluntary benefits.

6. Identify all lost or terminated accounts within the past three years. For each account, identify the account's line of business, describe the services your firm provided, and state the reasons for the end of your working relationship.

Alamance Burlington Schools

Voluntary Benefits

RFP

Town of Kernersville

Medical and Voluntary Benefits

Client joined a pool.

Onslow County Government

Medical and Voluntary Benefits

RFP

Caswell County

Medical Benefits

Client joined a pool.

7. Describe other lines of business in which your firm is engaged.

Mark III has been providing consulting services for over 40 years and has provided guidance to the county staff on multiple programs over the tenure of our 25-year partnership.

Experience – We bring significant experience to bear in the following for our customers:

- Medical Programs
- Wellness Strategies
- Section 125 Programs
- Dental coverage

- Group Term Life
- Group Long Term Disability
- Group Short Term Disability
- Group Auto & Home Coverage
- Vision Coverage
- Group Long Term Care
- Supplemental Health Programs
- Voluntary Disability Coverage

We work with a variety of providers including the following:

Aetna	HCC Life
AFLAC	Highmark
AIG	Humana
American Heritage/Allstate	Liberty Mutual
American National	Lincoln National
Ameriflex	MetLife
Ameritas	Mutual of Omaha
Assurant	Optum
Assurity Life	Philadelphia American
AUL	Prudential
BCBSNC	Reliance Standard Life
Chubb	Standard Life
CIGNA	Sun Life
Delta Dental	Symetra
Gilsbar	Texas Life
Fort Dearborn	Transamerica
Gerber	Tucker Administrators
Gilsbar	UnitedHealthcare
Guardian	UMR
Hartford Life	UNUM
ING/ReliaStar	Zurich

8. If your organization is a subsidiary or division of a parent firm, provide similar background information on the parent company and identify any other affiliated companies.

Mark III Brokerage, Inc. is not owned by any other company.

9. Describe your firm's policy on accepting contingent commissions, or any other sources of income, revenue, consideration, compensation or overrides, in connection with services provided to your clients. Describe your firm's disclosure policy. Indicate that any and all remuneration received by or credited to your firm for work performed for Forsyth County under this proposal will be paid to or RFP21122 Employee Benefits Consulting Services Page 12 of 16 credited to Forsyth County.

Mark III does accept contingent compensation that assists in providing all the services we provide; however, we will not accept those commissions for the next three years on the Forsyth County account.

10. Disclose any existing or potential conflicts of interest between the scope of work required by Forsyth County and your firm's other business activities.

Mark III has no conflicts of interest in providing services to Forsyth County.

11. Furnish certificates of insurance showing the types and amounts of insurance carried by your firm.

Included.



STAFFING AND PROJECT ORGANIZATION

1. Overview: This section should discuss the staff who would be assigned to service Forsyth County's account, their projected levels of work, and their reporting relationships.
2. Identify the key personnel from your firm who would be assigned to this project. Include a brief description of their qualifications, current job functions (including other accounts to which they are committed), proposed roles on Forsyth County account team, and office location(s). Designate a principal of the firm who would be ultimately responsible for the relationship and an Account Manager who would provide day-to-day direction of the required work. Furnish brief resumes (not more than two pages long) for all key personnel; include these as an appendix, not in the body of the proposal.
3. If more than two people will be assigned to Forsyth County's project, include a simple organization chart that clearly delineates communication and reporting relationships among the project staff.

Account Management

Principal: Mark Browder, Vice President, received a B.A. from Appalachian State University in 1984. After serving four years in the US Army, Mr. Browder came to Mark III in 1988. His focus, once coming to Mark III, has been solely on employee benefits. He is currently working on his Certified Employee Benefits Specialist designation. His responsibilities include, but are not limited to:

- Managing the Mark III staff
- Specification preparation and marketing
- Plan evaluation: Medical plan strategy and oversight
- General operational oversight
- Strategic Wellness Strategy Development
- Product Development Companywide
- Companywide Contract Negotiations

Senior Consultant: Tracy McCarty received a B. A. from Maryville College in 1989. She has worked in the employee benefits field for over 25 years. She has 15 years of experience on the carrier side of the business and 11 years at the brokerage and is invaluable in her role as a consultant. She is responsible for analyzing and marketing medical product lines. She is knowledgeable on insurance company procedures, efficient at problem solving, responsive to the special needs of each customer, and an advocate for the employer and employee. Her responsibilities include, but are not limited to:

- Creating specifications

- Collecting the medical materials and information the vendors will need to produce a response
- Respond to the vendor's questions and inquiries
- Analyze the vendor responses
- Produce spreadsheets to provide comparative formats
- Contract negotiations with various vendors including health plan, ACA, dependent eligibility audit, and enrollment firms
- Coordinate and conduct finalist presentations/enrollment meetings/client meetings/commissioner meetings
- Medical Consulting/Medical Plan Assistance/Strategic Planning
- Special Project Work (HCR, ERRP, Legal Notices, medical contracts, benefit administration, etc.)
- Plan compliance and health plan account management

Account Manager: Cindy Horton is an experienced veteran that currently manages the service functions for a block of Mark III customers. She is knowledgeable on insurance company procedures, efficient at problem solving, is responsive to the special needs of each customer, and an advocate for the client and its employees. Her responsibilities include, but are not limited to:

- Claims resolution for the employee.
- Facilitate contract changes.
- Desktop publishing for communication material.
- Product content management for Website.
- Overall customer service management.
- Organize and implement all phases of benefit communication.
- Research and facilitate solutions for employee benefits.

Enrollment Manager: Tom McCabe has over twenty years of experience in the insurance industry and is a seasoned veteran of the enrollment process. His responsibilities are to oversee the entire enrollment process and manage the enrollers to ensure there is a consistent message for the employer. His responsibilities include, but are not limited to:

- Ensuring the entire enrollment process is planned and implemented.
- Organizing and training the enrollment teams.
- Responsible for ongoing enrollment requirements.
- Processing and forwarding enrollment material.
- Adjust the enrollment resources as necessary.

Senior Marketing Consultant: Tom Cheswick is responsible for marketing the various ancillary products the customer decides to implement and analyzing the vendor responses. He has worked in the insurance industry for over twenty years. He is knowledgeable on insurance company procedures, efficient at problem solving,

responsive to the special needs of each customer, and an advocate for the employer and employee. His responsibilities include, but are not limited to:

- Creating specifications
- Collecting the medical materials and information the vendors will need to produce a response
- Respond to the vendor's questions and inquiries
- Analyze the vendor responses
- Produce spreadsheets to provide comparative formats
- Life, Dental, Voluntary Product Expertise

Wellness Coordinator: Makenzie Mullinax is a graduate of the University of North Carolina at Charlotte. She works with existing and new customers to provide wellness solutions to meet the needs of the organizations. Because of her constant contact with the customer, she is particularly sensitive to the issues that exist for the employer and is committed to finding solutions. Her responsibilities include, but are not limited to:

- Helps create a culture of wellness in the organization
- Pulls available resources to help the client create a wellness program
- Assists the client in managing the wellness process
- Creates vendor RFPs and provides analysis
- Assists implementation of wellness programs created by consultant staff

On a day-to-day basis, Mark III provides a full-time service person to assist the customer with service-related issues. We have a toll-free number for our customers to use to contact us, in addition to email. We provide a website, videos, and a booklet outlining all benefits.

All personnel report to Mr. Browder. He and Ms. McCarty will continue to provide strategic consulting services currently provided.

WORK PLAN / TECHNICAL APPROACH

1. Overview: This section should establish the Proposer's understanding of Forsyth County's objectives and requirements, demonstrate the Proposer's ability to meet those requirements and outline clearly and concisely the plan for accomplishing the specified work.
2. Describe succinctly how your firm would accomplish the work and satisfy Forsyth County's objectives described in this RFP. If appropriate, divide the work into segments or tasks to represent milestones for measuring progress.

Mark III would continue to provide the following services as the client desires:

Plan Management

From working with carriers to advising the County on multiple programs, Mark III has regularly reviewed client reports provided by various vendors and facilitates vendor meetings for report presentations.

A sample medical update is included.

Mark III evaluates vendors by use of various mechanisms including the following:

- Financial Rating
- Customer Satisfaction Results
- Annual Reports
- SAS Reports
- HEDIS Data
- Clinical Programs Provided by Health and Wellness Providers
- Auto Adjudication Rates for TPAs/Carriers/FSA Administrators
- Case Management Programs
- Chronic Disease Management Programs
- ESRD/Transplant Monitoring
- COB Programs
- Rx Management Programs
- Network Breadth/Discounts/Growth
- Demonstrated Results: financial/process improving measures

Mark III partners with a firm to evaluate payor discounts to determine if current and potential networks provide competitive solutions.

A sample medical update is included.

Renewal Consulting Experience

We deliver accurate renewal estimates 7 months prior to the start of the new plan year, which is months in advance of the renewal delivered by the payor. We have historically provided the County well in advance of the carrier renewals for fixed costs or projections.

This allows the County to accurately budget for the upcoming Fiscal Year and not be surprised if there is a cost issue with the medical plan.

So rather than being caught off guard if there is a challenge, planning and bidding can be done to give the county multiple renewal options.

Prior to the County receiving the renewal from the carrier/vendor, Mark III evaluates the initial renewal package and gauge the competitiveness of their offer.

Once Mark III has completed the initial evaluation, we will meet with the county to deliver our initial assessment. Based on the initial results of our meeting and how satisfied the client and Mark III are with the renewal, the next step will be determined. If the renewal is competitive and there is not a significant financial or benefit change that is required, no action would be taken. If the response from the carrier/vendor were uncompetitive, then further negotiation would take place. If a satisfactory response from the carrier/vendor does not occur, the Mark III would market the plan in question to see if a more competitive offer can be attained from another source.

We provided renewals 120 days prior to the effective date.

Stop Loss insurance Evaluation

Mark III regularly reviews stop loss impact and the value for the client. We also review the competitiveness of the rates offered for specific and aggregate protection as well as the value of the aggregate coverage versus the premium paid, whether with the TPA or a third party stop loss carrier, reviewing both plan experience, stop loss reimbursements, medical plan trend year over year, and leverage trend factors used by stop loss carriers.

Pharmacy Plan Management

Mark III has extensive consulting experience with pharmacy plan management, whether wrapped into the medical or through a third-party vendor. We have worked with third party administrators that provide pharmacy administration through various pharmacy benefit managers, using their leverage to get the best value for our clients.

Whether under one carrier or carved out, we exam utilization patterns to determine population disease states, generic versus brand utilization, and specialty drugs costs. Data is shared with all parties to ensure care management needs are addressed where needed if there are gaps in care issues due to non-compliance.

We review the need for design levers such as DAW, Step Therapy, quantity level limits, controlled drug programs, required maintenance mail order, specialty drug care management programs, deductible plan designs, and overall education regarding pharmacy. Annually, data is used to determine plan design needs based on employee feedback, the employer experience, and budget needs.

Our experience is in the Public Sector and is important because employees at the County have different needs and expectations than other industries.

Principal Consultant, Mark Browder, has significant self-funded plan experience, managing County and City clients with medical plan budgets ranging from \$1,200,000 to \$25,000,000.

He has worked in conjunction with Human Resources and Finance to build plan designs that keep the plan within budget and strategically building a health reserve for future costs. He provides quarterly updates at a minimum, projecting plan costs out for the next year, applying trend and annualizing costs out to the end of the following policy year well before any carrier analysis is provided at renewal. IBNR estimates are provided as needed by clients.

Fixed, expected, and aggregate maximum costs are taken into consideration when projecting costs the next year, focusing on the changes necessary to stay within budget.

Mark III has consistently provided the recommended payroll deductions required for all products we manage.

Mark III has consistently developed and set rates and tier ratios for the self-funded medical plans for both discounted and non-discounted rates. This is accomplished through evaluation of plan costs on a per employee per month basis, which are converted into three, four, or five tier rates as required by the County. Both budget and renewal strategy would drive the rate structure.

Mark III regularly reviews stop loss impact and the value for the client. We also review the competitiveness of the rates offered for specific and aggregate protection as well as the value of the aggregate coverage versus the premium paid, whether with the TPA or a third party stop loss carrier, reviewing both plan experience, stop loss reimbursements, medical plan trend year over year, and leverage trend factors.

Mark III provides ongoing consulting that provides guidance on plan design that impact cost to alleviate required increases where budget cannot withstand, including development of rate structure, taking into consideration the client contribution strategy and philosophy on dependent rates.

Mark III provides significant support to our clients, including the County, and have been providing these services for over 40 years:

Mark III helps clients build wellness strategies and has helped the County using best practices based on industry sources noted in this response but most importantly, by sharing our experiences with our entire book of business.

Our leverage in wellness is our book of business. We have immense experience in knowing what works and what does not work in the public sector.

We work closely with Staff to design a program that is flexible and meets the needs of the organization, using various levers to impact change.

We have clients with a variety of strategies and pull all parties and information together to ensure all data is shared to the benefit of the population in developing strategy.

Data is shared between the clinics, carriers, and third parties (such as PBMs) to target specific areas of concern based on care management reports or clinical coaching feedback.

Creation of Wellness Strategies – Mark III has experience in creating wellness strategies for Public Sector clients in North Carolina and can assist the County in the following as desired:

- Health Coaching
- Wellness Clinics
- Onsite Pharmacies
- Smoker/non-smoker premium differentials
- Screenings and Health Fairs
- Health risk assessments
- Exercise programs
- Asheville Projects style programs: Diabetes Management
- Accountability Based Strategies

Mark III helps evaluate wellness programs with the client based on multiple factors:

- Utilization by employees
- Improvement in biometric scores year over year
- Reduction in absenteeism
- Reduction in work-related injuries
- Long-term reduction in healthcare costs
- Positive feedback from employees
- Overall improvement in employee satisfaction
- Requests for additional programs
- Employee's likelihood to recommend the program
- Employee Feedback on biometric events/registration process
- Strength of skill set of clinical staff: health and wellness vendors

- Administrative Organization of health and wellness vendors
- Employee Health Progress/Improvement achieved by health and wellness vendor strategies
- Predictive modeling results

Mark III also can assist the client with the wellness programs offered at Forsyth county ensuring all programs are coordinated and strategically aligned.

Our experience is in the Public Sector and is important because employees at the County have different needs and expectations than other industries.

Our Accomplishments and work completed for Forsyth County includes and would continue to include services such as those described below.

- Through that 30-year history (began working with the county in 1988), Mark III has guided Forsyth County through numerous evolutions and transitions.

Medical Innovation:

- Mark III has been tested, successfully being chosen as the best Advisor solution for the County through multiple broker bids.
- Provided strategic planning and leadership to the County.
- Bid the Medical Plan to ensure competitiveness from vendor partners.
- Carved Out Stop Loss coverage.
- Funding changes – Successfully transitioned the County from Fully Insured to Self-funded.
- Discussed HSAs and consumerism.
- Strategies Mark III crafted for the County have resulted in **no claims increase** on a per employee per month basis from 2015 – 2016 to 2020 – 2021.

Since 2015 - 2016
99.78%

- Provided historically accurate funding recommendations the County could count on for budget purposes.
- These estimates have kept the County adequately budgeted, which allows Finance, Budget, and County leadership to ensure there are no budgetary surprises.
- Mark III utilizes book of business leverage for stop loss and pharmacy, negotiating best in class contracts.
- For the 2020 – 2021 Plan Year, Mark III negotiated a Pharmacy Contract improvement. **The net improvement is over \$400,000.**
- Mark III negotiated a hold on the VOYA Stop-loss renewal and **saved the County over \$200,000** for the 2020 – 2021 Plan Year.

- Performed dependent eligibility audit to ensure eligibility compliance and risk mitigation Dependent Eligibility Audit. The criteria change and dependent eligibility audit produced significant results.
- From 2014 – 2015 to 2017 – 2018, the audit produced a reduction of over **\$2,000,000 in Spouse claims.**
- Mark III organizes and supports OPEB data coordination.
- Health Care Reform – Provided ACA reporting solutions and paid for those services.
- Provided the County with Benefit, Wellness, and ACA updates.
- Reviewed carving out Retirees from the Plan.
- Provided Stop-loss Pooling Analysis.
- Provided comparative surveys and benchmarking for the County.
- Mark III managed the Benefit Administration RFP, analysis, presentations, and problem resolutions.
- Mark III has discussed a stand-alone data analytics strategy for the County.

Wellness Innovation:

- Mark III developed many of the successful wellness strategies in place today at the County.
 - Mark III provides a Wellness Coordinator for customers.
 - Those wellness strategies include, developing accountability solutions and incentive-based strategies that have improved employee health.
 - Those include biometrics, health coaching, onsite disease management, and incentive-based strategies.
 - Mark III expects 2021 – 2022 initiatives will improve the Medical and Pharmacy Contract value by \$500,000.
 - Mark III is a leader Enrollment, Administration, and Communication Innovation. Mark III has developed the following for Forsyth County:
 - Videos (*Promotion, HR, product videos, customized to your needs*)
 - Enrollment Services (*in-person, web, & call center*)
 - Website (*view all benefits, download forms, view booklet, & contact info*)
 - Benefits Booklet (*summaries & rate handbook*)
 - Posters (*dates and enrollment/benefits info*)
 - Employee Enrollment Letters
 - As an innovator, Mark III began enrolling using the web since 2005.
3. Attach as an appendix a sample insurance renewal proposal your firm prepared for a client of the size and complexity of Forsyth County. You may de-identify the client and otherwise exclude information deemed proprietary to the client.

Sample medical updates provided to Forsyth County are included that demonstrate the work we do throughout the year and renewal proposal we present.

4. List all the names of the insurance companies that underwrite 30% or more of your firm's book of business. Project whether you would approach the same markets on behalf of Forsyth County's account or source other markets.

Mark III's book of business includes 30% with BCBS, AUL, AFLAC, and Ameritas primarily. All other business is distributed with various vendors. Forsyth County carriers are vetted as deemed appropriate by the client and Mark III based on many factors including renewals offers, bids, and client satisfaction.



FEE

1. Overview: This section should disclose all charges to be assessed Forsyth County for the Scope of Work.

2. Quote an annual total fixed flat fee for completing all requirements outlined in the Scope of Work.

Mark III will not charge any fee for the next three contract years.

3. For all fees requested above, quote for each of the three years of the Initial Term and for each of the potential two (2) option years that may follow. The annual total fixed fees shall be inclusive of all expenses and costs, including direct labor, indirect costs and profit.

There will be no charge for the three-year contract. For the optional additional 2 years, the charge will be the \$65,000 annually.

4. State your preference for how payments should be made (e.g., monthly, quarterly, and semiannually).

No payment will be required for the next three contract years nor will we receive any payment form of payment from any vendor. For the optional additional 2 years, the quarterly payment is acceptable.



MEDICAL PLAN UPDATE

2019 – 2020 Renewal



Mark III
Employee Benefits

February 26, 2019

2018 – 2019 Renewal Calculation



Forsyth County	Subscribers	Medical	Pharmacy	Stop-loss Credits	Net Claims
February-17	2,078	\$1,193,136.77	\$445,565.81	\$0.00	\$1,638,702.58
March-17	2,084	\$1,583,027.76	\$563,825.38	\$14,660.17	\$2,132,192.97
April-17	2,081	\$1,060,344.11	\$446,127.47	\$4,658.83	\$1,501,812.75
May-17	2,084	\$1,460,137.01	\$567,114.97	\$0.00	\$2,027,251.98
June-17	2,096	\$1,846,507.65	\$456,608.17	\$0.00	\$2,303,115.82
July-17	2,090	\$1,340,029.88	\$405,015.57	\$187,014.24	\$1,558,031.21
August-17	2,091	\$1,264,131.41	\$525,072.31	\$95,749.15	\$1,693,454.57
September-17	2,100	\$1,358,109.66	\$405,592.06	\$0.00	\$1,763,701.72
October-17	2,088	\$1,298,369.22	\$425,297.98	\$181,700.60	\$1,541,966.60
November-17	2,095	\$1,511,952.84	\$464,460.80	\$11,123.79	\$1,965,289.85
December-17	2,092	\$1,170,056.50	\$475,396.41	\$0.00	\$1,645,452.91
January-18	2,084	\$1,293,085.60	\$464,553.05	\$0.00	\$1,757,638.65
Total	25,063	\$16,378,888.41	\$5,644,629.98	\$494,906.78	\$21,528,611.61
Medical Projection - 2018 - 2019					
Per Annum					
Claims Experience	\$21,528,611.61				
Trended Claims 8% - 18 Months of trend	111.33%				
Estimated Claims Based on Experience - 2018 - 2019	\$23,967,803.31				
Benefit Change	\$23,488,447.24				
Estimated Administration and Stop-loss Charges	\$2,756,930.00				
PPACA - Fee for Comparative Effectiveness Research Agency - July 31, 2018	\$8,402.68				
Wellness Bonus - \$250	\$260,125.00				
Diabetes Management	\$0.00				
Laser - \$350,000	\$175,000.00				
Laser - \$260,000	\$85,000.00				
Laser - \$325,000	\$150,000.00				
Laser - \$310,000	\$135,000.00				
Novant Wellness	\$236,500.00				
Expected Total Costs 2018 - 2019	\$27,295,404.92				
County Budgeted Total Costs 2017 - 2018	\$26,100,357.57				
Rate Action 2017 - 2018 Renewal - County	104.58%				
Dollar Change	\$1,195,047.35				

2018 – 2019 Renewal Rates – 3 Tier Rates



	2017 - 2018 Budget Rates - Base Rates					2018 - 2019 Budget Rates - Base Rates					
	County Contribution 0%	Renewal Monthly	Employee Medical Monthly - 0%	Total Renewal	Renewal Monthly County and Ee	County Contribution 3.5%	Renewal Monthly	Employee Medical Monthly - 3.5%	Change	Total Renewal	Renewal Monthly County and Ee
Employee Only	\$730.51	\$314,849.81	\$100.87	\$831.38	\$358,324.78	\$756.08	\$325,869.55	\$104.40	103.50%	\$860.48	\$370,866.15
Employee + One Dependent	\$909.36	\$160,047.36	\$285.00	\$1,194.36	\$210,207.36	\$941.19	\$165,649.02	\$294.98	103.50%	\$1,236.16	\$217,564.62
Employee & Family Monthly	\$1,271.16	\$133,471.80	\$576.07	\$1,847.23	\$193,959.15	\$1,315.65	\$138,143.31	\$596.23	103.50%	\$1,911.88	\$200,747.72
Per Employee Per Month		\$608,368.97			\$762,491.29		\$629,661.88				\$789,178.49
Annual Total		\$7,300,427.64			\$9,149,895.48		\$7,555,942.61	\$1,914,199.21			\$9,470,141.82
	2017 - 2018 Budget Rates - Discounted Rates To Qualify - Participate in Biometrics, HRA, and Coaching if Required - \$60 for Employees and \$40 for Spouses					2018 - 2019 Budget Rates - Discounted Rates To Qualify - Participate in Biometrics, HRA, and Coaching if Required - \$60 for Employees and \$40 for Spouses					
	County Contribution 0%	Renewal Monthly	Employee Medical Monthly - 0%	Total Renewal	Renewal Monthly County and Ee	County Contribution 3.5%	Renewal Monthly	Employee Medical Monthly - 3.5%	Change	Total Renewal	Renewal Monthly County and Ee
Employee Only	\$730.51	\$544,229.95	\$40.87	\$771.38	\$574,678.10	\$756.08	\$563,278.00	\$44.40	108.64%	\$800.48	\$596,356.33
Employee + One Dependent	\$909.36	\$361,015.92	\$185.00	\$1,094.36	\$434,460.92	\$941.19	\$373,651.48	\$194.98	105.39%	\$1,136.16	\$451,056.55
Employee & Family Monthly	\$1,271.16	\$288,553.32	\$476.07	\$1,747.23	\$396,621.21	\$1,315.65	\$298,652.69	\$496.23	104.24%	\$1,811.88	\$411,297.45
Per Employee Per Month		\$1,193,799.19			\$1,405,760.23		\$1,235,582.16				\$1,458,710.34
Annual Total		\$14,325,590.28			\$16,869,122.76		\$14,826,985.94	\$2,677,538.12			\$17,504,524.06
Total		\$21,626,017.92			\$26,019,018.24		\$22,382,928.55	\$4,591,737.33			\$26,974,665.88
Per Employee Per Month					\$1,041.93						\$1,080.20
								17.02%			
						County Dollar Difference	\$756,910.63			Total Difference	\$955,647.64
										Change	103.67%

- The increase was a mid-3% increase for 2018 – 2019.



Reporting Period	Nov '17-Oct '18		Nov '16-Oct '17		Nov '15-Oct '16		Nov '14-Oct '15	
	Paid	Paid %	Paid	Paid %	Paid	Paid %	Paid	Paid %
Employee	\$16,903,573	72.81%	\$15,292,030	66.23%	\$15,191,114	62.30%	\$14,188,488	62.50%
Spouse	\$4,354,605	18.76%	\$5,375,311	23.28%	\$6,798,518	27.90%	\$6,418,160	28.30%
Dependent	\$1,959,410	8.44%	\$2,422,885	10.49%	\$2,383,359	9.80%	\$2,093,491	9.20%
Summary	\$23,217,589	100.00%	\$23,090,226	100.00%	\$24,372,992	100.00%	\$22,700,138	100.00%

Dependent Eligibility Audit:

- From 2014 – 2015 to 2017 – 2018, there was a reduction of over **\$2,000,000 in Spouse claims.**
- The criteria change and dependent eligibility audit produced significant results.

2018 – 2019 Plan Experience



Actives

Date	Subs	Mbrs	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Other Charges	Novant Wellness	Total Cost	Stop-loss Credits	Other Credits	Net Costs	County Budgeted
July-18	1,816	2,936	\$1,356,790.46	\$441,140.76	\$1,797,931.22	\$990.05	\$16,971.04	\$19,708.33	\$2,011,079.63	\$72,616.88	\$0.00	\$1,938,462.75	\$1,961,643.20
August-18	1,815	2,912	\$1,308,797.90	\$401,994.12	\$1,710,792.02	\$942.59	\$3,771.59	\$19,708.33	\$1,910,529.70	\$0.00	\$0.00	\$1,910,529.70	\$1,960,563.00
September-18	1,805	2,898	\$1,117,031.95	\$372,086.88	\$1,489,118.83	\$825.00	\$2,920.87	\$19,708.33	\$1,687,051.91	\$0.00	\$137,975.74	\$1,549,076.17	\$1,949,761.00
October-18	1,806	2,907	\$1,433,206.48	\$365,429.00	\$1,798,635.48	\$995.92	\$12,749.26	\$19,708.33	\$2,006,552.03	\$0.00	\$0.00	\$2,006,552.03	\$1,950,841.20
November-18	1,824	2,925	\$1,482,419.66	\$375,188.36	\$1,857,608.02	\$1,018.43	\$5,769.86	\$19,708.33	\$2,060,253.33	\$0.00	\$0.00	\$2,060,253.33	\$1,970,284.80
December-18	1,822	2,919	\$1,547,330.29	\$394,324.72	\$1,941,655.01	\$1,065.67	\$6,708.12	\$19,708.33	\$2,145,035.37	\$0.00	\$797.04	\$2,144,238.33	\$1,968,124.40
January-19	1,828	2,932	\$1,077,029.98	\$448,793.55	\$1,525,823.53	\$834.70	\$8,589.20	\$19,708.33	\$1,731,665.85	\$117,849.31	\$0.00	\$1,613,816.54	\$1,974,605.60
February-19													
March-19													
April-19													
May-19													
June-19													
Total	12,716	20,429	\$9,322,606.72	\$2,798,957.39	\$12,121,564.11	\$953.25		\$137,958.31	\$13,552,167.82	\$190,466.19	\$138,772.78	\$13,222,928.85	\$13,735,823.20

Retirees

Date	Subs	Mbrs	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Other Charges		Total Cost	Stop-loss Credits	Other Credits	Net Costs	County Budgeted
July-18	268	383	\$392,498.34	\$87,264.08	\$479,762.42	\$1,790.16	\$0.00		\$505,726.66	\$0.00	\$0.00	\$505,726.66	\$289,493.60
August-18	271	383	\$228,198.15	\$118,895.40	\$347,093.55	\$1,280.79	\$0.00		\$373,347.11	\$0.00	\$0.00	\$373,347.11	\$292,734.20
September-18	266	377	\$138,206.23	\$70,800.48	\$209,006.71	\$785.74	\$0.00		\$234,789.34	\$0.00	\$0.00	\$234,789.34	\$287,333.20
October-18	272	385	\$235,402.31	\$68,330.37	\$303,732.68	\$1,116.66	\$0.00		\$330,085.84	\$0.00	\$0.00	\$330,085.84	\$293,814.40
November-18	264	377	\$201,807.44	\$99,578.67	\$301,386.11	\$1,141.61	\$0.00		\$326,974.73	\$0.00	\$0.00	\$326,974.73	\$285,172.80
December-18	272	388	\$222,316.77	\$86,721.38	\$309,038.15	\$1,136.17	\$0.00		\$335,394.76	\$0.00	\$0.00	\$335,394.76	\$293,814.40
January-19	273	390	\$308,041.14	\$101,170.70	\$409,211.84	\$1,498.94	\$0.00		\$435,664.88	\$0.00	\$0.00	\$435,664.88	\$294,894.60
February-19													
March-19													
April-19													
May-19													
June-19													
Total	1,886	2,683	\$1,726,470.38	\$632,761.08	\$2,359,231.46	\$1,250.92	\$0.00	\$0.00	\$2,541,983.32	\$0.00	\$0.00	\$2,541,983.32	\$2,037,257.20

Combined

Date	Subs	Mbrs	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Other Charges	Novant Wellness	Total Cost	Stop-loss Credits	Other Credits	Net Costs	County Budgeted
July-18	2,084	3,319	\$1,749,288.80	\$528,404.84	\$2,277,693.64	\$1,092.94	\$16,971.04	\$19,708.33	\$2,516,806.29	\$72,616.88	\$0.00	\$2,444,189.41	\$2,251,136.80
August-18	2,086	3,295	\$1,536,996.05	\$520,889.52	\$2,057,885.57	\$986.52	\$3,771.59	\$19,708.33	\$2,283,876.81	\$0.00	\$0.00	\$2,283,876.81	\$2,253,297.20
September-18	2,071	3,275	\$1,255,238.18	\$442,887.36	\$1,698,125.54	\$819.95	\$2,920.87	\$19,708.33	\$1,921,841.25	\$0.00	\$137,975.74	\$1,783,865.51	\$2,237,094.20
October-18	2,078	3,292	\$1,668,608.79	\$433,759.37	\$2,102,368.16	\$1,011.73	\$12,749.26	\$19,708.33	\$2,340,793.87	\$0.00	\$0.00	\$2,340,793.87	\$2,246,733.60
November-18	2,088	3,302	\$1,684,227.10	\$474,767.03	\$2,158,994.13	\$1,034.00	\$5,769.86	\$19,708.33	\$2,395,580.06	\$0.00	\$0.00	\$2,395,580.06	\$2,259,633.60
December-18	2,094	3,307	\$1,769,647.06	\$481,046.10	\$2,250,693.16	\$1,074.83	\$6,708.12	\$19,708.33	\$2,488,806.13	\$0.00	\$797.04	\$2,488,009.09	\$2,266,126.80
January-19	2,101	3,322	\$1,385,071.12	\$549,964.25	\$1,935,035.37	\$921.01	\$8,589.20	\$19,709.33	\$2,175,735.73	\$117,849.31	\$0.00	\$2,057,886.42	\$2,273,702.20
February-19													
March-19													
April-19													
May-19													
June-19													
Total	14,602	23,112	\$11,049,077.10	\$3,431,718.47	\$14,480,795.57	\$991.70	\$57,479.94	\$137,959.31	\$16,123,440.14	\$190,466.19	\$138,772.78	\$15,794,201.17	\$15,787,724.40
			Rx/Sub/Mth	\$235.02		113%				24.75%			-\$6,476.77

High Cost Members



Forsyth County Employees

Top 25 High Cost Claimants

Claims Paid from December 2017 through November 2018

Encrypted Member ID	Leading Diagnosis MCC	Billed	Allowed	Paid
ZLZW-BWML-ZHS	Neoplasms, malignant: non-hematologic excluding breast and GYN	\$926,837	\$444,827	\$442,327
ZLQU-GLAU-SHS	Other health services: specific procedures and aftercare	\$686,677	\$368,717	\$366,217
ZXBL-GHAN-AHS	Cardiovascular: conduction disorder	\$572,402	\$368,626	\$366,126
ZLPL-GNPF-BHS	Other health services: specific procedures and aftercare	\$435,839	\$343,137	\$343,112
ZXGH-ZXBN-PHS	Neoplasms, malignant: hematologic	\$814,378	\$337,984	\$337,984
ZLAT-PUZL-SHS	Gastrointestinal: hepatitis and cirrhosis	\$371,639	\$279,825	\$278,876
ZWYU-MXZT-BHO	Musculoskeletal: rheumatoid arthritis	\$360,966	\$250,219	\$247,719
ZXBH-ZHSL-SHS	Other health services: specific procedures and aftercare	\$374,387	\$236,561	\$232,624
PFOL-ONPH-QHS	Other health services: specific procedures and aftercare	\$625,060	\$206,780	\$204,280
ZLAD-ONMH-ZHZ	Respiratory: infections	\$1,010,909	\$191,988	\$183,264
ZLAN-ZUPT-OHS	Cardiovascular: peripheral vascular disease/ atherosclerotic or thrombotic	\$249,445	\$179,405	\$176,997
ZXBN-ZLON-YHS	Cardiovascular: coronary heart disease	\$199,259	\$173,400	\$171,500
ZLOH-ZVBT-QHS	Other health services: specific procedures and aftercare	\$268,726	\$173,490	\$170,965
ZLAF-QHGX-SHS	Other health services: specific procedures and aftercare	\$333,125	\$167,936	\$165,436
ZLQH-BLOW-YHS	Neoplasms, malignant: non-hematologic excluding breast and GYN	\$258,946	\$166,676	\$163,586
ZVZW-OVOU-MHS	Gastrointestinal: other	\$223,414	\$166,852	\$162,161
ZXBU-YFBV-MHZ	Gastrointestinal: other	\$498,023	\$156,500	\$154,000
ZXBW-AVBU-SHZ	Neurology: hereditary and degenerative conditions of the nervous system	\$307,270	\$144,932	\$143,043
MDOW-ZHSF-PHS	Neurology: hereditary and degenerative conditions of the nervous system	\$355,990	\$144,800	\$142,305
ODQL-BHOX-GHS	Other health services: specific procedures and aftercare	\$277,743	\$144,488	\$141,988
ZLSD-SDBX-MHS	Genital: male (includes sex gland and prostate)	\$215,883	\$142,819	\$139,141
ZLPD-PHYF-OHS	Neoplasms, malignant: hematologic	\$178,770	\$137,749	\$135,790
ZDQW-ZHPU-MHZ	Dermatology/subcutaneous: all	\$159,469	\$129,509	\$127,988
ZLAX-SFOF-SUS	Musculoskeletal: arthritis/arthropathy (except osteo and rheumatoid)	\$157,901	\$129,763	\$127,482
ZLQD-YTZW-AHS	Neoplasms, benign, uncertain behavior, unspecified nature, and carcinoma in situ	\$186,312	\$131,356	\$126,425
Summary		\$10,049,370	\$5,318,337	\$5,251,333

2019 – 2020 Renewal Calculation



Forsyth County	Subscribers	Medical	Pharmacy	Stop-loss Credits	Net Claims
February-18	2,100	\$1,472,713.35	\$498,797.30	\$0.00	\$1,971,510.65
March-18	2,089	\$1,407,401.36	\$448,323.43	\$0.00	\$1,855,724.79
April-18	2,083	\$1,232,557.92	\$503,639.48	\$10,628.34	\$1,725,569.06
May-18	2,078	\$1,536,479.86	\$561,052.84	\$195,883.95	\$1,901,648.75
June-18	2,081	\$1,443,842.54	\$467,382.91	\$0.00	\$1,911,225.45
July-18	2,084	\$1,749,288.80	\$528,404.84	\$72,616.88	\$2,205,076.76
August-18	2,086	\$1,536,996.05	\$520,889.52	\$0.00	\$2,057,885.57
September-18	2,071	\$1,255,238.18	\$442,887.36	\$0.00	\$1,698,125.54
October-18	2,078	\$1,668,608.79	\$433,759.37	\$0.00	\$2,102,368.16
November-18	2,088	\$1,684,227.10	\$474,767.03	\$0.00	\$2,158,994.13
December-18	2,094	\$1,769,647.06	\$481,046.10	\$0.00	\$2,250,693.16
January-19	2,101	\$1,385,071.12	\$549,964.25	\$117,849.31	\$1,817,186.06
Total	25,033	\$18,142,072.13	\$5,910,914.43	\$396,978.48	\$23,656,008.08

Medical Projection - 2019 - 2020

	Per Annum
Claims Experience	\$23,656,008.08
Trended Claims 8% - 17 Months of trend	111.33%
Estimated Claims Based on Experience - 2019 - 2020	\$26,336,233.80
Benefit Change	\$26,336,233.80
Estimated Administration and Stop-loss Charges	\$2,999,954.72
PPACA - Fee for Comparative Effectiveness Research Agency - July 31, 2019	\$7,827.25
Wellness Bonus - \$250	\$261,125.00
Diabetes Management	\$0.00
Data Analytics	\$37,549.50
Laser - \$350,000	\$0.00
Laser - \$350,000	\$0.00
Laser - \$200,000	\$0.00
Novant Wellness	\$236,500.00
Expected Total Costs 2019 - 2020	\$29,879,190.27
County Budgeted Total Costs 2018 - 2019	\$27,040,646.60
Rate Action 2019 - 2020 Renewal - County	110.50%
Dollar Change	\$2,838,543.67

2019 – 2020 BCBSNC Renewal



	2017 - 2018 \$175,000	2018 - 2019 \$175,000	2019 - 2020 \$175,000	Change	2019 - 2020 \$175,000 BCBSNC
Medical Plan Administration Fee	\$46.24	\$43.59	\$41.42	95.02%	\$39.92
Specific Stop-loss (Paid/12)	\$44.18	\$51.69	?		\$79.92
Total Administration Fees (A)	\$90.42	\$95.28	\$41.42	43.47%	\$119.84
Annual Cost	\$2,263,484	\$2,385,144			\$2,999,955
Lasers					
	\$350,000	\$350,000	?		\$0
	\$325,000	\$350,000	?		\$0
	\$310,000	\$200,000	?		\$0
	\$260,000	\$0	?		\$0
Potential Laser Exposure	\$1,245,000	\$900,000	\$0		\$0
		\$0	\$0		\$0
Allocated		\$374,997	\$0		\$0
Total Exposure		\$2,760,141	\$0		\$2,999,955
					108.69%

We won't see the HCC renewal until May.



Wellness Dollars:

- Effective 2019, Mark III can allocate \$75,000 in wellness funds to our customers.
- For 2019 – 2020, Mark III will allocate \$50,000 for Forsyth County to use for wellness activities.



- Engagement includes:
 - Optimization of drug therapy, including adherence
 - Assessment and improvement of participant knowledge and self-care skills
 - Addressing non-drug considerations such as nutrition, exercise, and life-style improvements
 - Coordination and compliance with regular medical care
 - Management of “care gaps” vs. evidence-based benchmarks
 - Establish on ongoing revision of personal goals relevant to health risk priorities
 - Motivation and support for achievement of goals
 - Accountability for participants and mentors in adhering to program protocols and requirements
 - Weight management and ongoing revision of nutrition goals



- Engagement includes:
 - Free diabetic medications and supplies for compliant patients.
 - Economic incentives for compliance.
 - These incentives are in the form of a gift card.
- Clients include:
 - City of Asheboro
 - City of Hendersonville
 - City of Rocky Mount
 - City of Salisbury
 - City of Sanford
 - City of Shelby
 - Cleveland County
 - Edgecombe County
 - Halifax County
 - Lincoln County
 - Onslow County
 - Randolph County
 - Robeson County
 - Rowan County
 - Vance County

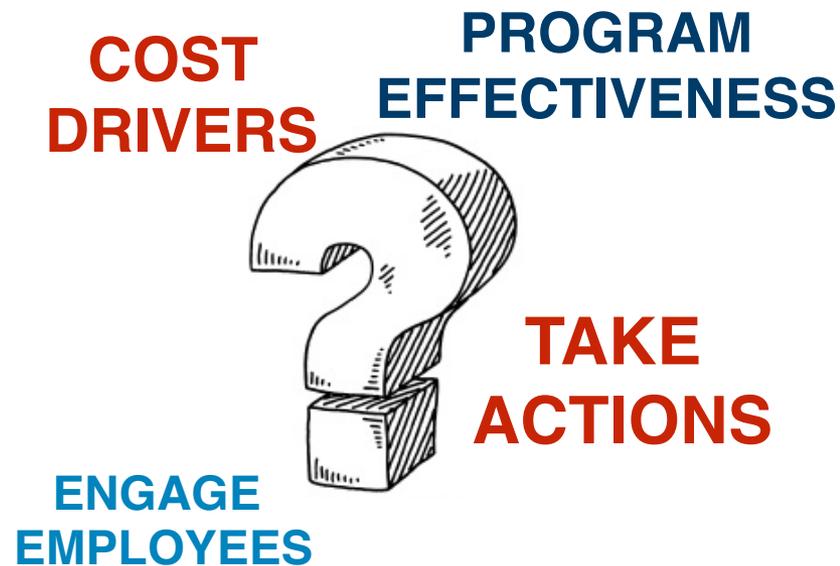


	Diabetes Program					
	2012	2013	2014	2015	2016	2017
Number of Participants	88	81	71	67	84	88
Gross Savings Per Participant	\$4,245	\$2,919	\$3,697	\$7,761	\$3,803	\$6,549
Total Gross Savings	\$373,560	\$236,439	\$262,487	\$519,987	\$319,452	\$576,312
Program Costs	\$90,552	\$83,349	\$73,059	\$68,943	\$86,436	\$90,552
Net Savings	283,008	\$153,090	\$189,428	\$451,044	\$233,016	\$485,760
ROI	3.12	1.83	2.59	6.54	3.70	5.36



Customers are asking for better value from healthcare spend

- What is driving my healthcare risks and costs
- Is my wellness or disease management programs delivering value/ROI
- What actions or tweaks can make to improve value, engagement, and impact from these programs
- How can I promote right programs to appropriate members with right triggers to get them engaged





An integrated approach can change the game

- Wellness programs miss large proportion of high risk members
- **Insufficient** integration of member level analytics, program design, and incentive design
- **Hard** to personalize and engage members

Today

New
WORLD

- Bring all client **healthcare data** in one place
- Identify **prospective risks** and **risk-mitigation** opportunities
- **Implement solutions/programs & Incentives** tailored to a specific group or population
- Continuously **monitor program ROI** and **drive up** its value, through tweaks
- **Improve enrollment** and usage of programs through on-going feedback loop



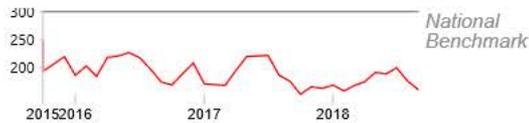
Onslow County

1,052 employees
1,690 active members

Current Trends

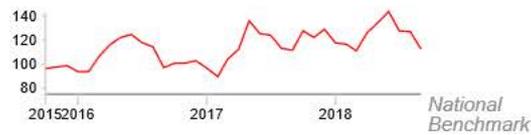
MEDICAL SPEND 
 PMPM Paid
 3 months rolling average

\$170 PMPM actual
\$301 PMPM benchmark



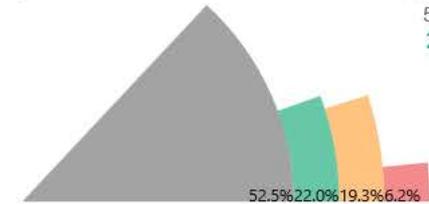
PHARMACY SPEND 
 PMPM Paid
 3 months rolling average

\$124 PMPM actual
\$75 PMPM benchmark



FUTURE POPULATION RISK MARA
Prospective

6.2% (105) high
19.3% (326) med
52.5% (887) norm
22.0% (372) low



Optimize Cost Drivers



Pharmacy Utilization

Are prescriptions costs higher than they should be for my population and why?



Use of ER

Is there a higher than expected ER utilization for any segment of the population?



Population Risk

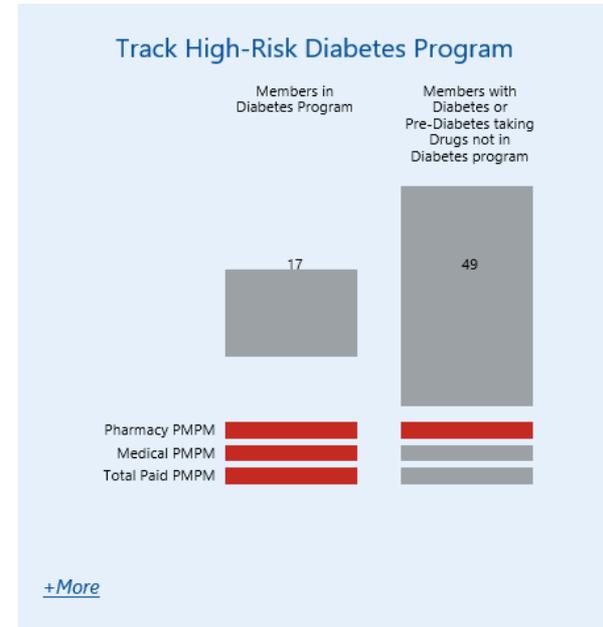
What conditions are driving current and future health spend in my population?



← ALL COST DRIVERS

Program Tracking

⚙️ Configure



Track Waist Circumference Program

Track Diabetes Management Program

Track Medium-Risk Diabetes Program

Track Low-Risk Diabetes Program



TRACK

Tracking waist circumference

Trending Risk Score



Prospective Cost



Trending PMPM Cost





Categories achieved

High Risk categories

	Zero	One	Two	Three	Four	Five	Achieved		2013	2014	2015	2016	2017	2018	Definition
2013	0.0%	1.7%	8.7%	36.7%	31.2%	21.3%	52.5%	Waist BP TChol/HDL A1C							
2014	0.0%	0.9%	6.6%	18.6%	41.3%	32.4%	73.7%		47%	45%	37%	34%	33%	29%	>40 in (M) >35 in (F)
2015	0.0%	0.3%	5.4%	17.3%	36.5%	40.6%	77.1%		23%	22%	18%	9%	8%	10%	>140/90
2016	0.0%	0.5%	3.6%	17.3%	41.2%	37.3%	78.7%		28%	28%	28%	18%	17%	17%	>5.0
2017	0.0%	1.1%	3.6%	14.6%	44.4%	36.2%	80.6%		29%	32%	23%	26%	13%	17%	≥8.0%
2018	0.0%	3.0%	11.2%	35.6%	49.9%	N/A	85.5%								

Increased Chronic Condition Management Engagement: 125%
(2013 to 2018)

Top 15 Paid Episodes - Most Recent Year

Episode	Paid Amount	Paid/Claimant	Paid PMPM	Claimants
Diabetes	\$1,256,725	\$3,580	\$31.37	351
Cancer - Breast	\$812,995	\$27,100	\$20.29	30
Psoriasis	\$708,603	\$20,841	\$17.69	34
Multiple Sclerosis	\$583,832	\$64,870	\$14.57	9
Hypertension	\$550,302	\$640	\$13.74	860
Joint Degeneration - Back	\$440,258	\$2,179	\$10.99	202
Adult Rheumatoid Arthritis	\$439,293	\$19,100	\$10.97	23
Routine Exam	\$418,813	\$272	\$10.45	1,539
Inflammatory Bowel Disease	\$387,434	\$16,845	\$9.67	23
Obesity	\$378,634	\$564	\$9.45	671
Cancer - Pancreatic Gland	\$372,164	\$124,055	\$9.29	3
Cancer - Large Intestine	\$341,249	\$113,750	\$8.52	3
Cancer - Pulmonary	\$300,559	\$300,559	\$7.50	1
Mood Disorder, Depressed	\$296,762	\$824	\$7.41	360
Hemophilia	\$279,276	\$279,276	\$6.97	1

- Joint Degeneration of knee/leg was #16 – payments were \$226,849 (Paid PMPM increased 16.5%)

Top 10 Condition Categories Paid PMPM

Major Practice Category	Jul '16- Jun '17	Jul '17- Jun '18	Change from Prior Year	Difference from Industry
Neoplasms	\$52.11	\$67.26	\$15.15	\$22.45
Musculoskeletal	\$47.35	\$64.35	\$17.00	\$14.50
Endocrinology	\$47.80	\$50.02	\$2.22	\$9.16
Gastroenterology	\$30.93	\$35.57	\$4.64	\$7.69
Neurology	\$27.15	\$32.19	\$5.04	\$13.70
Cardiology	\$28.66	\$29.50	\$0.84	-\$0.75
Dermatology	\$23.66	\$27.88	\$4.22	\$10.63
Psychiatry	\$18.27	\$21.16	\$2.89	\$6.34
Preventive & Administrative	\$17.08	\$18.35	\$1.27	\$1.59
Otolaryngology	\$15.44	\$15.66	\$0.22	\$1.39

- + Paid PMPM for each of the top three categories increased from the previous year.
- + Paid PMPM for nine of the top ten categories were higher than the Industry



Savings Opportunity: \$0.80
PMPM

with Medical Oncology Program

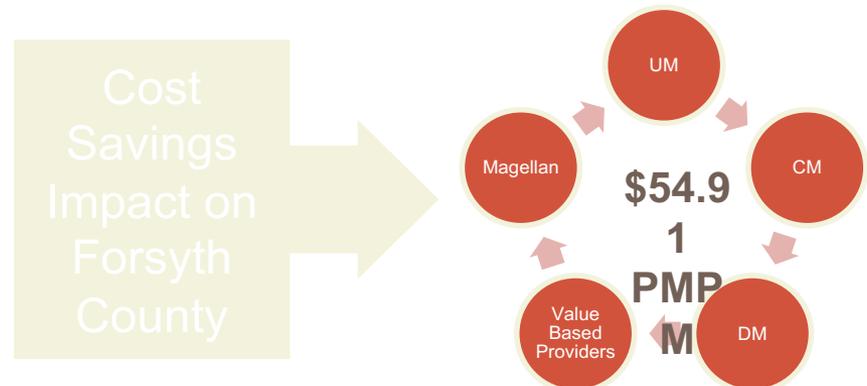
Top High Cost Claimant Detail

Relationship	Enrollment Status	Leading ETG Description	Total Payments	Primary Cost Driver	BCBSNC Care Management				
					UM	DP	CL	CM	DM
Subscriber	Active	Lung Cancer	\$425,252	OP	●	●		●	●
Subscriber	Terminated	Pancreatic Cancer	\$417,201	OP	●	●		●	E
Subscriber	Active	Colon Cancer	\$279,922	OP	●	●		●	
Subscriber	Active	Hemophilia	\$279,587	Rx	●			●	
Subscriber	Terminated	Leukemia	\$252,685	IP	●	●	●	●	
Spouse	Active	Adult Rheumatoid Arthritis	\$228,532	OP	●	●	●	●	●
Subscriber	Active	Aortic Aneurysm	\$180,466	IP	●	●		●	E
Spouse	Active	Multiple Sclerosis	\$176,787	OP	●			●	
Subscriber	Active	Breast Cancer	\$173,805	OP	●	●		●	●
Subscriber	Active	Multiple Myeloma	\$172,286	Rx	●			●	

Care Management Key:

- UM = Utilization Management
- DP = Discharge Planning
- CL = Clinical Review by BCBS Medical Director
- CM = Case Management
- DM = Disease Management

● = Engaged/Impacted, ● = Identified, didn't engage
E = Low acuity education only





**BlueCross BlueShield
of North Carolina**

Group Name: Forsyth County Government

Contract Year: 07/01/2019 to 06/30/2020

Program Selection Chart (ASO 1000+ eligible subscribers)

Important contractual document. Please retain for your records.

Unless otherwise noted, all fees listed below will be billed as a Care Management fee on your monthly Statement of Account. Care Management fees are a component of Claims Expense and are included in your claims projections.

Utilization Management and Telehealth		
Program		Description
Mental Health/Substance Abuse Management	\$0.28 Per member per month	Provides utilization management for higher levels of care including the provision of: preauthorization, referral to the Blue Cross NC provider network, care coordination, case management, and after-care planning.
Diagnostic Imaging Management (DIM) UDS 153	\$0.35 Per member per month <input type="button" value="Exclude"/>	Requires prior review for all CT, CTA, MRI, MRA, PET scans, Echocardiography and nuclear cardiology studies performed in an outpatient setting. Managed by American Imaging Management, Inc (AIM).
Medical Oncology Solution UDS 193	\$0.21 Per member per month <input type="button" value="Exclude"/>	Promotes the use of evidence-based treatment guidelines and quality outcomes by efficient use of chemotherapy and supportive agents.
Specialty Care Shopper Program UDS 194	\$0.06 Per member per month <input type="button" value="Exclude"/>	Guides providers and members to best imaging site by providing cost and quality transparency for CT and MRI studies. If included, SmartShopper must be excluded.
Sleep Study Management Program UDS 195	\$0.10 Per member per month <input type="button" value="Exclude"/>	Requires prior approval for sleep studies and related durable medical equipment.
SmartShopper Program UDS 189	Shared savings* or Fixed \$2.10 Per employee per month <input type="button" value="Exclude"/>	SmartShopper is an incentive and engagement program built off of the Blue Cross NC cost transparency tool. It offers cash incentives on specific procedures for shopping and selecting a cost effective provider. If included, Specialty Shopper must be excluded. Activation form must be completed and sent to Vitals. *One-time \$2.25 per employee set-up fee and approval required by Vitals.
GuidedHealth Rx Program UDS 023	\$0.10 Per member per month <input type="button" value="Exclude"/>	Identifies drug therapy opportunities and engages doctors to improve care and lower costs using an analysis of pharmacy and medical data.
Telehealth Service UDS 288	Pricing varies based on selection Per employee per month <input type="button" value="Exclude"/>	Provides services to members via interactive remote consultation with a doctor who can diagnose health issues and prescribe medication. Package 1: Standard Package 2: Standard + Audio-only option Package 3: Standard & Behavioral Health w/Audio-only + Dermatology
Signature Service UDS 196 (SS PLUS SHA); UDS 197 (SS PLUS DED) UDS 198 (SS PREM SHA); UDS 199 (SS PREM DED) UDS 207 (SS ULT SHA); UDS 208 (SS ULT DED)	Pricing varies based on selection Per member per month <input type="button" value="Exclude"/>	A high touch service solution designed to provide expert service and support, educate and drive engagement in your benefit programs, and simplify the overall healthcare experience for employers and members. *Group must have 10,000+ members to qualify for Dedicated support.



Disease Management and Wellness		
Program		Description
Healthy Outcomes Condition Care UDS 188	\$0.64 Per member per month Include	Provides support for members with Diabetes, Asthma, Coronary Artery Disease, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. Includes printed material as well as disease management health coaching. Intensity of coaching varies by acuity.
My Pregnancy Program UDS 172	\$0.01 Per member per month Include	Supports expecting mothers through pregnancy and delivery. Includes educational material and tailored risk assessments.
Health Line Blue UDS 142 • If Condition Care program is included • If Condition Care program is excluded	\$0.05 \$0.10 Per member per month Include	24/7 Nurse Line: Confidential health information resource staffed by highly trained registered nurses. Recommended for My Pregnancy program.

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Updated October 2016

An independent licensee of the Blue Cross and Blue Shield Association, 2012.

Online Wellness Programs UDS 192	\$0.09 Per member per month Include	Online Wellbeing Assessment*, Goal Setting and Tracking, Personal Health Record, Wellness Tools, Educational Materials, Wellness Courses, and Coaching. Wellbeing Assessment can be suppressed; see Wellness Plan selection below for more information. *Paper assessments have an additional cost of \$16.50 per processed form.
Wellness Plan Design UDS 176	Core A (1a)	Refers to the wellness experience in the Healthy Outcomes wellness portal. Design options range from non-tracking, participation-based, to activity or points-based, by which members complete wellness activities to reach a goal. Weekly reporting tracks activities completed and credits earned. Note: Choosing Core A (1a) will suppress the Wellbeing Assessment.
Wellness Tracking (check all that apply)	Employees only <input type="checkbox"/> UDS 184 Employees & Spouses <input type="checkbox"/> UDS 184 Pre-65 Retirees <input type="checkbox"/> UDS 186 Post-65 Retirees <input type="checkbox"/> UDS 187 Employees, Spouses & Dependents over 18 <input type="checkbox"/> UDS 184 N/A <input checked="" type="checkbox"/>	
Customized Reporting Subject to BCBSNC Approval	Additional fees may apply to customized reporting.	
Depression Management UDS 173	\$0.09 Per member per month Include	Disease management program that provides holistic support and ongoing education to help members manage and cope better with their depression.
Pain Management UDS 174 • Comprehensive • Fibromyalgia/Migraine	\$0.36 \$0.09 Per member per month Exclude	Disease management program that includes support for: back pain (including upper and lower back and neck); rheumatoid arthritis; migraines and tension headaches; fibromyalgia; tendonitis/bursitis; elbow and rotator cuff disorders; carpal tunnel syndrome; osteoarthritis; frozen shoulder; and regional musculoskeletal disorders.
Lifestyle Coaching UDS 175	\$0.22 Per member per month Exclude	Live coaching program that encourages members to adopt healthier behaviors. Members receive one-on-one coaching through phone and email. Program Election Chart must be completed to receive complimentary BeHealthy campaign.
Eat Smart, Move More, Weigh Less UDS 148 Not billed as a Care Management Fee	\$205.00 Per participant per Part Exclude	Part 1 is a 15-week weight management program. Part 2 is a 12-biweekly weight management continuation program. This will be billed through claims, not as a Care Management fee.



Medical Oncology Program

Cost: \$0.21
PMPM

- Appropriate, safe and affordable cancer care

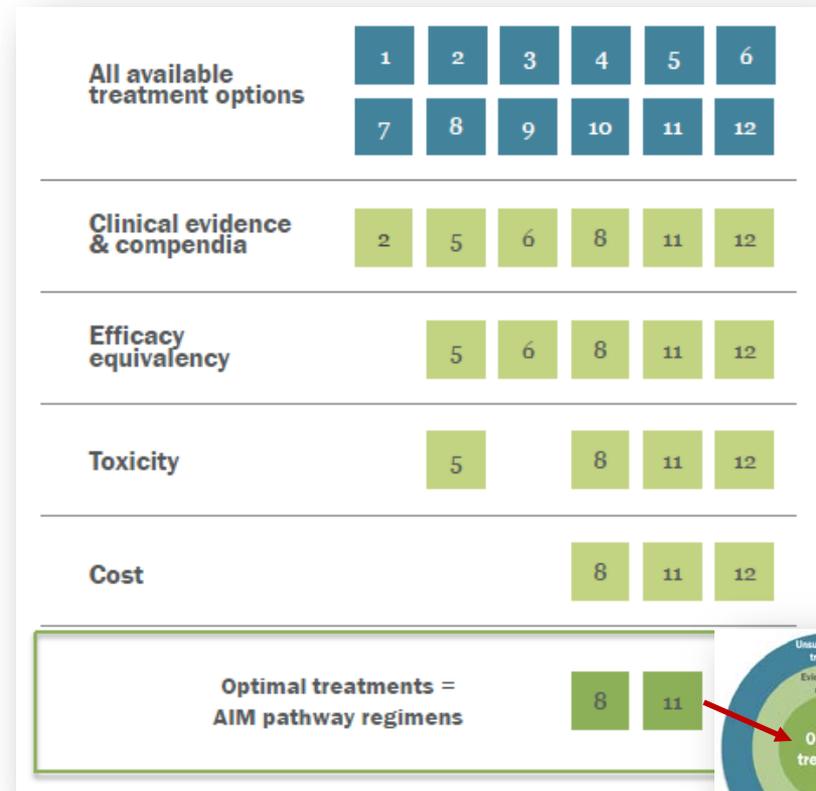
How It Works

- + Real-time clinical appropriateness review for chemotherapy regimens and supportive drugs
- + Oncologist-developed clinical pathways offered to physicians
- + Peer-to-peer consulting if needed for recommended pathway
- + Value-based reimbursement
- + Help reduce costs without compromising quality

\$0.80¹
PMPM
savings

\$122M¹
Gross annual
savings

Cancer Treatment Pathways



¹ "Client Value and Savings Summary." AIM Specialty Health: January 2017.

Diagnostic Imaging Management (DIM)

	Forsyth County Employees	Industry	
	Jul '17-Jun '18	Jul '17-Jun '18	% Variance
DIM Eligible Paid PMPM	\$11.36	\$11.68	-3%
DIM Eligible Allowed PMPM	\$18.32	\$17.93	2%
DIM Eligible MRI Scans/1,000	60.4	54.8	10%
DIM Eligible CT Scans/1,000	59.5	47.8	24%
DIM Eligible PET Scans/1,000	2.4	2.6	-10%
DIM Eligible Nuclear Cardio Scans/1,000	3.0	5.0	-41%
DIM Eligible Echo Scans/1,000	15.8	16.3	-3%

Blue Cross NC Program Stat:
 54% of ASO Municipalities
Cost: \$0.35 PMPM
Projected Savings for Forsyth County: \$2.31 PMPM

- + DIM Eligible MRI Scans utilization is 10% higher than Industry; DIM Eligible CT Scans are 24% higher.
 - + Average cost of MRI scan: \$2,101
 - + Average cost of CT scan: \$1,840



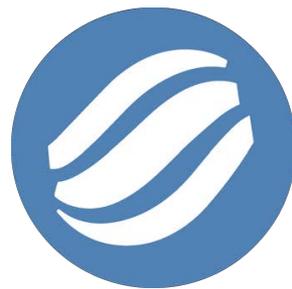
Mark III

Employee Benefits



MEDICAL PLAN UPDATE

2020 – 2021 Renewal Projection



Mark III
Employee Benefits

October 15, 2019

2019 – 2020 Fixed Cost Renewal



	2017 - 2018 \$175,000 HCC	2018 - 2019 \$175,000 HCC	2019 - 2020 \$175,000 HCC	Change	2019 - 2020 \$175,000 BCBSNC	Change	2019 - 2020 \$175,000 VOYA	Change
Medical Plan Administration Fee	\$46.24	\$43.59	\$41.42	95.02%	\$39.92	91.58%	\$41.42	95.02%
Specific Stop-loss (Paid/12)	\$44.18	\$51.69	\$63.89	123.60%	\$79.92	154.61%	\$64.67	125.11%
Total Administration Fees (A)	\$90.42	\$95.28	\$105.31	110.53%	\$119.84	125.78%	\$106.09	111.35%
Annual Cost	\$2,263,484	\$2,385,144	\$2,636,225		\$2,999,955		\$2,655,751	
Lasers								\$63.89 pepm
	\$350,000	\$350,000	\$350,000		\$0		\$0	
	\$325,000	\$350,000	\$350,000		\$0		\$0	
	\$310,000	\$200,000	\$325,000		\$0		\$0	
	\$260,000	\$0	\$300,000		\$0		\$0	
			\$200,000		\$0		\$0	
			\$200,000		\$0		\$0	
			\$200,000		\$0		\$0	
Potential Laser Exposure	\$1,245,000	\$900,000	\$1,925,000		\$0		\$0	
		\$0	\$0		\$0		\$0	
Allocated Liability		\$375,000	\$700,000		\$0		\$0	
Total Exposure		\$2,760,144	\$3,336,225		\$2,999,955		\$2,655,751	
			120.87%		108.69%		96.22%	

2019 – 2020 Renewal Calculation – VOYA



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May-18	2,078	\$1,536,479.86	\$561,052.84	\$195,883.95	\$1,901,648.75
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October-18	2,078	\$1,668,608.79	\$433,759.37	\$0.00	\$2,102,368.16
November-18	2,088	\$1,684,227.10	\$474,767.03	\$0.00	\$2,158,994.13
December-18	2,094	\$1,769,647.06	\$481,046.10	\$0.00	\$2,250,693.16
January-19	2,101	\$1,385,071.12	\$549,964.25	\$117,849.31	\$1,817,186.06
February-19	2,092	\$1,420,388.60	\$431,971.19	\$27,398.82	\$1,824,960.97
March-19	2,102	\$1,759,023.19	\$405,085.21	\$301,796.15	\$1,862,312.25
April-19	2,078	\$1,585,551.45	\$465,971.72	\$206,134.49	\$1,845,388.68
Total	25,033	\$18,794,362.74	\$5,763,182.34	\$921,679.60	\$23,635,865.48
Medical Projection - 2019 - 2020					
	Per Annum				
Claims Experience	\$23,635,865.48				
Trended Claims 8% - 14 Months of trend	109.33%				
Estimated Claims Based on Experience - 2019 - 2020	\$25,841,091.73				
Benefit Change	\$25,841,091.73				
Estimated Administration and Stop-loss Charges	\$2,655,750.97				
PPACA - Fee for Comparative Effectiveness Research Agency - July 31, 2019	\$7,827.25				
Wellness Bonus - \$250	\$260,750.00				
Diabetes Management	\$0.00				
Data Analytics	\$37,549.50				
Laser - \$350,000	\$0.00				
Laser - \$350,000	\$0.00				
Laser - \$200,000	\$0.00				
Novant Wellness	\$236,500.00				
Expected Total Costs 2019 - 2020	\$29,039,469.45				
County Budgeted Total Costs 2018 - 2019	\$27,040,646.60				
Rate Action 2019 - 2020 Renewal - County	107.39%				
Dollar Change	\$1,998,822.85				

2019 – 2020 Renewal Rates – 3 Tier Rates



2019 - 2020 Budget Rates - Base Rates						
	County Contribution 5.25%	Renewal Monthly	Employee Medical Monthly - 5.25%	Change	Total Renewal	Renewal Monthly County and Ee
Employee Only	\$795.77	\$342,978.68	\$109.88	105.25%	\$905.66	\$390,337.39
Employee + One Dependent	\$990.60	\$174,346.04	\$310.47	105.25%	\$1,301.07	\$228,988.13
Employee & Family Monthly	\$1,384.72	\$145,395.77	\$627.53	105.25%	\$2,012.25	\$211,286.64
Per Employee Per Month		\$662,720.49				\$1,166.59
Annual Total		\$7,952,645.84	\$2,014,700.09			\$9,967,345.93
2019 - 2020 Budget Rates - Discounted Rates To Qualify - Participate in Biometrics, HRA, and Coaching if Required - \$60 for Employees and \$40 for Spouses						
	County Contribution 5.25%	Renewal Monthly	Employee Medical Monthly - 5.25%	Change	Total Renewal	Renewal Monthly County and Ee
Employee Only	\$795.77	\$592,851.78	\$50.57	105.25%	\$846.35	\$630,528.38
Employee + One Dependent	\$990.60	\$393,269.18	\$216.08	105.25%	\$1,206.68	\$479,052.25
Employee & Family Monthly	\$1,384.72	\$314,331.81	\$544.25	105.25%	\$1,928.97	\$437,876.05
Per Employee Per Month		\$1,300,452.77				\$1,130.36
Annual Total		\$15,605,433.25	\$2,964,046.92			\$18,569,480.17
Total		\$23,558,079.08	\$4,978,747.01			\$28,536,826.09
Per Employee Per Month			17.45%			\$1,142.75
	County Dollar Difference	\$1,175,106.08			Total Difference	\$1,423,452.13
					Change	105.25%

2020 – 2021 Renewal Calculation



Forsyth County	Subscribers	Medical	Pharmacy	Stop-loss Credits	Net Claims
September-18	2,071	\$1,255,238.18	\$442,887.36	\$0.00	\$1,698,125.54
October-18	2,078	\$1,668,608.79	\$433,759.37	\$0.00	\$2,102,368.16
November-18	2,088	\$1,684,227.10	\$474,767.03	\$0.00	\$2,158,994.13
December-18	2,094	\$1,769,647.06	\$481,046.10	\$0.00	\$2,250,693.16
January-19	2,101	\$1,385,071.12	\$549,964.25	\$117,849.31	\$1,817,186.06
February-19	2,092	\$1,420,388.60	\$431,971.19	\$27,398.82	\$1,824,960.97
March-19	2,102	\$1,759,023.19	\$405,085.21	\$301,796.15	\$1,862,312.25
April-19	2,078	\$1,585,551.45	\$465,971.72	\$244,112.66	\$1,807,410.51
May-19	2,095	\$1,760,130.20	\$496,870.30	\$262,835.35	\$1,994,165.15
June-19	2,092	\$1,552,635.08	\$400,084.53	\$514.40	\$1,952,205.21
July-19	2,105	\$1,480,340.25	\$572,682.40	\$82,707.49	\$1,970,315.16
August-19	2,068	\$980,126.31	\$363,843.93	\$6,619.71	\$1,337,350.53
Total	25,064	\$18,300,987.33	\$5,518,933.39	\$1,043,833.89	\$22,776,086.83

Medical Projection - 2020 - 2021

	Per Annum
Claims Experience	\$22,776,086.83
Trended Claims 8% - 22 Months of trend	114.67%
Estimated Claims Based on Experience - 2020 - 2021	\$26,117,338.77
Benefit Change	\$26,117,338.77
Estimated Administration and Stop-loss Charges	\$3,007,680.00
PPACA - Fee for Comparative Effectiveness Research Agency - July 31, 2020	\$7,827.25
Wellness Bonus - \$250	\$261,750.00
Diabetes Management	\$0.00
Data Analytics	\$37,596.00
Laser - \$350,000	\$0.00
Laser - \$350,000	\$0.00
Laser - \$200,000	\$0.00
Novant Wellness	\$236,500.00
Expected Total Costs 2020 – 2021	\$29,668,692.02
County Budgeted Total Costs 2019 - 2020	\$28,641,886.00
Rate Action 2020 - 2021 Renewal - County	103.58%
Dollar Change	\$1,026,806.02



Mark III

Employee Benefits



MEDICAL PLAN UPDATE

2020 – 2021 Renewal Projection



February 3, 2020

2019 – 2020 Fixed Cost Renewal



	2017 - 2018 \$175,000 HCC	2018 - 2019 \$175,000 HCC	2019 - 2020 \$175,000 HCC	Change	2019 - 2020 \$175,000 BCBSNC	Change	2019 - 2020 \$175,000 VOYA	Change
Medical Plan Administration Fee	\$46.24	\$43.59	\$41.42	95.02%	\$39.92	91.58%	\$41.42	95.02%
Specific Stop-loss (Paid/12)	\$44.18	\$51.69	\$63.89	123.60%	\$79.92	154.61%	\$64.67	125.11%
Total Administration Fees (A)	\$90.42	\$95.28	\$105.31	110.53%	\$119.84	125.78%	\$106.09	111.35%
Annual Cost	\$2,263,484	\$2,385,144	\$2,636,225		\$2,999,955		\$2,655,751	
Lasers								\$63.89 pepm
	\$350,000	\$350,000	\$350,000		\$0		\$0	
	\$325,000	\$350,000	\$350,000		\$0		\$0	
	\$310,000	\$200,000	\$325,000		\$0		\$0	
	\$260,000	\$0	\$300,000		\$0		\$0	
			\$200,000		\$0		\$0	
			\$200,000		\$0		\$0	
			\$200,000		\$0		\$0	
Potential Laser Exposure	\$1,245,000	\$900,000	\$1,925,000		\$0		\$0	
		\$0	\$0		\$0		\$0	
Allocated Liability		\$375,000	\$700,000		\$0		\$0	
Total Exposure		\$2,760,144	\$3,336,225		\$2,999,955		\$2,655,751	
			120.87%		108.69%		96.22%	

2019 – 2020 Renewal Calculation – VOYA



Forsyth County	Subscribers	Medical	Pharmacy	Stop-loss Credits	Net Claims
May-18	2,078	\$1,536,479.86	\$561,052.84	\$195,883.95	\$1,901,648.75
June-18	2,081	\$1,443,842.54	\$467,382.91	\$0.00	\$1,911,225.45
July-18	2,084	\$1,749,288.80	\$528,404.84	\$72,616.88	\$2,205,076.76
August-18	2,086	\$1,536,996.05	\$520,889.52	\$0.00	\$2,057,885.57
September-18	2,071	\$1,255,238.18	\$442,887.36	\$0.00	\$1,698,125.54
October-18	2,078	\$1,668,608.79	\$433,759.37	\$0.00	\$2,102,368.16
November-18	2,088	\$1,684,227.10	\$474,767.03	\$0.00	\$2,158,994.13
December-18	2,094	\$1,769,647.06	\$481,046.10	\$0.00	\$2,250,693.16
January-19	2,101	\$1,385,071.12	\$549,964.25	\$117,849.31	\$1,817,186.06
February-19	2,092	\$1,420,388.60	\$431,971.19	\$27,398.82	\$1,824,960.97
March-19	2,102	\$1,759,023.19	\$405,085.21	\$301,796.15	\$1,862,312.25
April-19	2,078	\$1,585,551.45	\$465,971.72	\$206,134.49	\$1,845,388.68
Total	25,033	\$18,794,362.74	\$5,763,182.34	\$921,679.60	\$23,635,865.48
Medical Projection - 2019 - 2020					
	Per Annum				
Claims Experience	\$23,635,865.48				
Trended Claims 8% - 14 Months of trend	109.33%				
Estimated Claims Based on Experience - 2019 - 2020	\$25,841,091.73				
Benefit Change	\$25,841,091.73				
Estimated Administration and Stop-loss Charges	\$2,655,750.97				
PPACA - Fee for Comparative Effectiveness Research Agency - July 31, 2019	\$7,827.25				
Wellness Bonus - \$250	\$260,750.00				
Diabetes Management	\$0.00				
Data Analytics	\$37,549.50				
Laser - \$350,000	\$0.00				
Laser - \$350,000	\$0.00				
Laser - \$200,000	\$0.00				
Novant Wellness	\$236,500.00				
Expected Total Costs 2019 - 2020	\$29,039,469.45				
County Budgeted Total Costs 2018 - 2019	\$27,040,646.60				
Rate Action 2019 - 2020 Renewal - County	107.39%				
Dollar Change	\$1,998,822.85				

2019 – 2020 Renewal Rates – 3 Tier Rates



2019 - 2020 Budget Rates - Base Rates						
	County Contribution 5.25%	Renewal Monthly	Employee Medical Monthly - 5.25%	Change	Total Renewal	Renewal Monthly County and Ee
Employee Only	\$795.77	\$342,978.68	\$109.88	105.25%	\$905.66	\$390,337.39
Employee + One Dependent	\$990.60	\$174,346.04	\$310.47	105.25%	\$1,301.07	\$228,988.13
Employee & Family	\$1,384.72	\$145,395.77	\$627.53	105.25%	\$2,012.25	\$211,286.64
Monthly		\$662,720.49				\$830,612.16
Per Employee Per Month						\$1,166.59
Annual Total		\$7,952,645.84	\$2,014,700.09			\$9,967,345.93
2019 - 2020 Budget Rates - Discounted Rates						
To Qualify - Participate in Biometrics, HRA, and Coaching if Required - \$60 for Employees and \$40 for Spouses						
	County Contribution 5.25%	Renewal Monthly	Employee Medical Monthly - 5.25%	Change	Total Renewal	Renewal Monthly County and Ee
Employee Only	\$795.77	\$592,851.78	\$50.57	105.25%	\$846.35	\$630,528.38
Employee + One Dependent	\$990.60	\$393,269.18	\$216.08	105.25%	\$1,206.68	\$479,052.25
Employee & Family	\$1,384.72	\$314,331.81	\$544.25	105.25%	\$1,928.97	\$437,876.05
Monthly		\$1,300,452.77				\$1,547,456.68
Per Employee Per Month						\$1,130.36
Annual Total		\$15,605,433.25	\$2,964,046.92			\$18,569,480.17
Total		\$23,558,079.08	\$4,978,747.01			\$28,536,826.09
Per Employee Per Month						\$1,142.75
			17.45%			
	County Dollar Difference	\$1,175,106.08			Total Difference	\$1,423,452.13
					Change	105.25%

2020 – 2021 Renewal Calculation



Forsyth County	Subscribers	Medical	Pharmacy	Stop-loss Credits	Net Claims
January-19	2,101	\$1,385,071.12	\$549,964.25	\$117,849.31	\$1,817,186.06
February-19	2,092	\$1,420,388.60	\$431,971.19	\$27,398.82	\$1,824,960.97
March-19	2,102	\$1,759,023.19	\$405,085.21	\$301,796.15	\$1,862,312.25
April-19	2,078	\$1,585,551.45	\$465,971.72	\$244,112.66	\$1,807,410.51
May-19	2,095	\$1,760,130.20	\$496,870.30	\$262,835.35	\$1,994,165.15
June-19	2,092	\$1,552,635.08	\$400,084.53	\$514.40	\$1,952,205.21
July-19	2,105	\$1,480,340.25	\$572,682.40	\$82,707.49	\$1,970,315.16
August-19	2,068	\$980,126.31	\$363,843.93	\$6,619.71	\$1,337,350.53
September-19	2,081	\$1,307,139.73	\$421,569.69	\$0.00	\$1,728,709.42
October-19	2,092	\$1,498,951.82	\$551,713.69	\$0.00	\$2,050,665.51
November-19	2,085	\$1,542,681.34	\$446,741.24	\$0.00	\$1,989,422.58
December-19	2,103	\$1,199,307.57	\$560,518.32	\$0.00	\$1,759,825.89
Total	25,094	\$17,471,346.66	\$5,667,016.47	\$1,043,833.89	\$22,094,529.24
Medical Projection - 2020 - 2021					
	Per Annum				
Claims Experience	\$22,094,529.24				
Trended Claims 8% - 18 Months of trend	112.00%				
Estimated Claims Based on Experience - 2020 - 2021	\$24,745,872.75				
Benefit Change	\$24,745,872.75				
Estimated Administration and Stop-loss Charges	\$3,011,280.00				
PPACA - Fee for Comparative Effectiveness Research Agency - July 31, 2020	\$7,827.25				
Wellness Bonus - \$250	\$262,875.00				
Diabetes Management	\$0.00				
Data Analytics	\$37,641.00				
Laser - \$350,000	\$0.00				
Laser - \$350,000	\$0.00				
Laser - \$200,000	\$0.00				
Novant Wellness	\$236,500.00				
Expected Total Costs 2020 - 2021	\$28,301,996.00				
County Budgeted Total Costs 2019 - 2020	\$28,676,168.50				
Rate Action 2020 - 2021 Renewal - County	98.70%				
Dollar Change	-\$374,172.50				



Mark III

Employee Benefits



MEDICAL PLAN UPDATE

2020 – 2021 Stop Loss Renewal



Mark III
Employee Benefits

May 29, 2020



Stop-Loss History

	Premium	Claims	Loss Ratio	Rate	Change
2010 - 2011	\$801,894.08	\$706,950.61	88.16%	\$30.16	122.01%
2011 - 2012	\$875,557.05	\$1,795,792.24	205.10%	\$33.63	111.51%
2012 - 2013	\$1,045,134.72	\$240,023.93	22.97%	\$40.32	119.89%
2013 - 2014	\$1,195,211.16	\$453,026.50	37.90%	\$46.86	116.22%
2014 - 2015	\$1,402,391.88	\$636,676.06	45.40%	\$55.08	117.54%
2015 - 2016	\$887,056.17	\$476,289.88	53.69%	\$35.23	63.96%
2016 - 2017	\$962,557.30	\$715,142.86	74.30%	\$38.45	109.14%
2017 - 2018	\$1,107,636.78	\$682,100.07	61.58%	\$44.18	114.90%
2018 - 2019	\$1,330,965.09	\$1,027,123.57	77.17%	\$51.69	117.00%
2019 - 2020	\$1,352,637.72	\$209,124.08	15.46%	\$63.89	123.60%
Total	\$10,961,041.95	\$6,942,249.80	63.34%		

2020 – 2021 Fixed Cost Renewal



	2019 - 2020 \$175,000 VOYA	2020 - 2021 \$175,000 VOYA Original Renewal	Change	2020 - 2021 \$175,000 VOYA Revised Renewal	Change	2020 - 2021 \$175,000 BCBSNC
Medical Plan Administration Fee	\$41.42	\$39.66	95.75%	\$39.66	95.75%	\$38.16
Specific Stop-loss (Paid/12)	\$63.89	\$72.20	113.01%	\$63.89	100.00%	\$68.65
Laser Equivalent						\$0.00
Total Administration Fees (A)	\$105.31	\$111.86		\$103.55		\$106.81
Annual Cost	\$2,643,597	\$2,808,022		\$2,599,416		\$2,681,251
Lasers						
	\$0	\$0		\$0		\$400,000
	\$0	\$0		\$0		\$335,000
	\$0	\$0		\$0		\$450,000
	\$0	\$0		\$0		
	\$0	\$0		\$0		
	\$0	\$0		\$0		
Potential Laser Exposure	\$0	\$0		\$0		\$1,185,000
	\$0	\$0		\$0		
Allocated Liability	\$0	\$0		\$0		\$660,000
Total Exposure	\$2,643,597	\$2,808,022		\$2,599,416		\$3,341,251
	110.53%	106.22%		98.33%		126.39%

- BCBSNC reduced their Administrative Fee.
- Mark III negotiated a hold on the VOYA renewal and saved the County over \$200,000.



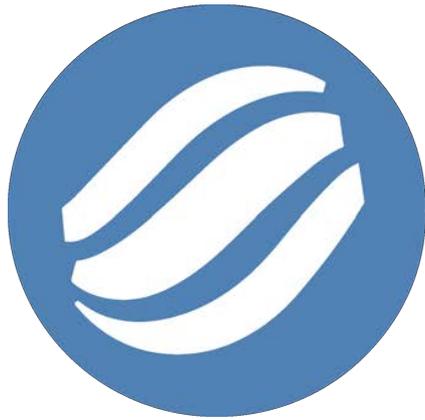
	PBM	2019 - 2020		2020 - 2021	
Preferred Brand	4,980	\$143.36	\$713,932.80	\$201.03	\$1,001,129.40
Non-Preferred	0	\$143.36	\$0.00	\$201.03	\$0.00
Specialty	118	\$143.36	\$16,916.48	\$1,383.28	\$163,227.04
Total Brand Count	5,098		\$730,849.28		\$1,164,356.44
				Change	\$433,507.16

- Mark III also negotiated a Pharmacy Contract improvement.
- The net improvement is over \$400,000.

2020 – 2021 Renewal Calculation



Forsyth County	Subscribers	Medical	Pharmacy	Stop-loss Credits	Net Claims
May-19	2,095	\$1,760,130.20	\$496,870.30	\$262,835.35	\$1,994,165.15
June-19	2,092	\$1,552,635.08	\$400,084.53	\$514.40	\$1,952,205.21
July-19	2,105	\$1,480,340.25	\$572,682.40	\$82,707.49	\$1,970,315.16
August-19	2,068	\$980,126.31	\$363,843.93	\$6,619.71	\$1,337,350.53
September-19	2,081	\$1,307,139.73	\$421,569.69	\$0.00	\$1,728,709.42
October-19	2,092	\$1,498,951.82	\$551,713.69	\$0.00	\$2,050,665.51
November-19	2,085	\$1,542,681.34	\$446,741.24	\$0.00	\$1,989,422.58
December-19	2,103	\$1,199,307.57	\$560,518.32	\$0.00	\$1,759,825.89
January-20	2,090	\$1,736,246.42	\$497,722.90	\$0.00	\$2,233,969.32
February-20	2,099	\$1,476,577.40	\$494,811.34	\$0.00	\$1,971,388.74
March-20	2,098	\$1,612,930.57	\$515,145.91	\$0.00	\$2,128,076.48
April-20	2,095	\$1,232,354.06	\$756,720.65	\$0.00	\$1,989,074.71
Total	25,103	\$17,379,420.75	\$6,078,424.90	\$352,676.95	\$23,105,168.70
Medical Projection - 2020 - 2021					
	Per Annum				
Claims Experience	\$23,105,168.70				
Trended Claims 8% - 14 Months of trend	109.33%				
Estimated Claims Based on Experience - 2020 - 2021	\$25,260,880.94				
Benefit Change	\$25,260,880.94				
Estimated Administration and Stop-loss Charges	\$2,599,415.65				
PPACA - Fee for Comparative Effectiveness Research Agency - July 31, 2020	\$8,023.75				
Wellness Bonus - \$250	\$262,875.00				
Diabetes Management	\$0.00				
Data Analytics	\$0.00				
Laser - \$350,000	\$0.00				
Laser - \$350,000	\$0.00				
Laser - \$200,000	\$0.00				
Baptist Wellness	\$682,284.00				
Expected Total Costs 2020 - 2021	\$28,813,479.34				
County Budgeted Total Costs 2019 - 2020	\$28,686,453.25				
Rate Action 2020 - 2021 Renewal - County	100.44%				
Dollar Change	\$127,026.09				



Mark III

Employee Benefits

ACA OVERVIEW

Provided by Mark III Employee Benefits

Impact of the ACA's Market Reforms on Health FSAs

The Affordable Care Act (ACA) includes reforms that limit the availability of health flexible spending accounts (health FSAs). Beginning in 2014:

- Health FSAs that do not qualify as excepted benefits are prohibited;
- Health FSAs that qualify as excepted benefits are permitted, but must continue to comply with the ACA's reforms for health FSAs.

The IRS also relaxed the health FSA "use-or-lose" rule beginning with the 2013 plan year, so that employers may allow participants to carry over up to \$500 in unused funds into the next year. The relaxed rule only applies if a plan does not also incorporate an extended deadline—or grace period—after the end of the plan year to use health FSA funds. The carryover rule became available beginning with the 2013 plan year.

This ACA Overview summarizes how the ACA's market reform requirements impact health FSAs.

LINKS AND RESOURCES

- On Sept. 13, 2013, the Internal Revenue Service (IRS) and Department of Labor (DOL) issued technical guidance in [IRS Notice 2013-54](#) and [DOL Technical Release 2013-03](#) on how the ACA's market reforms apply to health FSAs.
- On Oct. 31, 2013, the IRS released [Notice 2013-71](#), which relaxes the "use-or-lose" rule for health FSAs.

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

HIGHLIGHTS

OVERVIEW OF HEALTH FSAS

- Health FSAs are tax-advantaged accounts that reimburse employees for certain medical expenses, up to the amount contributed for the plan year.
- Health FSAs are commonly offered through a cafeteria plan to allow employees to make pre-tax salary reduction contributions to their FSAs.
- Employers may provide health FSA benefits in addition to employees' salary reduction contributions.



THE ACA'S IMPACT

The following chart provides an overview of the ACA's impact on different types of health FSAs, effective for plan years beginning on or after Jan. 1, 2014.

TYPE OF HEALTH FSA	STATUS IN 2014
<p>Excepted Benefits</p>	<p>Permitted, but subject to the annual limit on employee salary reduction contributions and the restriction on reimbursement of over-the-counter medicines and drugs. The health FSA may be amended for the relaxed "use-or-lose" rule.</p>
<p>Non-excepted Benefits</p>	<p>Not allowed under IRS Notice 2013-54. Although the health FSA may satisfy the ACA's prohibition on annual limits if offered through a cafeteria plan, health FSAs that are not integrated with a group health plan will fail to meet the ACA's preventive services requirement.</p>

EXCEPTED BENEFITS

Employee benefits that qualify as "excepted benefits" are not subject to the ACA's market reforms, including the ACA's prohibition on annual limits and preventive care coverage requirement. However, health FSAs that qualify as excepted benefits are still subject to the ACA's reforms for health FSAs, such as the \$2,500 annual limit on employee salary reduction contributions and the restriction on the reimbursement of over-the-counter medicines and drugs.

Health FSAs qualify as excepted benefits if they satisfy the **availability AND maximum benefit** requirements.

Availability Requirement



Other non-excepted group health plan coverage (for example, coverage under a major medical group health plan) must be made available for the year to the class of participants by reason of their employment.

Maximum Benefit Requirement



The maximum benefit payable under the health FSA to any participant for a year cannot exceed the greater of:

- Two times the participant's salary reduction election under the health FSA for the year; or
- The amount of the participant's salary reduction election for the health FSA for the year, plus \$500.

For example, a health FSA with a one-to-one employer match (\$700 employee, \$700 employer) would satisfy the maximum benefit requirement. Also, a health FSA with an employer contribution of \$500 or less would satisfy the maximum benefit requirement.

An [FAQ](#) issued on May 2, 2014, clarifies that unused carryover amounts remaining at the end of a plan year in a health FSA that satisfy the modified "use-or-lose" rule should not be taken into account when determining if the health FSA satisfies the "maximum benefit payable limit" prong under the excepted benefits regulations.

THE ACA'S MARKET REFORMS

The ACA imposes certain market reforms—including a prohibition on annual limits and a preventive care coverage requirement—on group health plans and health insurance issuers. However, these market reforms do not apply to excepted benefits.

IRS [Notice 2013-54](#) and DOL [Technical Release 2013-03](#) address how the ACA's reforms apply to health FSAs, health reimbursement arrangements (HRAs) and cafeteria plans. This guidance applies for plan years beginning on or after **Jan. 1, 2014**, but can be applied for all prior periods. According to the IRS and DOL, if an employer provides a health FSA that does not qualify as excepted benefits, the health FSA generally is subject to the ACA's market reforms.

Preventive Care

The ACA requires non-grandfathered group health plans to cover certain preventive care services without imposing any cost-sharing. **IRS Notice 2013-54 states that, because a health FSA that is not excepted benefits is not integrated with a group health plan, it will fail to meet the preventive care coverage requirement.**

IRS Notice 2013-54 does not address whether the grandfathered plan exception to the preventive care coverage requirement applies to health FSAs. However, it appears unlikely that many health FSAs would qualify for the ACA's grandfathered plans provision. The guidance also does not distinguish between health FSAs that satisfy the availability requirement for excepted benefits, but not the maximum benefit requirement.

Annual Limits

For plan years beginning on or after Jan. 1, 2014, the ACA prohibits group health plans from placing annual dollar limits on the coverage of essential health benefits. On June 28, 2010, the Departments issued [interim final regulations](#), which indicated that the ACA's annual limit prohibition did not apply to health FSAs. However, IRS Notice 2013-54 provides that the annual limit exemption for health FSAs **only applies when the FSA is offered under a cafeteria plan**. The Departments also stated that they will update their annual limit regulations to clarify this exemption, applicable Sept. 18, 2013.

HEALTH FSA CONTRIBUTION LIMIT

Effective for plan years beginning after Dec. 31, 2012, the ACA imposes a limit on salary reduction contributions to a health FSA offered under a cafeteria plan. The limit was set at **\$2,500** for 2013, but is

indexed for cost-of-living adjustments in future years. Although the limit remained \$2,500 for 2014, it was increased to **\$2,550** for 2015 and 2016. In 2017, it was further increased to **\$2,600**.

Non-elective employer contributions to a health FSA (for example, matching contributions or flex credits) generally do not count toward the contribution limit. However, if employees may elect to receive the employer contributions in cash or as a taxable benefit, then the contributions will be treated as salary reductions and will count toward the limit.

OVER-THE-COUNTER DRUGS

The ACA revised the definition of “qualified medical expenses” for purposes of reimbursement from health FSAs, effective for medicines and drugs purchased after Dec. 31, 2010. Under the revised definition, qualified medical expenses include amounts paid for medicines or drugs only if the medicine or drug is a prescribed drug (determined without regard to whether the drug is available without a prescription) or is insulin. This means that health FSAs **may not reimburse the cost of over-the-counter medications that do not have a prescription.**

CHANGE TO THE USE-OR-LOSE RULE

[Notice 2013-71](#) relaxes the “use-or-lose” rule for health FSAs. Under the relaxed rule, employers may allow participants to **carry over up to \$500 in unused funds into the next year.** This modification applies only if the plan does not also incorporate the grace period rule.

The “use-or-lose” rule generally prohibits any contribution or benefit under a health FSA from being used in a later plan year or period of coverage. Employees are required to use their health FSA funds by the end of the plan year (or grace period) or the funds would be lost. The IRS allows employers to offer an extended deadline, or grace period, of two and a half months after the end of a plan year to use remaining health FSA funds.

Under the modified rule, an employer, at its option, may amend its Section 125 cafeteria plan document to allow up to \$500 of unused funds remaining at the end of a plan year in a health FSA to be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year. The plan may specify a lower amount as the permissible maximum (and has the option of not permitting any carryover at all). As noted above, this modification applies only if the plan does not also incorporate the grace period rule.



Services

Wellness Programs





Services

Membership Engagement

An integrated approach can change the game!





Incentives That Make a Difference?

Accountability vs. Participation



VS.



- ✓ Cash Incentives
- ✓ Waived Co-insurance for Preferred Meds
- ✓ Waived Co-insurance for Testing supplies

- ✓ Base & Incentive Rates
- ✓ Increased Premiums for NOT achieving
- ✓ Moderate Risk Categories or improvement options





Tracking Metrics

Using multiple metrics to measure overall health of population



- ✓ Waist Circumference
- ✓ Blood Pressure

- ✓ Total Cholesterol
- ✓ A1C Blood Sugar



Tracking Metrics

Example: City of Rocky Mount, NC

The City of Rocky Mount had a population in 2013 that was significantly at risk. We began measuring categories of waist circumference, blood pressure, total cholesterol, and A1C blood sugar.

	2013	2014	2015	2016	2017	2018	Definition
Waist	47%	45%	37%	34%	33%	29%	> 40 in (M) > 35in (F)
BP	23%	22%	18%	9%	8%	10%	>140/90
Tchol/HDL	28%	28%	28%	18%	17%	17%	>5.0
A1C	29%	32%	23%	26%	13%	17%	≥ 8.0%

IMPROVEMENT!



Through incentives, accountability measures, and onsite disease management, the health of the population has been significantly improved.

High claimants attributable to health status was changed .



Tracking Metrics

Population Health: Waist Circumference >35" Female, > 40" Male

Customer	2012	2013	2014	2015	2016	2017	2018	2019	% Change
City of Rocky Mount		47%	45%	37%	34%	33%	29%		18%
Cleveland County	60%	58%	56%	53%	52%	49%	49%	42%	18%
Lincoln County					54%	50%	48%	47%	7%
Edgecombe County				69%	58%	56%	55%		14%
Rowan County					53%	52%	47%		6%
City of Sanford							63%		
City of Salisbury							51%		



Tracking Metrics

All Biometric Screening Participants Cost Comparison Achieved (waist circumference) vs. Not Achieved

	Met Waist Circum. (PMPY)	Not Met Waist Circum. (PMPY)	Difference (PMPY)	Incentive Cost	Net Differential	# Met Waist Circum.	% Change of High Risk from Baseline
Cleveland County	\$5,748	\$11,064	\$5,316	\$438	\$4,878	480	↓18%
Lincoln County	\$1,302	\$4,903	\$3,601	\$250	\$3,351	274	↓7%
Edgecombe County	\$4,378	\$9,691	\$5,303	\$250	\$5,053	134	↓14%



Monthly Tracking

Example: Cleveland County, Waist Circumference

Current Period: April 2018 - Mar 2019

Previous Period: April 2017 - Mar 2018

Cost	Members Meeting Goal (461)	% change	Members Not Meeting Goal (454)	% change
Total Paid PMPM	\$439.66	8.28 %	\$747.58	31.91 %
Medical PMPM	\$365.31	7.52 %	\$655.88	32.99 %
Pharmacy PMPM	\$74.35	12.18 %	\$91.70	24.61 %

Risk	Members Meeting Goal (461)	% change	Members Not Meeting Goal (454)	% change
Prospective Risk Score	1.13	4.66 %	1.63	9.26 %

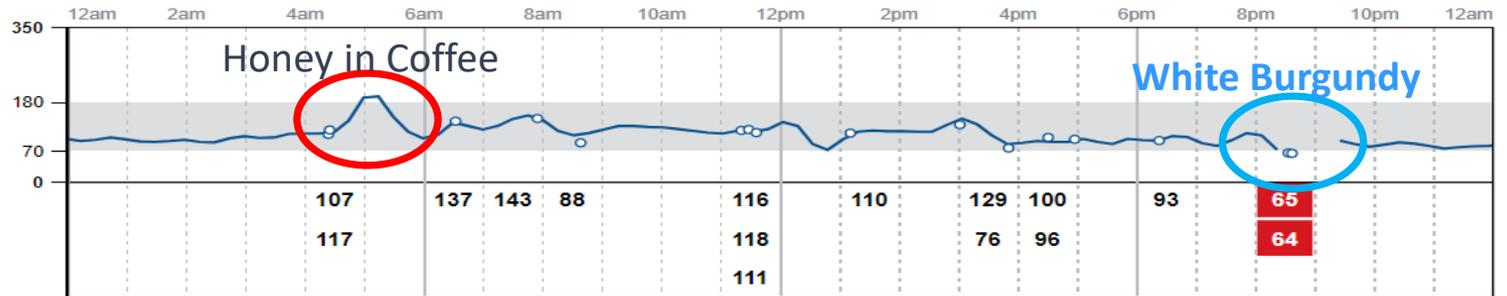


Tracking A1C Blood Sugar

Example: Mark Browder Inf/non-diabetic

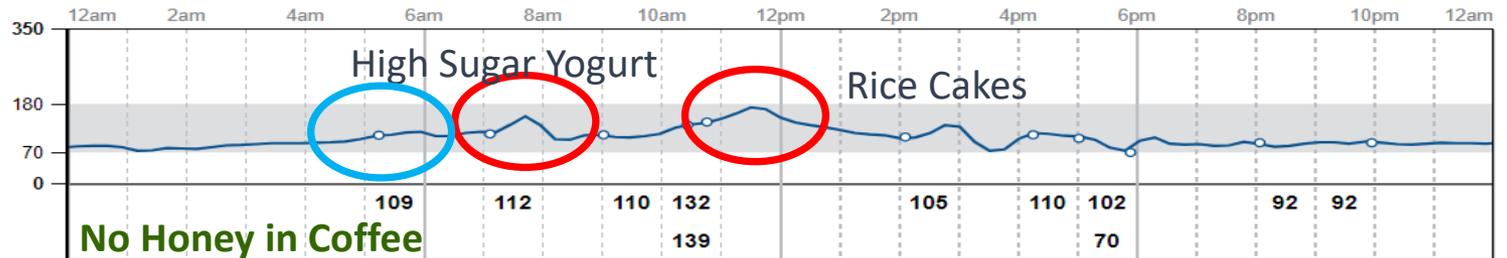
SAT Mar 2

Glucose mg/dL



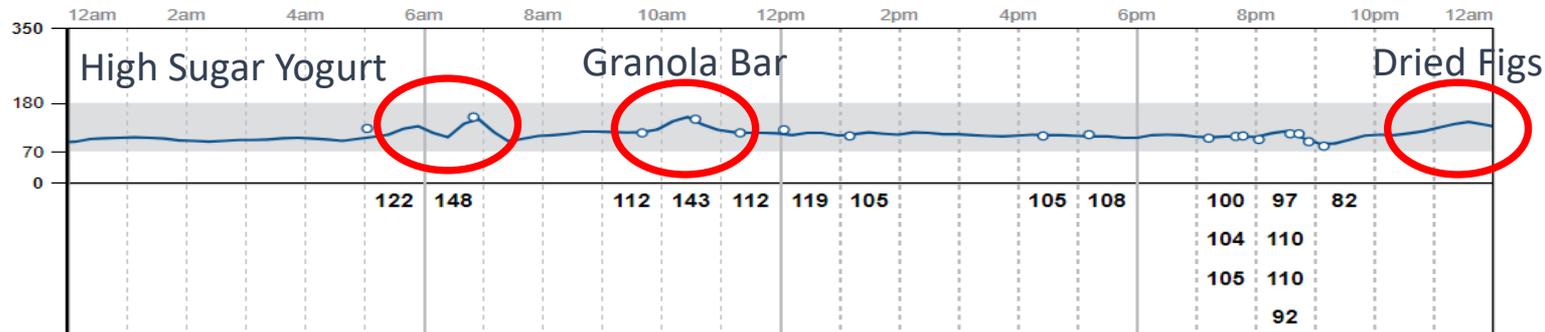
SUN Mar 3

Glucose mg/dL



MON Mar 4

Glucose mg/dL



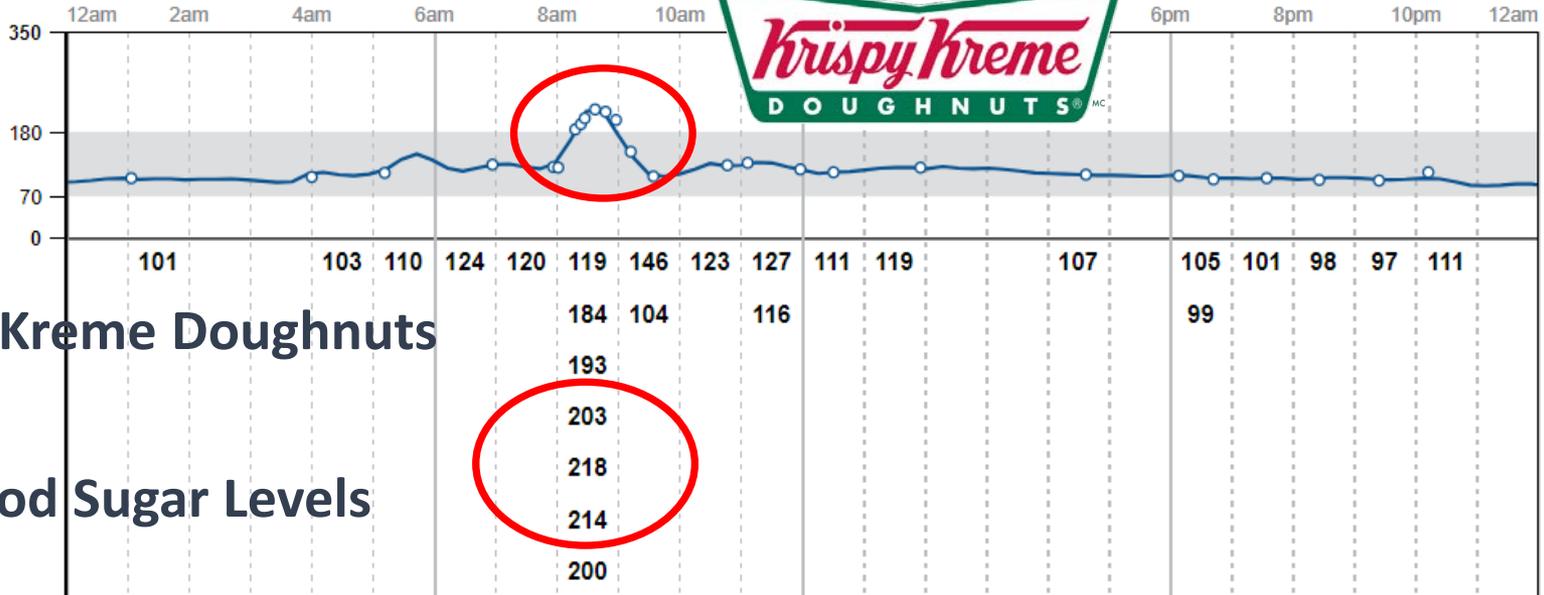


Tracking A1C Blood Sugar

Example: Mark Browder *Insulin*-diabetic



THU Mar 14

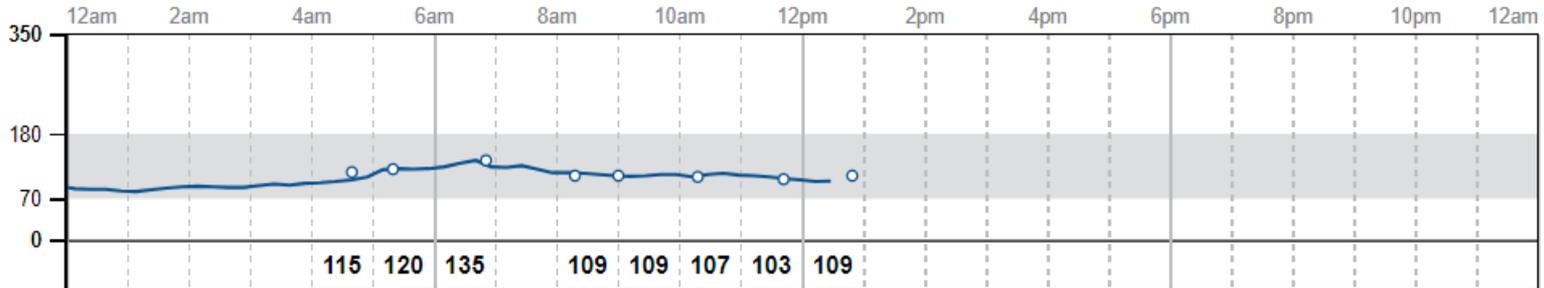


Glucose mg/dL

• Two Krispy Kreme Doughnuts

• Highest Blood Sugar Levels Achieved

FRI Mar 15



Glucose mg/dL



Monthly Tracking

Example: Cleveland County, Diabetes HealthMapRxComparison

Current Period: April 2018 - Mar 2019
 Previous Period: April 2017 - Mar 2018

41

65

106

25

Members identified for DM program in Year 1

Members identified for DM program in Year 2

Participants DM taking medication

Non-Participants DM with medication

COST

		41	65	106	25
Total Paid PMPM	+	\$1,004.8 ↑5.54%	\$998.9 ↑83.2%	\$1,001.14 ↑45.87%	\$5,120.9 ↑69.86%
Medical PMPM	+	\$736.36 ↑4.53%	\$861.07 ↑122.3%	\$813.75 ↑63.63%	\$4,934.64 ↑73.46%
Pharmacy PMPM	+	\$268.44 ↑8.41%	\$137.82 ↓12.71%	\$187.39 ↓0.86%	\$186.26 ↑9.62%

RISK

		41	65	106	25
Prospective Risk Score	+	1.9 ↑21.82%	2.48 ↑20.89%	2.25 ↑21.19%	4.08 ↑13%

PROGRAM IMPACT

		41	65	106	25
Projected Saving	+	\$70,400.5 ↑100%	\$82,643.02 ↑100%	\$153,043.52 ↑100%	\$16,490.51 ↑100%
Calculated Program Impact	+	\$67,093.3 ↑37.99%	\$121,749.3 ↑34.49%	\$188,842.6 ↑35.71%	\$17,722.5 ↓31.56%



Products

Health of Employee Population

Trends in Employee Population to be Aware of

Weight

Cardiovascular
Disease,
Hypertension,
Diabetes

Cholesterol

Coronary Artery
Disease

*Blood
Pressure*

Heart Disease,
Heart Failure,
Kidney Disease



*Plan Year:
July 1, 2020 – June 30, 2021*

Employee Benefits Guide

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All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.

If you wish to add or make changes to your insurance coverage(s), please consult a Mark III Benefits Representative during your scheduled enrollment period. **You will not be able to make any changes once the enrollment period is over** unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.). If you should experience a qualified event, you have 30 days from the date of the event to make any changes.



DISCLAIMER

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at mymarkiii.com

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



Important Points for 2020

- Your plan year runs from July 1, 2020 to June 30, 2021. This means your benefit elections will take effect July 1, 2020 unless otherwise noted.
- **Web Enrollment Dates:** April 15th – May 15th, 2020
- Payroll deductions for this year’s enrollment will start:

	Pay Period	Deduction Date
Health, Dental, Vision & Life	5/30/2020 – 6/12/2020	6/19/2020
STD & LTD	5/30/2020 – 6/12/2020	6/19/2020
Flexible Spending Account(s)	6/27/2020 – 7/10/2020	7/17/2020

- Participants are required to have a prescription for Over-the-Counter (OTC) medicines to be eligible under their FSA plan.
- **REMEMBER:** Employees **MUST re-enroll** in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew.
- ***Please remember to keep your existing FBA debit card.*** Your card is good for 3 years from issue date. Your account will be replenished if you re-elect a Flexible Spending Account for the new plan year.
- Pre-taxed elections made during annual enrollment ***cannot be changed once the enrollment period ends*** unless you have a qualifying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice-versa.
- If you should have a qualifying event, you will have 30-days from the date of the qualifying event to request a change to your current benefit and medical and dependent care flexible spending account elections. The participant’s election change must be consistent with the qualifying event. All requests must be made in writing to Staci Warren in the Forsyth County Government’s benefits office.
- Expenses for the Medical and Dependent Care Flexible Spending Accounts must be incurred during the plan year to be eligible for reimbursement. You have a 90-day run-out period to remit receipts.
- Contributions are treated on a **“use it or lose it”** basis. If you do not incur expenses during the plan year for reimbursement, you will lose it. Therefore, the key to participation is to be conservative.
- Any questions regarding your Medical or Dependent Care Flexible Spending Account can be directed to www.mywealthcareonline.com/fba or you can call Customer Contact Center at 800-437-FLEX.
- Any questions regarding all other benefits can be directed to Forsyth County Human Resources at 336-703-2400.

Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

Examples of QLEs

The following events will open a special **30-day** enrollment period from the date of the event, allowing you to make changes to your coverage.



marriage



divorce



childbirth/
adoption



death of a
family
member



loss of
parental
coverage



spouse gains
or loses
coverage



Hi, Forsyth County Employee!

Mark III Employee Benefits is here to help guide you through the benefits offered by your employer. If you have any questions regarding your benefits, please feel free to contact Mark III at:

Cindy Horton
(800) 532-1044 (toll-free)
(704) 365-4280 x 210
cindy@markiii.com

As stated in the disclaimer, this guide is simply a brief summary of benefits offered and does not constitute a policy. Before we review benefits offered, let's look at the difference in pre-tax vs post-tax benefits.

Pre-Tax

A "pre-tax basis" means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or until you have a qualifying change in your status (i.e. birth of a child, divorce, separation, reduction in hours, etc.). If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

Pre-Tax Plans Offered:

BCBSNC Medical
FBA Flexible Spending Account(s)
Ameritas Dental
Superior Vision

VS.

Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. You cannot drop coverage or make any changes until the next annual enrollment period or until you have a qualifying change in your status (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

Post-Tax Plans Offered:

AUL Short-Term Disability
AUL Long-Term Disability
The Hartford Term Life

View Your Benefits

Find details about all of your benefits, download forms, submit claims, ask questions, and more at mymarkiii.com.



- ✓ Benefits Guide
- ✓ Product Videos
- ✓ Policy Certificates
- ✓ Plan Forms
- ✓ Contact Info
- ✓ Enrollment Info

Available 24/7* from any internet enabled device for your convenience.

**As with all technology, due to technical difficulties beyond our control there may be small windows of time the benefits website is down. In the case of outage, plan information can always be requested from your HR office or Mark III Employee Benefits.*



Filing a Claim



Ameritas Dental

Simply logon to <https://www.Ameritas.com> to file an electronic claim or you can download a claim form and submit to: P.O. Box 82520 | Lincoln, NE 68501-2520



Superior Vision

Visit <https://mymarkiii.com/> to download your vision claim form. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information below. Fax your claim to 916-852-2277 or mail to:

Superior Vision Services, Inc.

Attn: Claims Processing

P.O. Box 967

Rancho Cordova, CA 95741



AUL Disability

Visit <https://mymarkiii.com/> to download your AUL disability claim form. There are four options for submitting your Short or Long-Term Disability claim:

1. Call the disability claim team at 1-855-517-6365. You should have all information available before calling the disability claim team
2. Email to Disability.claims@oneamerica.com
3. Fax to 1-844-287-9499
4. Mail to American United Life Insurance Company, P.O. Box 9060, Portland, ME 04104.





HEALTHY LIVING

Core Benefit
options to keep you
and your family
healthy.

! The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bluecrossnc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-275-9787 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network: \$1,500 Individual/\$4,500 Family. Out-of-Network: \$2,250 Individual/\$6,750 Family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and most services that may require a copayment.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$2,500 Individual/\$7,500 Family. Out-of-Network: \$4,250 Individual/\$12,750 Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsnc.com/FindADoctor or call 1-877-275-9787 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.
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 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copayment	30% coinsurance	None
	Specialist visit	\$60 copayment	30% coinsurance	None
	Preventive care/screening/immunization	No Charge	Not Covered	-You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. -Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	30% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	30% coinsurance	-Prior authorization may be required or services will not be covered
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsnc.com/rxinfo	Tier 1 Drugs	\$5 copayment	\$5 copayment	-Prior authorization may be required or services will not be covered - Copayment applies to a 30-day supply -For Infertility dosage limits apply - *See Prescription Drug section.
	Tier 2 Drugs	\$45 copayment	\$45 copayment	
	Tier 3 Drugs	\$60 copayment	\$60 copayment	
	Tier 4 Drugs	25% coinsurance	25% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	30% coinsurance	None
	Physician/surgeon fees	20% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room care	\$250 copayment	\$250 copayment	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$60 copayment	\$60 copayment	None
	Facility fee (e.g., hospital room)	20% coinsurance	30% coinsurance	-Prior authorization may be required or services will not be covered
If you have a hospital stay	Physician/surgeon fees	20% coinsurance	30% coinsurance	None
	Outpatient services	\$30/office visit; 20% coinsurance/ outpatient	30% coinsurance	-Prior authorization may be required or services will not be covered
	Inpatient services	20% coinsurance	30% coinsurance	-Prior authorization may be required or services will not be covered
If you need mental health, behavioral health, or substance abuse services	Office visits	\$30 copayment	30% coinsurance	-This benefit applies in limited situations. *See Family Planning section.
	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	-No coverage for maternity for dependent children
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	-Prior authorization may be required or services will not be covered

*For more information about limitations and exceptions, see [plan](#) or [policy document at www.bluecrossnc.com](#)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	<u>Rehabilitation services</u>	\$60 <u>copayment</u>	30% <u>coinsurance</u>	-*See Therapies section -Combined 30 visits for physical/occupational therapy and chiropractic services.-30 visits for speech therapy. - \$40,000 max/benefit period for Adaptive Behavior Treatment (up to age 19).
	<u>Habilitation services</u>	\$60 <u>copayment</u>	30% <u>coinsurance</u>	- <u>Habilitation services</u> are combined with the <u>Rehabilitation service</u> limits listed above.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Coverage is limited to 60 days . - Prior authorization may be required or services will not be covered
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered -Limits may apply
	<u>Hospice services</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior authorization may be required or services will not be covered
	Children's eye exam	No Charge	Not Covered	-Limits may apply
	Children's glasses	Not Covered	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Not Covered	Excluded Service
	If your child needs dental or eye care			

*For more information about limitations and exceptions, see [plan](#) or policy document at www.bluecrossnc.com

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Hearing aids
- Weight loss programs
- Cosmetic surgery
- Long-term care
- Dental care (Adult)
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Non-emergency care when traveling outside the U.S.
- Chiropractic care
- Private duty nursing
- Infertility treatment
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross NC at 1-877-275-9787 or www.BlueConnectNC.com. You may also receive assistance from the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, if applicable.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al número que aparece al respaldo de su tarjeta del seguro.

Tagalog (Tagalog): Para matulungan sa Tagalog, tawagan ang numerong nasa likuran ng insurance card.

Chinese (中文): 如需國語或廣東話協助，請致電您保險卡背面的電話號碼。

Navajo (Dine): Diné bizaad bee shiká'adoowof ninzingo kwojì' hóline', naaltsoos áhts'isí nantinigii bine'déé' binámboo bikáá'.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost **\$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$1,200
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,800

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost **\$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$500
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,300

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost **\$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$200
Coinsurance	\$10
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,700

The plan would be responsible for the other costs of these EXAMPLE covered services.

Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, call the Customer Service or TTY number on the back of your member ID card.

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702
Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office
Call: 919-765-1663, 1-888-291-1783 (TTY)
Fax: 919-287-5613
E-mail: civilrightscordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C., 20201
Call: 1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available online at:
<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. If you need these services, call the Customer Service or TTY number on the back of your member ID card.

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Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.



Medical Plan

BCBSNC Health Plan Semi-Monthly Rates

Covered	Semi-Monthly Rates
Employee Only	\$54.94
Employee + One	\$155.24
Family	\$313.77



**BlueCross BlueShield
of North Carolina**



Flexible Spending Account



Get reimbursed for out-of-pocket healthcare & child/aged adult day care expenses with tax free dollars!!

Maximize your Income

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save approximately \$27.65 to \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

Eligibility

Participation in the Plan Begins on July 1, 2020 and ends on June 30, 2021. Employees are eligible to participate in the Plan on the first day of their first pay period. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

The Health Care Account is a Pre-Funded Account

This means that you can submit a claim for medical expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions are deposited into your account throughout the Plan Year.

Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,746.76. The minimum you may place in the account is \$260.

Election Changes

Election changes are only allowed if you experience one of the following qualifying events:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in dependent care providers

Reimbursement Schedule

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via check. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

Online Access

Flexible Benefit Administrators, Inc. provides on-line account access for all FSA participants. Please visit their website at <https://fba.wealthcareportal.com/> to view the following features:

- FSA Login – view balances, check status and view claims history-download participation forms
- FSA Educational Tools – FSA calculator: estimate how much you can save by utilizing an FSA.

Health Care Reimbursement

With this account, you can pay for your out-of-pocket health care expenses for yourself, your spouse and all of your tax dependents for healthcare services that are incurred during your plan year and while an active participant. Eligible expenses are those incurred “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.” This is a broad definition that lends itself to creativity.

Examples of Eligible Health Care Expenses

Fees/Co-Pays/Deductibles for:

- Acupuncture | Prescription Eye glasses/Reading glasses/Contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth | Birth control pills/patches | Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits | Diabetic supplies | Routine Physicals | Oxygen | Physical Therapy | Hearing aids & batteries | Medical equipment

Over-the-Counter Expenses (Examples of medications and drugs that may be purchased in reasonable quantities with a prescription):

- Antacids | Pain relievers/aspirin | Ointments & creams for joint pain | Allergy & sinus medication | First aid creams | Cough & cold medications | Laxatives | Anti-diarrhea medicine

Day Care/Aged Adult Care Reimbursement

The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars. Eligible Day Care/Aged Adult Care expenses are those you must pay for the care of an eligible dependent so that you and your spouse can work. Eligible dependents, as revised under Section 152 of the Code by the Working Families Tax Act of 2005, are defined as either dependent children or dependent relatives that you claim as dependents on your taxes. Refer to the Employee Guide for more details. Eligible dependents are further defined as:

- Under age 13
- Physically or mentally unable to care for themselves such as:
 - Disabled spouse
 - Children who became disabled prior to age 19.
 - Elderly parents that live with you

Contribution Limits: The annual maximum contribution may not exceed the lesser of the following:

- **\$5,000 (\$2,500 if married filing separately)**
- Your wages for the year or your spouse’s if less than above
- Maximum is reduced by spouse’s contribution to a Day Care/Aged Adult Care FSA

How to Receive Reimbursement

To obtain a reimbursement from your Flexible Spending Account, you must complete a Claim Form. This form is available to you in your Employee Guide or on our website. You must attach a receipt or bill from the service provider which includes all the pertinent information regarding the expense:

- Date of service
- Patient’s name
- Amount charged
- Provider’s name
- Nature of the expense
- Amount covered by insurance (if applicable)

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your healthcare or dependent care provider directly.

Eligible Day Care/Aged Adult Expenses

- Au Pair|Nannies|Before & After Care|Day Camps|Babysitters|Daycare for an Elderly Dependent|Daycare for a Disabled Dependent|Nursery School|Private Pre Schools|Sick Child Center|Licensed Day Care Centers

Ineligible Expenses:

- Overnight Camps|Babysitting for Social Events|Tuition Expenses including Kindergarten|Food Expenses (if separate from dependent care expenses)|Care provided by children under 19 (or by anyone you claim as a dependent)|Days your spouse doesn't work (though you may still have to pay the provider)|Kindergarten expenses are ineligible as an expense because it is primarily educational, regardless if it is half or full day, private, public, state mandated or voluntary|Transportation, books, clothing, food, entertainment and registration fees are ineligible if these expenses are shown separately on your bill|Expenses incurred while on Leave of Absence or Vacation

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Please see the Employee Guide for more information.

How to Enroll in our FSA Plan

Step 1

Carefully estimate your eligible Health Care and Day Care/Aged Adult Care expenses for the upcoming Plan Year. Then use our online FSA Educational Tools located at <https://fba.wealthcareportal.com/> to help you determine your total expenses for the Plan Year.

Step 2

Complete your enrollment during the open enrollment period, which instructs payroll to deduct a certain amount of money for your expenses. This amount will be contributed on a pre-tax basis from your paychecks to your FSA. Remember the amount you elect will be set aside before any federal, social security, and state taxes are calculated.

How the Flexible Benefit Plan Works

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$300.00
Taxable Income	\$2,500.00	\$1,940.00
Federal Tax (15%)	\$375.00	\$291.00
State Tax (5.75%)	\$125.00	\$97.00
FICA Tax (7.65%)	\$191.25	\$148.41
After-Tax employer medical insurance	\$200.00	\$0.00
After-Tax medical expenses	\$60.00	\$0.00
After-Tax dependent child care expenses	\$300.00	\$0.00
Monthly Spendable Income	\$1,248.75	\$1,403.59

By taking advantage of the Flexible Benefit Plan this employee was able to increase his/her spendable income by \$154.84 every month! This means an annual tax savings of \$1,858.08. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!



The FBA Benefits Card

The easy way to access all of your benefits

The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.

Start Saving Money by Participating in Benefit Accounts

Are your out-of-pocket healthcare, dependent care and transportation costs rising? Tax-advantaged benefit accounts are a great way for you to save your hard-earned money. These accounts can include:

- Flexible spending accounts (FSAs)
- Health reimbursement arrangements (HRAs)
- Health savings accounts (HSAs)
- Dependent care flexible spending accounts (DCAs)
- Commuter accounts (transit/parking)

Access to Funds

Your benefits debit card gives you easy access to the funds in your tax-advantaged benefit accounts by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard.

Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

- Out-of-pocket expenses
- Claim forms
- Reimbursement checks

Multiple Benefit Accounts, One Card

In the event that you have multiple benefit accounts, you need only one benefits debit card. Our technology understands which purchases should be applied to any one of your accounts. If your card is swiped at your child's daycare, the funds will be deducted from your dependent care FSA. Buy a train token automatically with funds from your transit account. It's one smart card!

Your benefits debit card is as easy as 1-2-3

1. Check your account balance

You can view your transaction history, current balance, claim status, and more by logging in online, calling the phone number on the back of your card or via mobile application, if available.

2. Swipe your benefits debit card

Swipe the card at the point-of-sale for eligible products and services. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register or you may submit a manual claim.

3. Keep all your receipts

Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the rare instance documentation is requested by your administrator or in case of an IRS audit.

How long is my card valid?

As long as you do not have a break in participation, you can use your card for three years, until the expiration date printed on it. If you are still a participant when your card expires, a new card will be automatically mailed to you.



For more information, please call 800-437-3539

P.O. Box 8188 • Virginia Beach, VA 23450 • www.flex-admin.com



Get **CONNECTED** with your account... Wherever, whenever.

Introducing... our convenient participant web site!
With the online WealthCare Portal you can view your account status, submit claims and report your benefits card lost/stolen right from your computer.

Once your account is established, you can use the same user name and password to access your account via our Mobile App!



Follow the simple steps below to establish your secure user account.

- Get started by visiting <https://fba.wealthcareportal.com/> and click the register button in the top-right corner of the homepage.
- You will be directed to the registration page.
- Follow the prompts to create your account.
 - User Name
 - Password
 - Name
 - Email Address
 - Employee ID** (Your SSN, no spaces/dashes)
 - Registration ID
 - Employer ID** (FBAFOR)
 - Your Benefits Card Number
- Once completed, please proceed to your account.

Getting Started is Easy!

If you are having difficulty creating your user account or you have forgotten your password to an existing account, please contact us at 800-437-3539 or flexdivision@flex-admin.com.





Your healthcare finances are at your fingertips with the Flexible Benefit Administrators mobile app!

The Flexible Benefit Administrators mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device.



Features

Download on
iTunes



Download on
Google Play



Access accounts – Check balances, view transaction history, and more.



Manage claims – Submit new claims, upload receipts and check claims status.



Track and pay expenses – Track medical claims and other expenses, plus pay bills electronically.



Access cards – Manage card details, access your PIN, and initiate card replacement for lost or stolen cards.



Receive alerts – View important account messages.



Update your profile – Update personal information, including your email and mobile phone.

Get Started Today!

Simply search Flexible Benefit Administrators Mobile in iTunes or Google Play store, select “Install”, and log-in online if previously registered or register. Registration requires an employee ID (generally your SSN), employer ID/ benefit debit card number, and valid email address to begin.





Managing your healthcare finances is easy with the Flexible Benefit Administrators member portal!

The Flexible Benefit Administrators member portal provides you with powerful self-service account access, plus education and decision support tools that help put you in the driver's seat with your healthcare finances.



Features



Full account details at your fingertips – intuitive online access to plan details, account balances and transaction history (including prior years)



Self-service convenience – check balances, submit claims and receipt documentation, pay bills, manage investments, and more



Comprehensive decision support tools – educational and interactive tools to help you make critical spending and saving decisions throughout the plan year



Communication when you need it – manage your preferences, with access to more than 25 alerts to keep you connected to your account



Value-add services and offers – to help you get the most value from your healthcare dollars

Get Started Today!

Take control of your healthcare finances this open enrollment season by registering for online access to your pre-tax account at fba.wealthcareportal.com.





Dental Plan



Dental Plan Summary	
Plan Benefit	Varies by Date of Hire
Type 1	70/80/90/100%
Type 2	70/80/90/100%
Type 3	50%
Deductible	\$50 Calendar Year Type 3 \$50 Lifetime Type 1 & 2
Maximum (per person)	\$1,500 per calendar year
Allowance	90 th Usual & Customary (U&C)
Waiting Period	None
Annual Enrollment	None

Orthodontia Summary – Adult & Child Coverage	
Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,200
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology® American Dental Association)

Type 1

- Routine Exam (2 per benefit period)
- Bitewing X-rays (2 per benefit period)
- Full Mouth/Panoramic X-rays (1 in 3 years)
- Fluoride for Children 18 & under (1 per benefit period)
- Cleaning (2 per benefit period)
- Periapical X-rays
- Space Maintainers
- Sealants (age 16 & under)

Type 2

- Restorative Amalgams
- Restorative Composites
- Endodontics (nonsurgical & surgical)
- Periodontics (nonsurgical & surgical)
- Denture Repair
- Simple & Complex Extractions
- Anesthesia

Type 3

- Crowns (1 in 5 years per tooth)
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
- Onlays
- Crown Repair
- TMD (nonsurgical)

Ameritas Information

We're Here to Help! This plan was designed specifically for the associates of FORSYTH COUNTY GOVERNMENT. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Orthodontia Benefits

Orthodontia benefits are paid on a quarterly basis throughout the treatment program. If a member pays the full cost of treatment upfront to the Orthodontist, that does not change the Ameritas reimbursement. Even if the full cost of the Orthodontia program is paid in full by the member, the Ameritas reimbursement will still be spread across the treatment program and benefits will be issued quarterly (up to a maximum of 8 quarters). If the member discontinues the group dental benefits offered or leaves employment, the member in Orthodontic treatment must elect COBRA continuation in order to be eligible for any outstanding Orthodontia benefits.

Incentive Coinsurance

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level. If a plan member fails to have at least one dental claim submitted during any benefit year, he or she will revert back to the beginning coinsurance benefit. If that happens, members can progress back to higher coinsurance levels in subsequent years by submitting at least one dental claim each benefit year.

Ameritas Dental Semi-Monthly Rates

Employee	Paid by County
Employee + 1 Dependent	\$7.44
Employee + 2 or more Dependents	\$17.82



This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Using Your Dental Benefits is Pain Free



Learn how to use your benefits to the fullest and reduce your out-of-pocket expenses.



Visit any dental provider. You are free to visit any provider, regardless if they are in- or out-of-network. Plus, your family members do not have to see the same dentist.



Save with a network provider. Dentists in the Ameritas Dental Network have agreed to charge you **25-50% less than their regular rates**. Many of them also offer discounted fees on non-covered dental services as allowed by state law.



Know your cost. Located in your secure member account, the **Dental Cost Estimator** lets you compare estimated procedure charges based on ZIP Code. You can search estimates for both in-network and out-of-network providers.

Ask your dentist to submit a **pretreatment estimate** for any dental work you consider expensive. Then Ameritas will let you know the amount insurance will cover so you can budget for the remainder. The pretreatment estimate is based on your plan benefits and submitted claims.

Find out if your dentist is in the network. Visit ameritas.com, Find a Provider, to find a new dentist or see if your current provider is in the Ameritas Dental Network.

Nominate your dentist. If your dentist is not in the network already, just go to ameritas.com, search for “nominate a provider” and complete the online form.



Exceptional network. The Ameritas Dental Network is **one of the largest in the nation**. Plus, now you can visit dental providers in Mexico through AmexUS. Plan discounted fees and agreements will be honored by AmexUS Mexico providers, and claims will be processed by Ameritas.



Find everything you need on any device



In your secure online member account, you have 24/7 access to:

- your personalized ID card; print it or save it to your smartphone
- claims status and a breakdown of how benefits were calculated and payments processed
- plan details including maximum benefit and deductible amounts, and your remaining benefits
- the average cost for in- or out-of-network procedures based on ZIP Code with the Dental Cost Estimator

Register for your secure member account at ameritas.com.

The one-time set up is quick and easy:

- Go to ameritas.com
- Click "Account Access"
- Select the Dental/Vision/Hearing drop-down
- Choose "Secure Member Account"
- On the Login page select "Register Now"
- Complete the New User Registration form

Using online services helps to minimize your risk of identity theft, protect your privacy and get your benefit information faster.

Sign up to receive your explanation of benefits (EOB) statements online

To receive email EOBs instead of paper statements, select the go paperless option when logging in to or setting up your member account.

Compared to paper, online statements are:



more secure



more detailed



better for the environment



convenient



faster





Vision Plan



Exam & Material Plan	
Co-Pays	
Exam	\$0
Materials ¹	\$15
Contact Lens Fitting	\$15
Services/Frequency	
Exams	12 month
Frames	24 month
Contact Lens Fitting	12 month
Lenses	12 month
Contact Lenses	12 month

Materials Only Plan	
Co-Pays	
Exam	N/A
Materials ¹	\$15
Contact Lens Fitting	\$15
Services/Frequency	
Exams	N/A
Frames	24 month
Contact Lens Fitting	12 month
Lenses	12 month
Contact Lenses	12 month

Benefits	In-Network	Out-of-Network
Exam (MD)	Covered in full	Up to \$44
Exam (OD)	Covered in full	Up to \$39
Frames	\$150 retail allowance	Up to \$60
Contact Lens Fitting (standard ²)	Covered in full	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$26
Bifocal	Covered in full	Up to \$34
Trifocal	Covered in full	Up to \$50
Progressive lens upgrade	See description ³	Up to \$50
Contact Lenses ⁴	\$150 retail allowance	Up to \$100

In-Network	Out-of-Network
N/A	N/A
N/A	N/A
\$150 retail allowance	Up to \$60
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$26
Covered in full	Up to \$34
Covered in full	Up to \$50
See description ³	Up to \$50
\$150 retail allowance	Up to \$100

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

² Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit.

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10% - 30%) prior to service as they vary.

Discounts on Covered Materials	
Frames	20% off amount over allowance
Lens	20% off retail
Progressives	20% off amount over retail lined trifocal lens, including lens options
Specialty Contact Lens Fit	10% off retail, then apply allowance

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

Maximum Member Out-of-Pocket		
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromic	\$80	20% off retail

Discounts on Non-Covered Exams & Materials

We offer discounts on unlimited materials after the initial benefit is utilized.

Discounts on Non-Covered Exam & Materials	
Exams, Frames, and prescription lenses	30% off retail
Lens options, contacts, other prescription materials	20% off retail
Disposable contact lenses	10% off retail
Retinal Imaging	\$39 maximum out-of-pocket

Refractive Surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10% - 50%, and are the best possible discounts available to Superior Vision.

North Carolina residents: Please contact our customer service department if you are unable to secure a timely (at least 30 days) appointment with your provider or need assistance finding a provider within a reasonable distance (30 miles) of your residence. Adjustments to your benefits may be available.

The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan. Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

⁵Discounts and maximums may vary by lens type. Please check with your provider.

Exam & Materials Rates

Covered	Semi-Monthly
Employee Only	\$4.57
Employee + 1 Dependent	\$8.87
Employee + Family	\$15.44

Materials Only Rates

Covered	Semi-Monthly
Employee Only	\$3.02
Employee + 1 Dependent	\$5.84
Employee + Family	\$10.02

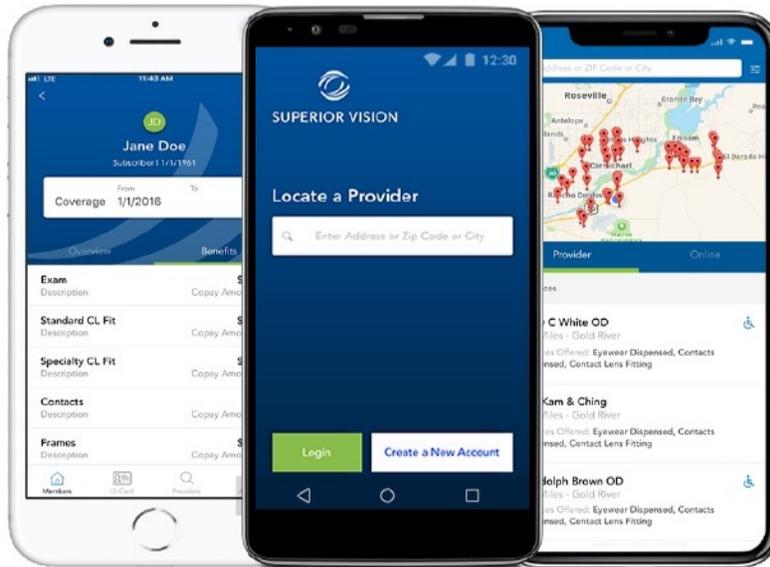


Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800-507-3800 SuperiorVision.com The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

INTRODUCING THE SUPERIOR VISION MOBILE APP



DOWNLOAD THE SUPERIOR VISION APP TO YOUR PHONE



CREATE AN ONLINE ACCOUNT

Log in with the username and password you use to access your Member account on SuperiorVision.com, or you can create an account in the app.

VIEW YOUR VISION BENEFITS

- Review your vision benefits and the benefits for any dependents
- See when you are eligible for services

LOCATE A PROVIDER

- Find a provider in your network
- Get directions
- Call the provider

GET YOUR MEMBER ID CARD

- View your ID card full screen
- Print or email your ID card



SuperiorVision.com



SUPERIOR VISION

See yourself healthy.



STAY WELL

Voluntary Benefit
Options that
enhance your and
your family's well
being.



Short-Term Disability Plan



Class Description

All Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Short Term Disability Insurance.

Disability

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation. You are not working in any occupation and are under the regular attendance of a Physician for that injury or sickness.

Monthly Benefit

You can choose a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum monthly benefit is \$500.

Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; seven (7) consecutive days for a sickness and zero (0) days for injury.

Benefit Duration

The is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of thirteen (13) weeks.

Basis of Coverage

24 Hour Coverage, on or off the job

Maternity Coverage

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

STD Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date. This Pre-Existing Condition limitation will be waived for all Persons who were included as part of the final premium billing statement received by AUL/OneAmerica from the prior carrier and will be Actively at work on the effective date.

Recurrent Disability

If you resume Active Work for 30 consecutive workdays following a period of Disability for which the Weekly Benefit was paid, any recurrent Disability will be considered a new period of Disability. A new Elimination Period must be completed before the Weekly Benefit is payable.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318. The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career).

Annual Enrollment

Employees who did not elect coverage during their initial enrollment period are eligible to sign up for \$500 to \$1,000 monthly benefit without medical questions. Employees may increase their coverage up to \$500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in \$100 increments.

Exclusions and Limitations

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period.

This information is provided as a summary of the product. It is not a part of the insurance contract and does not change or extend AUL's liability under the group policy. If there are any discrepancies between this information and the group.

AUL Short-Term Disability Semi-Monthly Rates

Benefit Duration 13 weeks

Monthly Benefit	Semi-Monthly Premium
\$500	\$5.18
\$600	\$6.21
\$700	\$7.25
\$800	\$8.28
\$900	\$9.32
\$1000	\$10.36
\$1100	\$11.39
\$1200	\$12.43
\$1300	\$13.46
\$1400	\$14.50
\$1500	\$15.53
\$1600	\$16.57
\$1700	\$17.60
\$1800	\$18.64
\$1900	\$19.67
\$2000	\$20.71

Customer Service

800-553-5318

Disability Claims

855-517-6365

Fax: 844-287-9499

Disability Claims Email: Disability.Claims@oneamerica.com
www.employeebenefits.aul.com



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company



Long-Term Disability Plan



LTD Class Description: All Full-Time Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Long-Term Disability.

LTD Monthly Benefit: You can choose to **insure up to 60% of an Employee's covered base monthly earnings to a maximum of \$10,000**; reduced by Other Income Benefits as outlined in the contract.

LTD Elimination Period: This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; 90 consecutive days for a sickness or injury.

LTD Benefit Duration: This is the period of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the contract. Up to the greater of the Employee's Social Security Full Retirement Age (SSFRA) or age 65; if disabled prior to age 60. If disabled after age 60, on the scale as outlined below from the contract.

Age When Total Disability Begins	Maximum Period Benefits are Payable
Less than Age 60	Greater of: SSFRA or to age 65
60	5 years
61	4 years
62	3.5 years
63	3 years
64	2.5 years
65	2 years
66	21 months
67	18 months
68	15 months
Age 69 and over	12 months

Minimum Monthly Benefit: \$100

Accumulation of Elimination Period: If disability ends during the elimination period and reoccurs, the time while the Insured is Disabled will be treated as continuous and a new elimination period will not be required, if Total Disability ceases for not more than thirty days during the elimination period.

Mental & Nervous / Drug & Alcohol: Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments may be extended if the treatment for the disability is received while hospitalized or institutionalized in a facility licensed to provide care and treatment for the disability.

LTD Total Disability Definition: An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. After benefits have been paid for 24 months, the definition of disability changes to mean the Insured cannot perform the material and substantial duties of any Gainful Occupation for which he is reasonably fitted for by training, education or experience.

Partial Disability: A partial benefit may be paid when an Insured is unable to perform every material and substantial duty of his regular occupation on a full-time basis due to injury or sickness. However, he must be performing at least one of the material and substantial duties of his regular occupation, or another occupation, on a full or part-time basis, and earning less than 80% of his indexed pre-disability earnings due to the same injury or sickness.

Enrollment: Coverage is 60% of an Employee's base monthly earnings to a maximum of \$10,000. There are no offsets with the NC State Disability Plan. However all other offsets will apply. Anyone that did not elect the LTD coverage when first eligible must go thru medical underwriting.

Residual Benefit: The Residual Benefit allows the Elimination Period to be met whether the Insured is totally disabled, partially disabled or a combination of both.

Return to Work Benefit: If it is determined the Insured can return to work on a part-time basis, a Monthly Benefit will be paid to supplement earnings for 12 months. During the twelve month period there will be no offset against the Monthly Benefit from part-time earnings unless the Current Monthly Income combined with incomes from all other sources, including the Monthly Benefit, exceeds 100% of the pre-disability earnings.

Pre-Existing Condition Exclusion: The pre-existing period is 3/12. Benefits will not be paid if the Person's Disability begins in the first 12 months of coverage; and the Disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

Maternity Coverage: Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion; also excluding elective caesarian section delivery.

Recurrent Disability Provision: A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows payments to resume without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 months of return to active work.

Survivor Benefit: Benefits may be paid to the Eligible Survivor when a disabled Insured dies while receiving a Monthly Benefit and the disability had continued 180 days. The lump sum benefit is equal to 3 times the Insured's last Gross Monthly Benefit.

Employee Contributions: 100% contributory

There are no offsets with the NC State LTD Plan. All other offsets apply.

Additional Enhancements in this Contract

Portability: Once an employee is on the AUL disability plan for 12 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318.

The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career). *Please refer to the Mark III web-site for a copy of your certificate or a claim form.*

Waiver of Premium Provision: AUL will waive the premium payments for your coverage while you are disabled.

Exclusions and Limitations: This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

Age Category	LTD Monthly Premium Rate per \$100 of Covered Monthly Earnings
29 & under	\$0.170
30 - 34	\$0.350
35 - 39	\$0.470
40 - 44	\$0.720
45 - 49	\$1.020
50 - 54	\$1.390
55 - 59	\$1.750
60+	\$1.980

The LTD is age banded so the premium is based on salary and the rate for the employee's age band. The calculation is: monthly salary/100 x rate = monthly premium

*To calculate Semi-Monthly premium, divide monthly premium by 2.

Customer Service
800-553-5318

Disability Claims
855-517-6365
Fax: 844-287-9499

Disability Claims Email: Disability.Claims@oneamerica.com
www.employeebenefits.aul.com



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

This information is provided as a Benefit Outline. It is not part of the insurance policy and does not change or extend American United Life Insurance Company's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverages under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



Term Life Plan



Summary of Group Term Life Benefits

Forsyth County Government – Active, Full-time Aaft employee

Am I eligible for coverage?

You qualify if you are an active full-time employee working at least 40 hours a week. You must be working in an eligible group as defined by your employer.

When does coverage become effective?

Your coverage will begin on a date determined by your employer.*

**You must be actively-at-work for your coverage to begin. Other rules may apply. Please review your policy documents for more information.*

Do I have to provide proof of good health (EOI) to enroll?

- **New hire/Newly eligible:** EOI is not required for you and your dependents to enroll up to the Guaranteed Issue Amount during your 31-day period of initial eligibility. If you and your dependents don't enroll, you will be considered a "late applicant." During future enrollments, you may be required to submit EOI for any amount of coverage.
- **Late Applicant** (did not enroll during your initial eligibility period): EOI is required to enroll during this enrollment period. Currently Covered: EOI is not required for you and your dependents to increase coverage up to specific Guaranteed Issue Amounts.

**EOI (medical questionnaire) is required for amounts above the Guaranteed Issue maximum. Coverage that requires EOI is subject to Aetna approval.*

When will coverage that requires EOI begin?

Coverage will begin after Aetna approves your EOI. If your EOI is not approved, your coverage will be limited to any Guaranteed Issue amount that may apply.

** You must be actively-at-work for coverage to begin, or any increases to take effect.*

What is Life Coverage?

Group Term Life Insurance helps provide financial protection for those who rely on your income if something happens to you. Term life insurance is a simple and inexpensive form of life insurance, which builds no cash value.

How much coverage does my employer provide?

Employer Paid – Term Life

You: 1.5X basic annual earnings rounded to the next higher \$1,000 to a maximum of \$150,000.

Can I buy coverage & how much will it cost?

You can buy coverage called Supplemental Life insurance for yourself and your spouse and children.

Supplemental Life Coverage Amounts

You: 1, 2 or 3X Basic Annual Earnings up to a maximum of \$350,000

Your Spouse: Option 1: Spouse \$10,000/Child(ren) \$5,000; Option 2: Spouse \$20,000/Child(ren) \$5,000; Option 3: Spouse only coverage \$10,000; Option 4: Spouse only \$20,000; Option 5: Child(ren) only \$5,000

Your Child(ren): \$5,000

Guaranteed Issue Amounts

You: 3X Basic Annual Earnings or \$350,000, whichever is less

Your Spouse: \$20,000

Your Child(ren): \$5,000

**New Hire/Newly Eligible: Enroll without EOI during your initial eligibility period.*

During Annual Enrollment an employee may increase their coverage from 1X to 2X basic annual earnings without EOI. If an employee has 1X or 2X they must submit an EOI form to increase to 3X their basic annual earnings. If you are a dependent spouse who is covered at \$10,000 you can increase to \$20,000 during Annual Enrollment without EOI; other election or increase would require submitting an EOI form.

Child(ren) Eligibility: From live birth up to 20 years old. Unmarried, full-time student up to age 26 are also eligible if dependent on the employee for support.

Monthly Rates for Term Life Insurance (rate per \$1,000)*

Age Bands	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	\$0.067	\$0.067	\$0.067	\$0.067	\$0.067	\$0.142	\$0.200	\$0.266	\$0.416	\$0.458	\$0.898	\$1.455	\$1.771

Dependent Coverage (monthly premium per Option elected):

- Option 1: \$3.39
- Option 2: \$9.51
- Option 3: \$2.74
- Option 4: \$8.86
- Option 5: \$.066

Reductions that apply to Life Insurance

Your basic life coverage will reduce as you age.

Your coverage will reduce as follows:

- At age 70 your coverage will reduce by 35% of the original amount.
- At age 75 your coverage will reduce by 55% of the original amount.
- At age 80 your coverage will reduce by 75% of the original amount.

Accelerated Death Benefit Provision

You may be eligible to receive up to 75% of your (combined basic and supplemental) life insurance coverage if diagnosed with a terminal or serious medical condition.

Conversion

If your coverage ends or is reduced, you can convert your Group Term Life policy to a Whole Life Policy. You may convert your basic and/or supplemental coverage into a Whole Life Policy at rates based on your age at time of conversion by paying premiums directly to The Hartford. Whole life insurance is generally more expensive than term life insurance so a change in your premium may apply. You will have 91 days to convert your coverage without answering any medical questions.

Portability

If your coverage ends, you can continue coverage as a Term Life Policy. You have an additional option to conversion. You can continue your basic and/or Supplemental life insurance as a Term Life Policy by paying premiums directly to The Hartford. Term insurance is generally less expensive than Whole Life insurance but your rates will increase as you reach higher age bands. You will have 91 days to convert or apply for portability without answering any medical questions.

The Hartford Life EssentialsSM/Value Added Services

Legal: Create a will, living will, health care directive or a durable/financial power of attorney.

Financial: Financial planning to help your beneficiaries maximize their death benefit.

Emotional: Master-level social workers provide emotional support in the event of an advanced illness or disabling condition.

Physical: Save on the cost of gym memberships, fitness equipment, eyeglasses, contact lenses and hearing aids.

To learn more visit: <https://www.thehartford.com/employee-benefits/value-added-services>

Funeral Planning & Concierge Services

Advisory Assistance to help you and your family make decisions on all funeral-related issues. Planning advice and cost-comparison tools available 24/7 by phone and online. Call 1-866-854-5429 or visit everestfuneral.com/hartford and use code: HFEVLC

Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Policies are subject to United States economic and trade sanctions.



PEACE OF MIND WHEN IT'S NEEDED MOST

Losing a loved one is one of life's most shocking experiences. To help you through this difficult time, your employer offers **The Hartford's Funeral Concierge Services.**¹

This service helps you make confident, informed decisions, understand your options, and stay within budget at a difficult time.

We can't always predict, but we can prepare.

To learn more about The Hartford's Funeral Concierge Services, call **1-866-854-5429** or visit everestfuneral.com/hartford and use code: **HFEVLC**

FEATURES	
24/7 Advisor Assistance	<ul style="list-style-type: none"> • Round-the-clock access to expert advisors • Personal support from licensed funeral directors
PriceFinderSM Research Reports	<ul style="list-style-type: none"> • The only nationwide database of funeral home prices • Detailed online price comparisons
Pre-Planning Tools	<ul style="list-style-type: none"> • Document and store your wishes so they can be shared with your family when needed
Online Planning Tools	<ul style="list-style-type: none"> • Unlimited use of online funeral planning, research, and knowledge tools
At-Need Family Support	<ul style="list-style-type: none"> • Communicate your personal funeral plan with your selected funeral home, removing your family from a sales-focused environment • Cost negotiation often resulting in significant savings
Hartford Express Pay	<ul style="list-style-type: none"> • Delivers benefits in as little as 48 hours • Allows beneficiaries to use proceeds immediately for funeral expenses

Check with your benefits manager for more information on **The Hartford's Funeral Concierge**

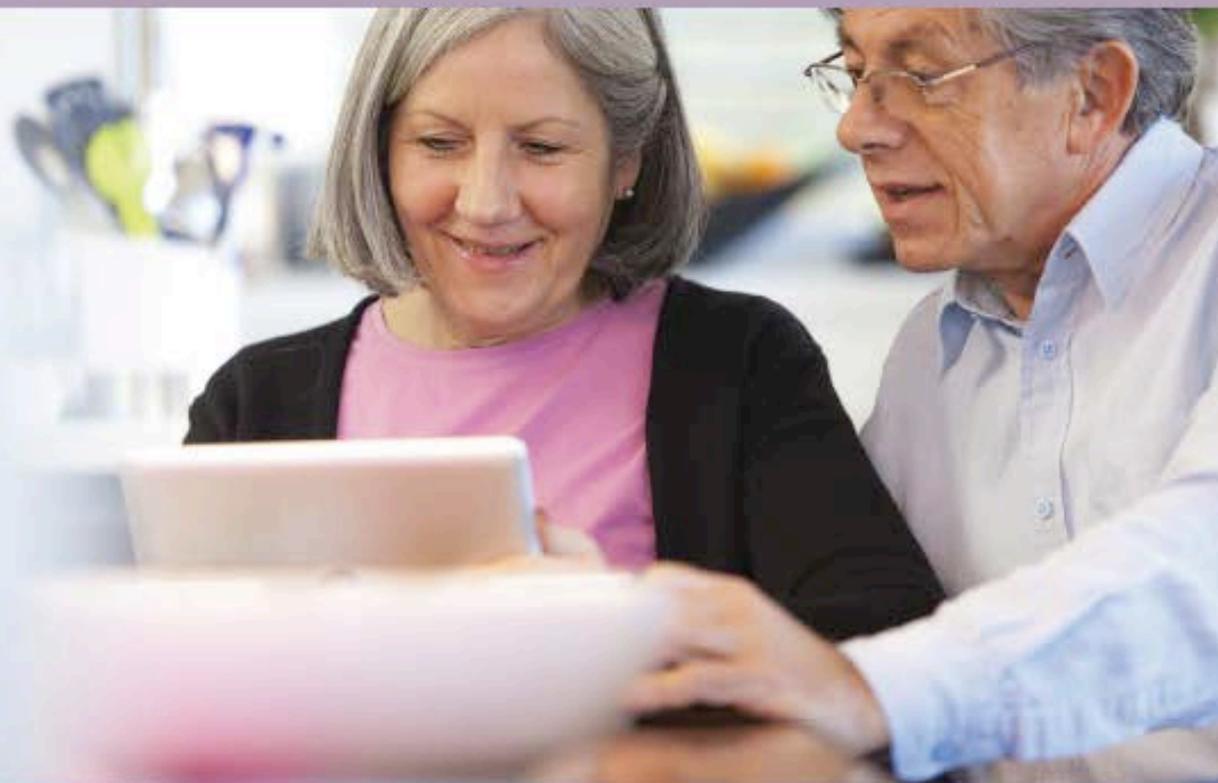


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Services may not be available in all states. Visit www.thehartford.com/employee-benefits/employees for more information.

¹ Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. PriceFinder is a service mark of Everest Information Services, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest Re Group, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC as described in these materials.

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CREATE A SIMPLE WILL FROM THE CONVENIENCE OF YOUR DESKTOP

Having a will is important no matter the size of your estate. A will ensures that your intentions will be honored in the event of your death, including your wishes about who will inherit your property, serve as guardian of your children, and manage your estate. Without a will, those decisions may be left to others.

AN EASY AND EMPOWERING SOLUTION

As an employee with a Group Life insurance policy from The Hartford, you have access to EstateGuidance® Will Services provided by ComPsych®.¹ This free service helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions
- Unlimited revisions at no additional charge
- Additional estate planning services are also available for purchase, including the creating of a living will or a final arrangements document that allows you to specify burial or cremation preferences; funeral or memorial services options

continued



QUICK ANSWERS TO KEY QUESTIONS

Isn't will preparation complicated?

Not with EstateGuidance®. You'll be asked a series of questions online that are used to compose your will. In many states, you need only add your signature to make the will valid.

What if I have questions as I'm creating my will?

The online education center provides answers regarding family law. You can also access fully licensed attorneys who'll respond to you online.

What about my privacy?

All information is kept secure and confidential with the latest encryption technology.²

What happens if I don't create a will?

The state, not you, would decide how your property is distributed. By drafting a will, you can protect your interests and those of your loved ones.

PUT YOUR GOOD INTENTIONS INTO ACTION

Visit www.estateguidance.com

USE THIS CODE: **WILLHLF**

Then follow the easy steps below:

1. Access The Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.

Check with your benefits manager for more information
on **EstateGuidance Will Service**



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT.

¹ EstateGuidance® is offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. A simple will does not cover printing or certain other features. These features are available at an additional cost to you.

² The EstateGuidance® website is secured with a GoDaddy.com Web Server Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption.

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CARING SUPPORT WHEN YOU NEED IT MOST

If you're covered under The Hartford's Group Life or Accident insurance policy, you have access to Beneficiary Assist* counseling services provided by ComPsych.¹

PROFESSIONAL HELP AFTER A LOSS OR TERMINAL ILLNESS

Beneficiary Assist provides you, your eligible beneficiaries and immediate family members with unlimited 24/7 phone access.

This includes:

- Legal advice, financial planning and emotional counseling for up to one year from the date the claim is filed.
- Up to five face-to-face sessions or equivalent professional time for one service or a combination of services.

HANDLING A SPECTRUM OF NEEDS WITH COMPASSION AND EXPERTISE

ComPsych GuidanceExperts™ are highly trained master's level clinicians who listen to your concerns with compassion and refer you to the right resources for:

- Grief and loss
- Stress, anxiety and depression
- Relationship/marital conflict
- Problems with children
- Job pressures
- Substance abuse

FINANCIAL INFORMATION AND RESOURCES

Certified public accountants and certified financial planners can help with any financial concerns you may have, including:

- Managing a budget
- Estate closure
- Retirement impacts
- Tax questions
- Getting out of debt

continued



SOLID FOOTING

Greg's sudden death at the age of 42 came as an enormous blow to his wife, Sharon. Besides the shock and grief, Sharon had to struggle with debt and claims to Greg's estate by children from a former marriage. She went back and forth between anger and depression.

Through Beneficiary Assist, she was able to link up with counselors who listened compassionately and referred her to a grief expert. She also used the legal and financial counseling resources to get solid answers to complex questions.²

LEGAL SUPPORT AND RESOURCES

Licensed attorneys are available to help you with any legal uncertainties that may arise, offering private consultations for the following:

- Estate and probate
- Debt and bankruptcy
- Real estate transactions
- Family law

If additional legal representation is needed beyond the face-to-face visits, you can be referred to a qualified attorney in your area. You may qualify for a 25 percent reduction in the attorney's customary fees by using the ComPsych Network.

HEALTH ADVOCACY SERVICES AND SUPPORT

Health care support services through HealthChampion^{SM3} are available if you have become disabled from an accident or are diagnosed with a critical illness, offering support like:

- Guidance through your health care options
- Connecting you with the right resources
- Advocating for time and fair resolution of issues

If additional medical support is needed, you have unlimited access to HealthChampionSM specialists who walk you through all aspects of your health care issue, helping to ensure you're fully supported.

LEARN MORE

Want to know more? Call **1-800-411-7239**.
When you need it most, Beneficiary Assist counseling services will be here to help.

 (Snap a photo with a mobile device to capture information above.)

Check with your benefits manager for more information
on **Beneficiary Assist Counseling**



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT.

¹ Beneficiary Assist® is offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

² This case illustration is fictitious and for illustrative purposes only.

³ HealthChampionSM services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. HealthChampionSM specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

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TRAVEL ASSISTANCE & ID THEFT PROTECTION SERVICES

TRAVEL ASSISTANCE

If you are covered by your employer's group policy from The Hartford and you need pre-trip information, emergency medical assistance or personal assistance services while traveling, contact Generali Global Assistance, Inc.

Have a serious medical emergency? Please obtain emergency medical services first (contact the local "911"), and then contact Generali Global Assistance, Inc. to alert them to your situation.

Call: **1-800-243-6108** | Fax: **202-331-1528**
Collect from other locations: **202-828-5885**

WHAT TO HAVE READY:

- Your employer's name
- Phone number where you can be reached
- Nature of the problem
- Travel Assistance Identification Number: **GLD-09012**
- Your Policy No. # _____
(Policy Number can be obtained through your Human Resources department.)



(Snap a photo with a mobile device to capture information above.)

EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Generali Global Assistance, Inc.¹

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.

GOOD TO GO: MULTILINGUAL ASSISTANCE 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less.^{2,3} As long as you contact Generali Global Assistance, Inc. at the time of need, you could be approved for up to \$1 million in covered services.⁴

SERVICES FROM HERE TO THERE

Travel Assistance begins even before you embark, with pre-trip information, and continues throughout your trip. See the list of services in the chart on the back of this page.

continued



**CASE ILLUSTRATION:
HELP A WORLD AWAY⁹**

As a Human Resource Professional, Tammy had always been on the coordinating end of travel services helping her company's employees; but when her daughter was hurt while traveling with her school group in Italy, she suddenly found herself in a different position.

Using the travel assistance medical referral, medical monitoring, and repatriation services from Generali Global Assistance, Inc., Tammy's daughter was able to receive immediate medical treatment and was evacuated within 48 hours. The Generali Global Assistance, Inc. Case Manager helped Tammy through some of the most stressful days she's experienced as a mother and provided care for her daughter when she couldn't.

IDENTITY THEFT ASSISTANCE

The 2017 Identity Fraud Study, released by Javelin Strategy & Research, found that \$16 billion was stolen from 15.4 million U.S. consumers in 2016, compared with \$15.3 billion and 13.1 million victims a year earlier. In the past six years identity thieves have stolen over \$107 billion.⁵ Generali Global Assistance, Inc. helps protect you and your family from its consequences 24/7,² at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

EMERGENCY MEDICAL ASSISTANCE⁶	<ul style="list-style-type: none"> • Medical referrals • Medical monitoring • Medical evacuation • Repatriation • Traveling companion assistance • Dependent children assistance • Visit by a family member or friend • Emergency medical payments • Return of mortal remains
PRE-TRIP INFORMATION	<ul style="list-style-type: none"> • Visa and passport requirements • Inoculation and immunization requirements • Foreign exchange rates • Embassy and consular referrals
EMERGENCY PERSONAL SERVICES⁷	<ul style="list-style-type: none"> • Medication and eyeglass prescription assistance • Emergency travel arrangements⁸ • Emergency cash⁸ • Locating lost items • Bail advancement
IDENTITY THEFT ASSISTANCE	<ul style="list-style-type: none"> • Prevention Services <ul style="list-style-type: none"> - Education - Identity Theft Resolution Kit • Detection Services <ul style="list-style-type: none"> - Fraud alert to three credit bureaus • Resolution Guidance and Assistance <ul style="list-style-type: none"> - Credit information review - ID Theft Affidavit Assistance - Card replacement • Personal Services <ul style="list-style-type: none"> - Translation - Emergency cash advance*

* Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.

Check with your benefits manager for more information on Travel Assistance & ID Theft Protection



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT.
¹ Travel Assistance and Identity Theft services are provided by Generali Global Assistance, Inc. Generali Global Assistance, Inc. is not affiliated with The Hartford and is not a provider of insurance services. None of the benefits provided by Generali Global Assistance, Inc. as a part of the Travel Assistance and Identity Theft service are insurance. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.
² Coverage includes spouse (or domestic partner) and dependent children under age 26.
³ Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, GGA may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.
⁴ The Combined Single Limit (CSL), or amount of money available to the insured under a Hartford Group policy for the Travel Assistance Program, is \$1 million. One service or a combination of the services may exceed the CSL. The insured is responsible for payment of any expenses that exceed the CSL. Note: Certain Accidental Death and Dismemberment programs may offer different CSLs. Please consult with your Human Resources Manager for more details.
⁵ Insurance Information Institute, www.iii.org/fact-statistic/identity-theft-and-cybercrime, viewed on 5/1/2018.
⁶ Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, Generali Global Assistance, Inc. may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.
⁷ Generali Global Assistance, Inc. provides the described personal services to you in an emergency, but you are personally responsible for the cost of air fare not approved as medically necessary by the attending physician; food, hotel and car expenses; and attorney fees. Emergency cash advances and bail advancement require your personal satisfactory guarantee of reimbursement provided through a valid credit card.
⁸ Emergency cash is charged as a cash advance, and emergency airline tickets are charged as a purchase to your credit card account and are all subject to that account's finance rates.
⁹ This case illustration is fictitious and for illustrative purposes only.

DISCLAIMER: Service Exclusions and Limitations: Generali Global Assistance, Inc. (GGA) services are eligible for payment or reimbursement by GGA only if GGA was contacted at the time of the services and arranged and/or pre-approved the services. Certain terms, conditions and exclusions apply; for further information refer to the Web site listed or call GGA at the number provided.



Continuation of Benefits

If you Leave Employment

AUL Short-Term Disability

Once an employee is on the AUL disability plans for 3 months, you can port the coverage for one year at the same cost without evidence of insurability. You have 30 days from your date of termination to contact AUL to port your coverage by calling 1-800-553-5318.

COBRA Health, Dental & Vision

Under the health, dental and vision plans, you and your covered dependents are eligible to continue coverage through COBRA according to the following “qualifying events”.

Continuation 18 months for:

- Resignation
- Reduction in Hours
- Layoff
- Retired
- Involuntary Termination

Continuation for 36 months for:

- Divorce/Legal Separation
- Loss of “Dependent Child” Status
- Employee Enrolled in Medicare
- Death of Employee

You will receive notification with premium and continuation options shortly following your termination of employment or you may call IMS at 800-426-8739 ext. 5342.

FBA Flexible Spending Account(s)

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. To obtain your balance, please call Flexible Benefit Administrators (FBA) at 800-437-FLEX.

The Hartford Term Life

When you leave your employment, you may convert the existing group term coverage you have through your employer to a guaranteed issue, individual whole life policy. You also have the option of porting your existing coverage as well. It is the responsibility of the employee to convert or port coverage. You must apply for conversion or portability within 31 days from the date your employer terminates your term life coverage. If you would like to convert or port your term life coverage, please contact your employer for the appropriate forms. If you do not convert or port your group term life insurance, coverage will terminate when you leave your employer. For more information, please call The Hartford at 888-563-1124.

Benefits Available for Retirees

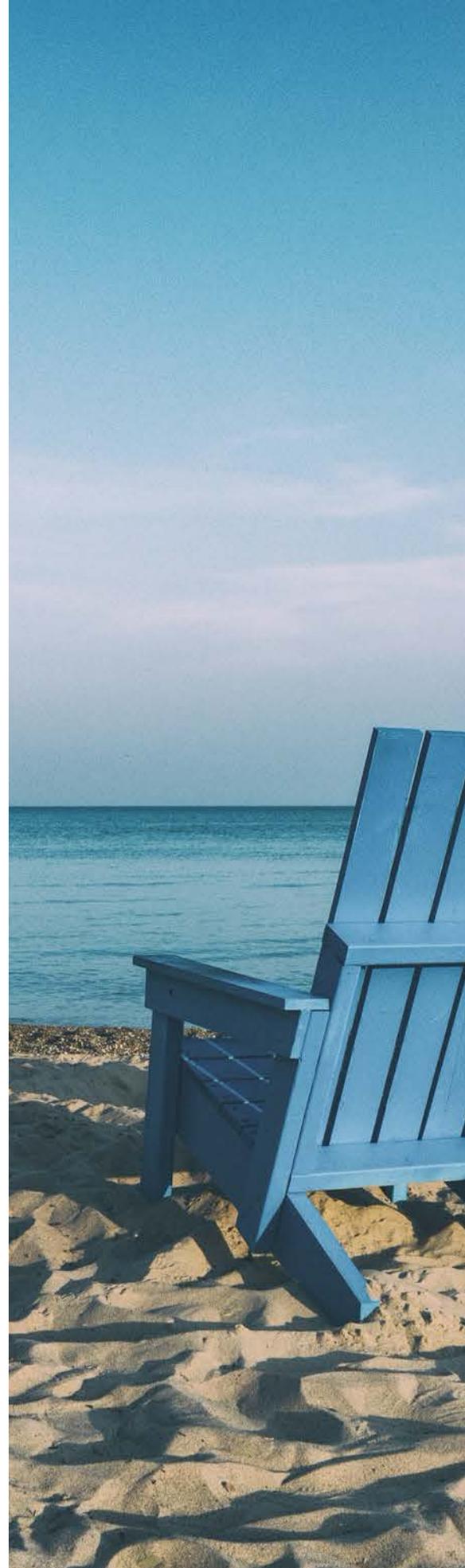


The Standard Dental and Superior Vision Insurance Plans for Retirees of State or Local Government Offered Through North Carolina Retired Governmental Employees' Association, Inc.

With over 54,000 members, the North Carolina Retired Governmental Employees' Association is the largest single group representing retirees before the N.C. General Assembly, the Retirement Systems Boards of Trustees, and the State Health Plan trustees. For retirees or future retirees of state or local governments in North Carolina (including teachers, legislators, National Guard, and judicial), NCRGEA is your voice for sustaining and increasing your benefits after retirement.

Additionally, there are many benefits included with membership at no additional cost (\$10,000 AD&D Insurance, bimonthly newsletter, weekly electronic legislative updates while the General Assembly is in session, a toll-free number to call for information and assistance, hearing assistance and vision care discount programs, and free district meetings).

The Association also offers optional The Standard Dental Insurance and Superior Vision Insurance plans for our members. Those premiums are conveniently deducted from your retirement benefit check monthly. Please contact us at NCRGEA, PO Box 10561, Raleigh, NC 27605, 1-800-356-1190, or go to our website, www.ncrgea.com, for further information.



Contact Information

American United Life (AUL)

One America Square
P.O. Box 368
Indianapolis, IN 46206-0368
Claims Toll-Free Number
1-855-517-6365
Customer Service
1-800-553-5318
www.oneamerica.com

Ameritas

Customer Service: 1-800-487-5553
www.ameritas.com

Blue Cross Blue Shield of NC

877-258-3334

Flexible Benefit Administrators, Inc.

2875 Sabre Street, Suite 300
Virginia Beach, VA 23450
Phone: 1-800-437-3539
Fax: 1-757-431-1155
www.flex-admin.com

Interactive Medical System (IMS) COBRA

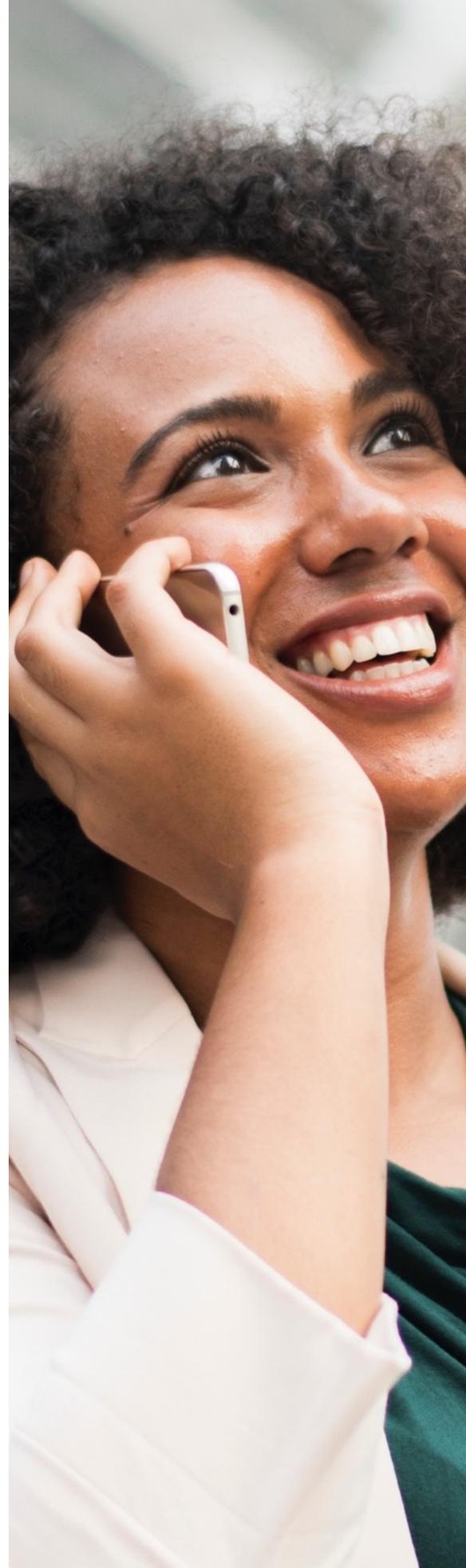
1-800-426-8739 x 5342

Superior Vision

Customer Service: 1-800-507-3800
Fax - 916-852-2277
Claims Administration
P.O. Box 967
Rancho Cordova, CA 95741

The Hartford

Customer Service: 1-800-523-2233
Conversion/Portability: 877-320-0487





View additional benefits information
or download forms at:
mymarkiii.com

Arranged and Enrolled by Mark III Brokerage, Inc.



211 Greenwich Road
Charlotte, NC 28211

(800) 532-1044
(704) 365-4280

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Charles H. Litaker, Inc. P. O. Box 221129 Charlotte, NC 28222-1229 Archie F. Litaker	704-376-9896 CONTACT NAME: Drew Erwin PHONE (A/C, No, Ext): 704-376-9896 FAX (A/C, No): 704-375-5810 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Ohio Casualty Insurance Co.</td> <td>24074</td> </tr> <tr> <td>INSURER B: American Fire & Casualty Co.</td> <td>24066</td> </tr> <tr> <td>INSURER C: Accident Fund Insurance Co.</td> <td>10166</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Ohio Casualty Insurance Co.	24074	INSURER B: American Fire & Casualty Co.	24066	INSURER C: Accident Fund Insurance Co.	10166	INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
INSURED Mark III Insurance Services, Inc and Mark III Brokerage, Inc. DBA Mark III Financial Group 300 W. Watauga Ave Johnson City, TN 37604															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BZO(20)53629545	06/01/2020	06/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 15,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAA(20)53629545	06/01/2020	06/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			USO(20)53629545	06/01/2020	06/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000		\$								
EACH OCCURRENCE	\$ 2,000,000																				
AGGREGATE	\$ 2,000,000																				
	\$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			WCV 6091391	06/01/2020	06/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																				
E.L. EACH ACCIDENT		\$ 1,000,000																			
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																			
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																			

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

CERTIFICATE HOLDER County of Forsyth 201 North Chestnut Street Winston Salem, NC 27101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE

SCOTT A. WHITE
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION
BUREAU OF INSURANCE
P.O. Box 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
WWW.SCC.VIRGINIA.GOV/BOI

Licensees shall report to the Bureau within 30 days any change in residence at www.scc.virginia.gov/boi/online.aspx

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

Consultant

Life & Health Consultant

MARK III BROKERAGE INC
211 GREENWICH ROAD
CHARLOTTE, NC 28211

is authorized to transact business as described above

License No: 126533

Issue Date: 12-07-2009

Expiration Date: 05-01-2021

Generated by Sircon 221816905

COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE
THIS IS TO CERTIFY THAT



MARK III BROKERAGE INC
211 GREENWICH ROAD, CHARLOTTE, NC 28211

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Health, Life & Annuities

MARK III BROKERAGE INC

211 GREENWICH ROAD
CHARLOTTE, NC 28211

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License No: 126533

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Expiration Date: 05-01-2021

Generated by Sircon 221816906

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BUREAU OF INSURANCE

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211 GREENWICH ROAD, CHARLOTTE, NC 28211

LICENSE NUMBER: 126533

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IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Producer
Health, Life & Annuities

Issue Date: 12-07-2009

Expiration Date: 05-01-2021

Generated by Sircon 221816906



**COMMONWEALTH OF
VIRGINIA**
BUREAU OF INSURANCE

SCOTT A. WHITE
COMMISSIONER OF INSURANCE
STATE CORPORATION
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Consultant

Life & Health Consultant

MARK ELTON BROWDER
116 RIDGEMONT RD
JOHNSON CITY, TN 37601-3940

is authorized to transact business as described above

License No: 608183

Issue Date: 08-14-2009

Expiration Date: 02-28-2023

Generated by Sircon 215468051

**COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE**

THIS IS TO CERTIFY THAT



MARK ELTON BROWDER
116 RIDGEMONT RD, JOHNSON CITY, TN 37601-3940

LICENSE NUMBER: 608183

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Consultant
Life & Health Consultant

Issue Date: 08-14-2009

Expiration Date: 02-28-2023

Generated by Sircon 215468051



**COMMONWEALTH OF
VIRGINIA**
BUREAU OF INSURANCE

SCOTT A. WHITE
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION
BUREAU OF INSURANCE
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Producer

Health, Life & Annuities

MARK ELTON BROWDER
116 RIDGEMONT RD
JOHNSON CITY, TN 37601-3940

is authorized to transact business as described above

License No: 608183

Issue Date: 10-01-2003

Expiration Date:

Generated by Sircon 215468053

**COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE**

THIS IS TO CERTIFY THAT



MARK ELTON BROWDER
116 RIDGEMONT RD, JOHNSON CITY, TN 37601-3940

LICENSE NUMBER: 608183

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Producer

Health, Life & Annuities

Issue Date: 10-01-2003 Generated by Sircon
215468053 Expiration Date:

ISSUED BY
 UTICA MUTUAL INSURANCE COMPANY
 P.O. BOX 530, UTICA, NEW YORK 13503
 TELEPHONE: (315) 734-2000

DECLARATIONS

NAMED INSURED AND MAILING ADDRESS
 Mark III Financial Group
 10117 Highway 421 N.
 Shady Valley, TN 37688

LOCATION ADDRESS
 211 Greenwich Road
 Charlotte, NC 28211

AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN. IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

POLICY NUMBER	POLICY PERIOD		PRIOR POLICY NO.
	FROM	TO	
4905092 EO	11/08/2020	11/08/2021	EO

BASIC POLICY COVERAGE	LIMITS OF LIABILITY
LEGAL LIABILITY	\$ <u>2,000,000</u> EACH LOSS
	\$ <u>6,000,000</u> AGGREGATE
INSURED'S DEDUCTIBLE AMOUNT	\$ <u>20,000</u> EACH LOSS
	\$ <u>60,000</u> AGGREGATE
DEDUCTIBLE APPLIES TO:	<input checked="" type="checkbox"/> LOSS ONLY
	<input type="checkbox"/> LOSS AND LITIGATION EXPENSE

PREMIUMS

BASIC POLICY PREMIUM	\$ <u>INCLUDED</u>
FINANCIAL PRODUCTS PREMIUM	\$ <u>N/A</u> (See attached endorsement for details)
MUTUAL FUND AND VARIABLE ANNUITY PREMIUM	\$ <u>N/A</u> (See attached endorsement for details)
PROPERTY & CASUALTY PRODUCTS PREMIUM	\$ <u>N/A</u> (See attached endorsement for details)
SUB-AGENTS PREMIUM	\$ <u>N/A</u>
TOTAL POLICY PREMIUM	\$ <u>31,029.00</u>

RETROACTIVE DATE
 This insurance does not apply to loss, whenever occurring, from "wrongful acts" or "interrelated wrongful acts" which took place before the Retroactive Date, if any, shown below:
None
 Enter Date or "None" if no Retroactive Date applies

OPTIONAL EXTENDED REPORTING PERIOD PREMIUM
 In Section VII - EXTENDED REPORTING PERIODS, we agree to provide an Optional Extended Reporting Period under certain conditions. The premium for such an Optional Extended Reporting Period is determined as shown in paragraph 5. of Section VII.

FORMS AND ENDORSEMENTS APPLYING TO AND MADE PART OF THIS POLICY AT TIME OF ISSUE:
 * IL-0985 (01-03) * 14-E-0001 (01/91) * 14-E-0097 (07-99) * 14-E-0114 (04/97) * 14-E-01147 (04/97)
 * 14-E-1106 (09-2009) * 14-P-LEO (02-98) * 14-E-1092 (04-2010) * 14-E-1093 (11-2007) * 14-E-1100 (01-2009) *
 14-L-0049 (01-2009)

COUNTERSIGNED AT: Utica, NY
 DATE: 10/06/2020

BY Sharon C Peck

Billing No. #100753781 Agent# E0046

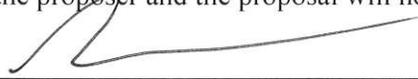
THESE DECLARATIONS AND THE COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

This signature page must be completed and submitted with the proposal:

Employee Benefits Consulting Services PROPOSAL AUTHORIZATION AND SIGNATURE

The signature page must be completed and submitted with the proposal: Proposals are to be signed by an officer of the company authorized to bind the submitter to its provisions. Failure to manually sign the appropriate proposal form will disqualify the proposer and the proposal will not be considered.

Mark III Brokerage, Inc.



Firm Name

Authorized Signature (Notarized)

11/02/2020

211 Greenwich Road

Date

Street Address (P.O. Box)

56-1055004

Charlotte, NC 28211

Federal Identification No.

City, State and Zip Code

704-365-4280

mark@markiiiieb.com

Telephone Number

Email Address

On this 2nd day of November, 2020 before me Mark E. Browder
(name)

to me personally known, being duly sworn, did execute the foregoing proposal, and did so state that

he/she was properly authorized by Mark III Brokerage, Inc.
(Company name)

to execute the proposal and did so on his/her free act and deed.

Notary Public Madalyn Lovejoy My commission expires 09/28/2022



The following information is requested for statistical purposes only. The provision or omission of this information will neither affect nor influence the award of this contract. Bidder further certifies that:

- We () are a Historically Underutilized Business (HUB) certified by State of North Carolina.
- We () are a minority business enterprise.
- are not a minority business enterprise.
- If yes, please identify in the appropriate box below:
 - () Black
 - () Hispanic
 - () Asian American including Indian Subcontinent and Pacific Islands
 - () Native American Indian including Eskimos and Aleuts
- We () are a woman-owned business concern.
- are not a woman-owned business concern

ADDENDUM 1



Request for Proposals Employee Benefits Consulting Services

Proposals Will Be Received Until
12:00 Noon, Tuesday, November 10, 2020

By
Emailing to: jerryjb@cityofws.org per document instructions

November 4, 2020

Please acknowledge receipt of this Addendum and include with your proposal.

Mark III Brokerage, Inc.

Company

[Signature]
Authorized Signature

11-09-2020
Date

Questions / Responses

- 1) Why is Forsyth county out to bid for a Benefits Broker? *The County's general practice is to go out for bid every three years*
- 2) Who is the current incumbent and how long has Forsyth County had this relationship? *Mark III Brokerage. Have contracted with Mark III since 2011*

How many employees does the city employ that will be participating in this consulting scope of work? *Refer to Pg. 6 of the RFP, Background*

Why are these services going out to bid (e.g., not satisfied with current consultant/broker or nlevel of service provided, improve pricing, due diligence, ala carte servicing not efficient)? *RFPs for services are generally sent out every three years.*

Who is the incumbent consultant/broker? Who is the incumbent consultant/broker? *Mark III Brokerage*

How long has the incumbent consultant/broker been in place? *Contracted since 2011*

Are there any specific areas of improvement that the County would like to see with a new consultant/broker? *N/A*

What are the current fees charged on an annual basis? *See attached contract*

What type of technical enrollment assistance are you expecting from your consultant contact? **Benefits enrollment is conducted through Benefits Express; the County's benefit platform provider.**

Approximately, how many onsite open enrollment meetings are held each year? **Pre-Covid19 enrollment counselors (enrollers) were on-site for a period of 3 days**

Can you provide more details on the enrollment counselors? Do they provide one-on-one counseling with each employee every year? Are they provided through your benefit administration vendor? If not, are they provided through a voluntary benefits vendor? If so, who is that vendor? **One-on-one meetings - open to all benefit eligible employees. Provided by benefits consultant, Mark III.**

Should costs for printing annual benefits booklets be included in our pricing? Should costs for printing annual benefits booklets be included in our pricing? **Benefits books are expected to be provided by the benefits consultant**

Does a separate broker market the stop loss coverage today or would this be part of the services included in this RFP? **Included in the RFP**

Are you looking for the consultant to develop premium equivalent rates and/or COBRA rates for the medical and Rx coverage that is self-funded? **Refer to RFP**

Can you describe the type of services that employees receive at the on-site wellness clinic? Can you provide some additional details about the current wellness program and the vendor? **Clinic is open to employees, retirees, and dependents 2 yrs old and older enrolled in the medical insurance plan. Clinic can be used for sick visits, wellness exams, health management, and counseling services. Independently operated by Wake Forest Baptist Health. Virtual health care is available. \$0 co-pay, \$0 generic drug co-pay if available.**

Can you describe the internal service fund financial plan for which you would need projections? **Refer to Forsyth County's adopted budget <https://forsyth.cc/Budget/>**

Do you anticipate that future meetings to review strategy and enrollment will be in person or virtual? **Undetermined**

How are data and analytics provided today? Do you utilize a data warehouse product? Is the information typically provided by your health carriers or broker/consultant? **Information is provided by vendors and benefits consultant.**

1. What is the current fee charged to Forsyth County? **See attached contract**
2. Is this a fee only arrangement or does the current remuneration include commissions? **See attached contract**
3. Are any current worksite benefits (i.e. Accident, Critical Illness) being offered to employees? See benefits book <https://forsyth.cc/HumanResources/assets/documents/cafeteria.pdf>
4. What is the current fee charged to Forsyth County? **See attached contract**
5. Is this a fee only arrangement or does the current remuneration include commissions? **See attached contract**
6. Are any current worksite benefits (i.e. Accident, Critical Illness) being offered to employees? See benefits book <https://forsyth.cc/HumanResources/assets/documents/cafeteria.pdf>

ADDENDUM 2



Request for Proposals Employee Benefits Consulting Services

Proposals Will Be Received Until
12:00 Noon, Thursday, November 12, 2020

By
Emailing to: jerryjb@cityofws.org per document instructions

November 9, 2020

Please acknowledge receipt of this Addendum and include with your proposal.

Mark III Brokerage, Inc.
Company

[Signature]
Authorized Signature

11-09-2020
Date

Questions / Responses

1. What is the current fee charged to Forsyth County? [See attached contract](#)
2. Is this a fee only arrangement or does the current remuneration include commissions? [See attached contract](#)
3. Are any current worksite benefits (i.e. Accident, Critical Illness) being offered to employees? See benefits book <https://forsyth.cc/HumanResources/assets/documents/cafeteria.pdf>

[Plan Year: July 1, 2020 – June 30, 2021 Employee Benefits Guide - Forsyth](#)

Read full descriptions and plan details at mymarkiii.com Important Points for 2020 • Your plan year runs from July 1, 2020 to June 30, 2021.

forsyth.cc

4. Are worksite benefits (i.e. Accident, Critical Illness) included in this RFP? See benefits book <https://forsyth.cc/HumanResources/assets/documents/cafeteria.pdf>
5. Is there currently a cost for the Mark III enrollment platform or is this included in the remuneration? *N/A, We use a benefits platform, Benefits Express.* Is this enrollment platform funded with any commissions *N/A*?
6. Can we have a copy of the current consulting agreement with Mark III? [See attached contract](#)
7. Is there currently a year-round call center included in the enrollment platform? *N/A*

BID QUESTIONS - Employee Benefits Consulting Services – RFP21122

General Questions:

- What are the top priorities / challenges the County faces as it relates to employee benefits?
- Would you please provide a copy of the current benefits' consultant contract?
- Is the current contract structured with an "all-in" fee or are certain services, such as carrier RFPs, provided at an additional fee?
- What is the reason for going through the bid process? Are there additional services the County is seeking that are not currently being provided?

General Questions - **RESPONSE**

- The County values a competitive benefits package while maintaining fiscal responsibility.
- Contract attached
- Refer to contract
- RFPs for services are generally sent out every three years.

Current Program:

- Is the placement of medical stop-loss insurance part of this RFP?
- Is the OPEB and IBNR valuation reporting part of this RFP or is that provided by through a separate consulting agreement?
- Does the current consultant provide actuarial services to the County such as plan/fiscal year budget projections, Premium Equivalent Rate (PER) development, forecasting of plan design decrements/impact, etc?
- Does the County have a stated employer/employee cost sharing strategy?
- What plan design changes (medical, Rx, or otherwise) were made in the past 3 years?
- Has the County considered offering more than one medical plan?

Current Program - **RESPONSE**

- Yes
- The OPEB and IBNR valuation services are provided by a third party actuarial firm. This RFP requests the benefits consultants' assistance in providing health and dental claims and administrative cost data to the firm that completes the valuation reports.
- Yes
- <https://forsyth.cc/HumanResources/assets/documents/cafeteria.pdf>
- No significant changes
- This is not being considered at this time

Health Management & Wellness Strategy:

- Does the County use a wellness consultant from within the current consultant? If so, how often? How would the County characterize their role within the County's overall program?
- Does the County have wellness program participation goals? If so, what are the County's results against those goals?
- What are the parameters of the County's current wellness incentive strategy?
- Does the County use a third party for data warehousing, population risk assessment and claims forecasting?

Health Management & Wellness - **RESPONSE**

- Mark III is the current consultant. Wake Forest Baptist Health is the vendor for wellness services. Refer to RFP.
- Yes. The results are within expectation
- Premium discount and weight waist goal monetary incentive

- Data is maintained through vendor and benefits consultant

Pharmacy Strategy:

- Is the pharmacy benefit program managed through BCBS/Prime Therapeutics or another outside party?
- How often is the pharmacy benefit contract evaluated? When was the last time the contract was evaluated?

Pharmacy Strategy - **RESPONSE**

- Managed through BCBS
- Annually

Cost/Budget:

- Has the current consultant conducted an exercise to estimate the financial impact of COVID-19 on your health plan over the next 18 – 24 months?
- What is the current budget for consulting services?
- Does the County have a stated goal on cost reductions for consulting services?
- Under current ERISA law, the County is not required to file Federal documents commonly known as 5500 filings, however, all carriers offering coverage to the County's employees are able to produce their required documents for your filing. Those documents are called Schedule As (commissions) and Schedule Cs (fee income to the consultant). Please provide the most recent copy of these Schedules for each line of coverage in force. If they are not currently on file, please request a copy from your current carriers.
- What is the current reinsurance level? Has the County increased the reinsurance level in order to offset reinsurance premium increases? If so, to what degree?

Cost / Budget - **RESPONSE**

- A variety of estimations are conducted quarterly and as requested
- Refer to contract
- N/A
- The County is not required to file these.
- \$175,000. The level remained the same in FY 2020-2021

Benefit Administration System Solution:

- Does the County currently use a benefits administration system to collect open enrollment and new hire elections? If so, what is the name of the software package and the vendor that supports it?
- What role does the County expect the consultant to have within the framework of benefit administration?

Benefit Administration System Solution - **RESPONSE**

- Yes
- Benefits Express
- Refer to the RFP

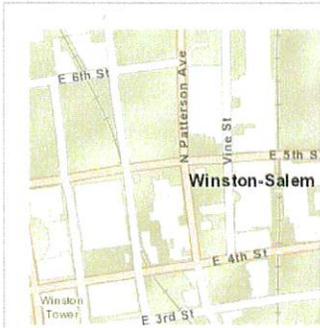
Employee Communications/Education:

- Are the annual Benefits booklets provided in electronic format, hard copy or both? If hard copy, who prints and distributes the booklets? If consultant prints and distributes, is this cost reimbursed by the County or part of the all-in pricing?
- Did the County host employee open enrollment meetings in 2020? Does the County have a virtual open enrollment strategy? How does the benefits consultant support open enrollment in the COVID environment?

- Does the County have an employee communications/education strategy? If so, can you explain?
- Does the County have a mobile app-based employee communications tool?

Employee Communications / Education - RESPONSE

- Yes. Current benefits consultant provides electronic and printed. Refer to attached contract.
- Open enrollment was completed through the benefits platform electronically.
- https://forsyth.cc/HumanResources/open_enrollment.aspx
- The County does not have a mobile app-based communications tool.



[Human Resources, North Carolina - Forsyth](#)

Human Resources Department Second Floor Forsyth County
Government Center 201 North Chestnut Street Winston-
Salem, NC 27101

forsyth.cc