



**CONTRACT RENEWAL**

**#5345-24-DD**

Date: December 20, 2023

Firm: Hays Companies, Inc., a Brown & Brown Company

Description: Benefits Brokerage Services for the City of Grand Junction  
First Year Contract Renewal #5345-24-DD for RFP-5158-23-SH

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Congratulations, Hays Companies, Inc., a Brown & Brown Company is awarded the first (1<sup>st</sup>) year renewal option for contract RFP-5158-23-SH **Benefits Brokerage Services for the City of Grand Junction.**

Hays Companies, Inc. shall provide to City of Grand Junction the services set forth in the Contract Documents dated March 1, 2023, for Contract RFP-5158-23-SH. Terms & Conditions and established rates will remain in effect, in accordance with the original Contract Documents. This renewal shall cover services from January 1, 2024, through December 31, 2024.

CITY OF GRAND JUNCTION, COLORADO

DocuSigned by:  
  
9F789E7D50F14BC...  
Duane Hoff Jr., Contract Administrator

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**ACKNOWLEDGEMENT**

Receipt of this Contract Renewal is hereby acknowledged:

Firm: Hays Companies, Inc., a Brown & Brown Company

By:   
E2C9A0CAE163437...  
Eric Rosales, Senior Vice President

Date: 12/20/2023



CITY OF GRAND JUNCTION, COLORADO

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**CONTRACT**

This CONTRACT made and entered into this 1<sup>st</sup> day of March 2023 by and between the **City of Grand Junction, Colorado**, a government entity in the County of Mesa, State of Colorado, hereinafter in the Contract Documents referred to as the "Owner" and **Hays Companies, Inc., a Brown & Brown Company**, hereinafter in the Contract Documents referred to as the "Firm."

WITNESSETH:

WHEREAS, the Owner advertised that sealed Bids would be received for furnishing all labor, tools, supplies, equipment, materials, and everything necessary and required for the Project described by the Contract Documents and known as **Benefit Brokerage Services RFP-5158-23-SH**

WHEREAS, the Contract has been awarded to the above-named Firm by the Owner, and said Firm is now ready, willing and able to perform the Services specified in the Notice of Award, in accordance with the Contract Documents.

NOW, THEREFORE, in consideration of the compensation to be paid the Firm, the mutual covenants hereinafter set forth and subject to the terms hereinafter stated, it is mutually covenanted and agreed as follows:

ARTICLE 1

**Contract Documents:** It is agreed by the parties hereto that the following list of instruments, drawings, and documents which are attached hereto, bound herewith, or incorporated herein by reference constitute and shall be referred to either as the "Contract Documents" or the "Contract", and all of said instruments, drawings, and documents taken together as a whole constitute the Contract between the parties hereto, and they are fully a part of this agreement as if they were set out verbatim and in full herein:

The order of contract document governance shall be as follows:

- a. The body of this Contract Agreement
- b. Solicitation Documents for the Project including all addenda; **Benefit Brokerage Services RFP-5158-23-SH**
- c. Firm's Response to the Solicitation
- d. Work Change Requests (directing that changed work be performed);
- e. Change Orders.

## ARTICLE 2

Definitions: The clauses provided in the Solicitation apply to the terms used in the Contract and all the Contract Documents.

## ARTICLE 3

Contract Services: The Firm agrees to furnish all labor, tools, supplies, equipment, materials, and all that is necessary and required to complete the tasks associated with the Service described, set forth, shown, and included in the Contract Documents as indicated in the Solicitation Document.

## ARTICLE 4

Contract Time: Time is of the essence with respect to this Contract. The Firm hereby agrees to commence Service under the Contract on the date this Contract is fully executed, and to achieve Substantial Completion and Final Completion of the Service on or before December 31, 2023. The contract term is for a period of one (1) year with the option to extend for three (3) additional years.

## ARTICLE 5

Contract Price and Payment Procedures: The Firm shall accept as full and complete compensation for the performance and completion of all of the Work specified in the Contract Documents, the sum of **Eighty-Five Thousand and 00/100 Dollars (\$85,000.00)**. If this Contract contains unit price pay items, the Contract Price shall be adjusted in accordance with the actual quantities of items completed and accepted by the Owner at the unit prices quoted in the Solicitation Response. The amount of the Contract Price is and has heretofore been appropriated by the Grand Junction City Council for the use and benefit of this Project. The Contract Price shall not be modified except by Change Order or other written directive of the Owner. The Owner shall not issue a Change Order or other written directive which requires additional work to be performed, which work causes the aggregate amount payable under this Contract to exceed the amount appropriated for this Project, unless and until the Owner provides Firm written assurance that lawful appropriations to cover the costs of the additional work have been made.

Unless otherwise provided in the Solicitation, monthly partial payments shall be made as the Work progresses. Applications for partial and Final Payment shall be prepared by the Firm and approved by the Owner in accordance with the Solicitation.

## ARTICLE 6

Contract Binding: The Owner and the Firm each bind itself, its partners, successors, assigns and legal representatives to the other party hereto in respect to all covenants, agreements and obligations contained in the Contract Documents. The Contract Documents constitute the entire agreement between the Owner and Firm and may only be altered, amended, or repealed by a duly executed written instrument. Neither the Owner nor the Firm shall, without the prior written consent of the other, assign or sublet in whole or in part its interest

under any of the Contract Documents and specifically, the Firm shall not assign any moneys due or to become due without the prior written consent of the Owner.

ARTICLE 7

**Severability:** If any part, portion, or provision of the Contract shall be found or declared null, void or unenforceable for any reason whatsoever by any court of competent jurisdiction or any governmental agency having the authority thereover, only such part, portion or provision shall be affected thereby and all other parts, portions and provisions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, City of Grand Junction, Colorado, has caused this Contract to be subscribed and sealed and attested in its behalf; and the Firm has signed this Contract the day and the year first mentioned herein.

The Contract is executed in two counterparts.

**CITY OF GRAND JUNCTION, COLORADO**

DocuSigned by:  
By: Duane Hoff Jr.  
Duane Hoff Jr., Contract Administrator

3/1/2023  
Date

**Hays Companies, Inc., a Brown & Brown Company**

DocuSigned by:  
By: Eric Rosales  
Eric Rosales  
Senior Vice President

3/1/2023  
Date



**NOTICE OF AWARD**

Date: March 1, 2023  
Company: Hays Companies, Inc., a Brown & Brown Company  
Project: Benefit Brokerage Services RFP-5158-23-SH

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You have been awarded the City of Grand Junction Contract for Benefit Brokerage Services RFP-5158-23-SH for a total price of **\$85,000.00**.

Please notify Shelley Caskey City of Grand Junction Human Resources Director at 970-244-1492 or [shelleyc@gjcity.org](mailto:shelleyc@gjcity.org) or Amy Grimes, Human Resources Benefits Specialist at 970-244-1551 or [amygr@gjcity.org](mailto:amygr@gjcity.org) for project scheduling and return to the City Purchasing Division an acknowledged copy of this Notice of Award, signed Contract, and Insurance Certificate, as per the Contract Documents.

CITY OF GRAND JUNCTION, COLORADO

DocuSigned by:  
*Duane Hoff Jr.*  
Duane Hoff, Jr.: Contracts Administrator

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**SUPPLIER ACKNOWLEDGEMENT**

Receipt of this Notice to Award is hereby acknowledged:

Company: Hays Companies, Inc.  
By: *Eric Rosales*  
Title: Sr Vice President  
Date: 3/1/2023



**Request for Proposal  
RFP-5158-23-SH  
BENEFIT BROKERAGE SERVICES**

**RESPONSES DUE:**

January 19, 2023 prior to 2:30 P.M.

**Accepting Electronic Responses Only Submitted Through the Rocky Mountain E-Purchasing System (RMEPS)**  
**[www.bidnetdirect.com/colorado](http://www.bidnetdirect.com/colorado)**

**(Purchasing Representative does not have access or control of the vendor side of RMEPS. If website or other problems arise during response submission, vendor MUST contact RMEPS to resolve issue prior to the response deadline. 800-835-4603)**

**NOTE: All City solicitation openings are held virtually.**  
**See Section 1.6 for details.**

**PURCHASING REPRESENTATIVE:**

Susan Hyatt, Senior Buyer

**[susanh@gjcity.org](mailto:susanh@gjcity.org)**

970-244-1513

This solicitation has been developed specifically for a Request for Proposal intended to solicit competitive responses for this solicitation, and may not be the same as previous City of Grand Junction solicitations. All offerors are urged to thoroughly review this solicitation prior to submitting. Submittal by **FAX, EMAIL or HARD COPY IS NOT ACCEPTABLE** for this solicitation.

# **REQUEST FOR PROPOSAL**

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### **Section**

- 1.0 Administrative Information and Conditions for Submittal**
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- 6.0 Evaluation Criteria and Factors**
- 7.0 Solicitation Response Form**

## REQUEST FOR PROPOSAL

### SECTION 1.0: ADMINISTRATIVE INFORMATION & CONDITIONS FOR SUBMITTAL

**NOTE:** It is the Firm's responsibility to read and review all solicitation documentation in its entirety, and to ensure that they have a clear and complete understanding of not only the scope, specifications, project requirements, etc., but also all other requirements, instructions, rules, regulations, laws, conditions, statements, procurement policies, etc. that are associated with the solicitation process and project/services being solicited.

- 1.1 Issuing Office:** This Request for Proposal (RFP) is issued by the City of Grand Junction. All contact regarding this RFP is directed to:

**RFP QUESTIONS:**

Susan Hyatt, Senior Buyer  
[susanh@gjcity.org](mailto:susanh@gjcity.org)

The City would like to remind all Firms, Sub-Firms, Vendors, Suppliers, Manufacturers, Service Providers, etc. that (with the exception of Pre-Bid or Site Visit Meetings) all questions, inquiries, comments, or communication pertaining to any formal solicitation (whether process, specifications, scope, etc.) must be directed (in writing) to the Purchasing Agent assigned to the project or Purchasing Division. Direct communication with the City assigned Project Managers/Human Resources/Benefits is not appropriate for public procurement, and may result in disqualification.

- 1.2 Purpose:** The purpose of this RFP is to obtain proposals from qualified firms or individuals to provide Brokerage Services for Benefits and Group Health Insurance.
- 1.3 The Owner:** The Owner is the City of Grand Junction, Colorado (City) and is referred to throughout this Solicitation. The term Owner means the Owner or authorized representative.
- 1.4 Compliance:** All participating Offerors, by their signature hereunder, shall agree to comply with all conditions, requirements, and instructions of this RFP as stated or implied herein. Should the Owner omit anything from this packet which is necessary to the clear understanding of the requirements, or should it appear that various instructions are in conflict, the Offeror(s) shall secure instructions from the Purchasing Division prior to the date and time of the submittal deadline shown in this RFP.
- 1.5 Procurement Process:** Procurement processes shall be governed by the most current version of the City of Grand Junction [Purchasing Policy and Procedure Manual](#).
- 1.6 Submission:** Each proposal shall be submitted in electronic format only, and only through the Rocky Mountain E-Purchasing (BidNet Colorado) website, [www.bidnetdirect.com/colorado](http://www.bidnetdirect.com/colorado). The uploaded response shall be a single PDF document with all required information included. This site offers both "free" and "paying" registration options that allow for full access of the Owner's documents and for electronic submission of proposals. (Note: "free" registration may take up to 24 hours to process. Please Plan accordingly.) Please view our "Electronic Vendor Registration Guide" at <http://www.gjcity.org/501/Purchasing-Bids> for details. (Purchasing Representative does not have access or control of the vendor side of RMEPS. If website or other problems arise



during response submission, vendor **MUST** contact RMEPS to resolve issue prior to the response deadline. 800-835-4603).

**Please join the virtual opening for Benefit Brokerage Services RFP-5158-23SH  
Jan 19, 2023, 2:30 – 3:00 PM Mountain Time.**

**Please join the meeting from your computer, tablet or smartphone.**

<https://meet.goto.com/893844709>

**You can also dial in using your phone.**

**Access Code:**

**893-844-709**

**United States:**

[+1 \(224\) 501-3412](tel:+12245013412)

**Join from a video-conferencing room or system.**

**Meeting ID:**

**893-844-709**

**Dial in or type:**

**67.217.95.2 or inroomlink.goto.com**

**Or dial directly:**

**893844709@67.217.95.2 or 67.217.95.2##893844709**

- 1.7 **Altering Proposals:** Any alterations made prior to opening date and time must be initialed by the signer of the proposal, guaranteeing authenticity. Proposals cannot be altered or amended after submission deadline.
- 1.8 **Withdrawal of Proposal:** A proposal must be firm and valid for award and may not be withdrawn or canceled by the Offeror for sixty (60) days following the submittal deadline date, and only prior to award. The Offeror so agrees upon submittal of their proposal. After award this statement is not applicable.
- 1.9 **Acceptance of Proposal Content:** The contents of the proposal of the successful Offeror shall become contractual obligations if acquisition action ensues. Failure of the successful Offeror to accept these obligations in a contract shall result in cancellation of the award and such vendor shall be removed from future solicitations.
- 1.10 **Addenda:** All questions shall be submitted in writing to the appropriate person as shown in Section 1.1. Any interpretations, corrections and changes to this RFP or extensions to the opening/receipt date shall be made by a written Addendum to the RFP by the City. Sole authority to authorize addenda shall be vested in the City of Grand Junction Purchasing Representative. Addenda will be issued electronically through the Rocky Mountain E-Purchasing website at [www.bidnetdirect.com/colorado](http://www.bidnetdirect.com/colorado) and on the City's website at [www.gjcity.org/501/Purchasing/Bids](http://www.gjcity.org/501/Purchasing/Bids). Offerors shall acknowledge receipt of all addenda in their proposal.
- 1.11 **Exceptions and Substitutions:** All proposals meeting the intent of this RFP shall be considered for award. Offerors taking exception to the specifications shall do so at their own risk. The Owner reserves the right to accept or reject any or all substitutions or alternatives. When offering substitutions and/or alternatives, Offeror must state these exceptions in the section pertaining to that area. Exception/substitution, if accepted, must meet or exceed the stated intent and/or specifications. The absence of such a list shall indicate that the Offeror

has not taken exceptions, and if awarded a contract, shall hold the Offeror responsible to perform in strict accordance with the specifications or scope of services contained herein.

- 1.12 Confidential Material:** All materials submitted in response to this RFP shall ultimately become public record and shall be subject to inspection after contract award. **“Proprietary or Confidential Information”** is defined as any information that is not generally known to competitors and which provides a competitive advantage. Unrestricted disclosure of proprietary information places it in the public domain. Only submittal information clearly identified with the words **“Confidential Disclosure”** and uploaded as a separate document shall establish a confidential, proprietary relationship. Any material to be treated as confidential or proprietary in nature must include a justification for the request. The request shall be reviewed and either approved or denied by the Owner. If denied, the proposer shall have the opportunity to withdraw its entire proposal, or to remove the confidential or proprietary restrictions. Neither cost nor pricing information nor the total proposal shall be considered confidential or proprietary.
- 1.13 Response Material Ownership:** All proposals become the property of the Owner upon receipt and shall only be returned to the proposer at the Owner’s option. Selection or rejection of the proposal shall not affect this right. The Owner shall have the right to use all ideas or adaptations of the ideas contained in any proposal received in response to this RFP, subject to limitations outlined in the entitled “Confidential Material”. Disqualification of a proposal does not eliminate this right.
- 1.14 Minimal Standards for Responsible Prospective Offerors:** A prospective Offeror must affirmably demonstrate their responsibility. A prospective Offeror must meet the following requirements.
- Have adequate financial resources, or the ability to obtain such resources as required.
  - Be able to comply with the required or proposed completion schedule.
  - Have a satisfactory record of performance.
  - Have a satisfactory record of integrity and ethics.
  - Be otherwise qualified and eligible to receive an award and enter into a contract with the Owner.
- 1.15 Open Records:** Proposals shall be received and publicly acknowledged at the location, date, and time stated herein. Offerors, their representatives and interested persons may be present. Proposals shall be received and acknowledged only so as to avoid disclosure of process. However, all proposals shall be open for public inspection after the contract is awarded. Trade secrets and confidential information contained in the proposal so identified by offer as such shall be treated as confidential by the Owner to the extent allowable in the Open Records Act.
- 1.16 Sales Tax:** The Owner is, by statute, exempt from the State Sales Tax and Federal Excise Tax; therefore, all fees shall not include taxes.
- 1.17 Public Opening:** Proposals shall be opened virtually immediately following the proposal deadline. Offerors, their representatives and interested persons may attend virtually. See Section 1.6 for details. Only the names and locations on the proposing firms will be disclosed.

**SECTION 2.0: GENERAL CONTRACT TERMS AND CONDITIONS**

- 2.1. Acceptance of RFP Terms:** A proposal submitted in response to this RFP shall constitute a binding offer. Acknowledgment of this condition shall be indicated on the Letter of Interest or Cover Letter by the autographic signature of the Offeror or an officer of the Offeror legally authorized to execute contractual obligations. A submission in response to the RFP acknowledges acceptance by the Offeror of all terms and conditions including compensation, as set forth herein. An Offeror shall identify clearly and thoroughly any variations between its proposal and the Owner's RFP requirements. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFP.
- 2.2. Execution, Correlation, Intent, and Interpretations:** The Contract Documents shall be signed by the Owner and Firm. By executing the contract, the Firm represents that they have familiarized themselves with the local conditions under which the Services are to be performed and correlated their observations with the requirements of the Contract Documents. The Contract Documents are complementary, and what is required by anyone, shall be as binding as if required by all. The intention of the documents is to include all labor, materials, equipment, services and other items necessary for the proper execution and completion of the scope of services as defined in the technical specifications and drawings contained herein. All drawings, specifications and copies furnished by the Owner are, and shall remain, Owner property. They are not to be used on any other project.
- 2.3. Permits, Fees, & Notices:** The Firm shall secure and pay for all permits, governmental fees and licenses necessary for the proper execution and completion of the services. The Firm shall give all notices and comply with all laws, ordinances, rules, regulations and orders of any public authority bearing on the performance of the services. If the Firm observes that any of the Contract Documents are at variance in any respect, it shall promptly notify the Owner in writing, and any necessary changes shall be adjusted by approximate modification. If the Firm performs any services knowing it to be contrary to such laws, ordinances, rules and regulations, and without such notice to the Owner, it shall assume full responsibility and shall bear all costs attributable.
- 2.4. Responsibility for those Performing the Services:** The Firm shall be responsible to the Owner for the acts and omissions of all its employees and all other persons performing any of the services under a contract with the Firm.
- 2.5. Payment & Completion:** The Contract Sum is stated in the Contract and is the total amount payable by the Owner to the Firm for the performance of the services under the Contract Documents. Upon receipt of written notice that the services are ready for final inspection and acceptance and upon receipt of application for payment, the Owner's Project Manager will promptly make such inspection and, when they find the services acceptable under the Contract Documents and the Contract fully performed, the Owner shall make payment in the manner provided in the Contract Documents. Partial payments will be based upon estimates, prepared by the Firm, for the value of services performed and materials placed in accordance with the Contract Documents. The services performed by the Firm shall be in accordance with generally accepted professional practices and the level of competency presently maintained by other practicing professional firms in the same or similar type of services in the applicable community. The services to be performed by the Firm hereunder shall be done in compliance with applicable laws, ordinances, rules and regulations.

- 2.6. Protection of Persons & Property:** The Firm shall comply with all applicable laws, ordinances, rules, regulations and orders of any public authority having jurisdiction for the safety of persons or property or to protect them from damage, injury or loss. Firm shall erect and maintain, as required by existing safeguards for safety and protection, and all reasonable precautions, including posting danger signs or other warnings against hazards promulgating safety regulations and notifying owners and users of adjacent utilities. When or where any direct or indirect damage or injury is done to public or private property by or on account of any act, omission, neglect, or misconduct by the Firm in the execution of the services, or in consequence of the non-execution thereof by the Firm, they shall restore, at their own expense, such property to a condition similar or equal to that existing before such damage or injury was done, by repairing, rebuilding, or otherwise restoring as may be directed, or it shall make good such damage or injury in an acceptable manner.
- 2.7. Changes in the Services:** The Owner, without invalidating the contract, may order changes in the services within the general scope of the contract consisting of additions, deletions or other revisions. All such changes in the services shall be authorized by Change Order/Amendment and shall be executed under the applicable conditions of the contract documents. A Change Order/Amendment is a written order to the Firm signed by the Owner issued after the execution of the contract, authorizing a change in the services or an adjustment in the contract sum or the contract time.
- 2.8. Minor Changes in the Services:** The Owner shall have authority to order minor changes in the services not involving an adjustment in the contract sum or an extension of the contract time and not inconsistent with the intent of the contract documents.
- 2.9. Uncovering & Correction of Services:** The Firm shall promptly correct all services found by the Owner as defective or as failing to conform to the contract documents. The Firm shall bear all costs of correcting such rejected services, including the cost of the Owner's additional services thereby made necessary. The Owner shall give such notice promptly after discover of condition. All such defective or non-conforming services under the above paragraphs shall be removed from the site where necessary and the services shall be corrected to comply with the contract documents without cost to the Owner.
- 2.10. Acceptance Not Waiver:** The Owner's acceptance or approval of any services furnished hereunder shall not in any way relieve the proposer of their present responsibility to maintain the high quality, integrity and timeliness of its services. The Owner's approval or acceptance of, or payment for, any services shall not be construed as a future waiver of any rights under this Contract, or of any cause of action arising out of performance under this Contract.
- 2.11. Change Order/Amendment:** No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All amendments to the contract shall be made in writing by the Owner.
- 2.12. Assignment:** The Offeror shall not sell, assign, transfer or convey any contract resulting from this RFP, in whole or in part, without the prior written approval from the Owner.
- 2.13. Compliance with Laws:** Proposals must comply with all Federal, State, County and local laws governing or covering this type of service and the fulfillment of all ADA (Americans with Disabilities Act) requirements. Firm hereby warrants that it is qualified to assume the responsibilities and render the services described herein and has all requisite corporate authority and professional licenses in good standing, required by law.

- 2.14. Debarment/Suspension:** The Firm hereby certifies that the Firm is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Governmental department or agency.
- 2.15. Confidentiality:** All information disclosed by the Owner to the Offeror for the purpose of the services to be done or information that comes to the attention of the Offeror during the course of performing such services is to be kept strictly confidential.
- 2.16. Conflict of Interest:** No public official and/or Owner employee shall have interest in any contract resulting from this RFP.
- 2.17. Contract:** This Request for Proposal, submitted documents, and any negotiations, when properly accepted by the Owner, shall constitute a contract equally binding between the Owner and Offeror. The contract represents the entire and integrated agreement between the parties hereto and supersedes all prior negotiations, representations, or agreements, either written or oral, including the Proposal documents. The contract may be amended or modified with Change Orders, Field Orders, or Amendment.
- 2.18. Project Manager/Administrator:** The Project Manager, on behalf of the Owner, shall render decisions in a timely manner pertaining to the services proposed or performed by the Offeror. The Project Manager shall be responsible for approval and/or acceptance of any related performance of the Scope of Services.
- 2.19. Contract Termination:** This contract shall remain in effect until any of the following occurs: (1) contract expires; (2) completion of services; (3) acceptance of services or, (4) for convenience terminated by either party with a written *Notice of Cancellation* stating therein the reasons for such cancellation and the effective date of cancellation at least thirty days past notification.
- 2.20. Employment Discrimination:** During the performance of any services per agreement with the Owner, the Offeror, by submitting a Proposal, agrees to the following conditions:
- 2.20.1.** The Offeror shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, citizenship status, marital status, veteran status, sexual orientation, national origin, or any legally protected status except when such condition is a legitimate occupational qualification reasonably necessary for the normal operations of the Offeror. The Offeror agrees to post in conspicuous places, visible to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
- 2.20.2.** The Offeror, in all solicitations or advertisements for employees placed by or on behalf of the Offeror, shall state that such Offeror is an Equal Opportunity Employer.
- 2.20.3.** Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- 2.21. Immigration Reform and Control Act of 1986 and Immigration Compliance:** The Offeror certifies that it does not and will not during the performance of the contract employ illegal alien services or otherwise violate the provisions of the Federal Immigration Reform

and Control Act of 1986 and/or the immigration compliance requirements of State of Colorado C.R.S. § 8-17.5-101, *et.seq.* (House Bill 06-1343).

- 2.22. Ethics:** The Offeror shall not accept or offer gifts or anything of value nor enter into any business arrangement with any employee, official, or agent of the Owner.
- 2.23. Failure to Deliver:** In the event of failure of the Offeror to deliver services in accordance with the contract terms and conditions, the Owner, after due oral or written notice, may procure the services from other sources and hold the Offeror responsible for any costs resulting in additional purchase and administrative services. This remedy shall be in addition to any other remedies that the Owner may have.
- 2.24. Failure to Enforce:** Failure by the Owner at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the Owner to enforce any provision at any time in accordance with its terms.
- 2.25. Force Majeure:** The Offeror shall not be held responsible for failure to perform the duties and responsibilities imposed by the contract due to legal strikes, fires, riots, rebellions, and acts of God beyond the control of the Offeror, unless otherwise specified in the contract.
- 2.26. Indemnification:** Offeror shall defend, indemnify and save harmless the Owner and all its officers, employees, insurers, and self-insurance pool, from and against all liability, suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the Offeror, or of any Offeror's agent, employee, sub-Firm or supplier in the execution of, or performance under, any contract which may result from proposal award. Offeror shall pay any judgment with cost which may be obtained against the Owner growing out of such injury or damages.
- 2.27. Independent Firm:** The Offeror shall be legally considered an Independent Firm and neither the Firm nor its employees shall, under any circumstances, be considered servants or agents of the Owner. The Owner shall be at no time legally responsible for any negligence or other wrongdoing by the Firm, its servants, or agents. The Owner shall not withhold from the contract payments to the Firm any federal or state unemployment taxes, federal or state income taxes, Social Security Tax or any other amounts for benefits to the Firm. Further, the Owner shall not provide to the Firm any insurance coverage or other benefits, including Workers' Compensation, normally provided by the Owner for its employees.
- 2.28. Nonconforming Terms and Conditions:** A proposal that includes terms and conditions that do not conform to the terms and conditions of this Request for Proposal is subject to rejection as non-responsive. The Owner reserves the right to permit the Offeror to withdraw nonconforming terms and conditions from its proposal prior to a determination by the Owner of non-responsiveness based on the submission of nonconforming terms and conditions.
- 2.29. Ownership:** All plans, prints, designs, concepts, etc., shall become the property of the Owner.
- 2.30. Oral Statements:** No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this document and/or resulting agreement. All modifications to this request and any agreement must be made in writing by the Owner.

- 2.31. Patents/Copyrights:** The Offeror agrees to protect the Owner from any claims involving infringements of patents and/or copyrights. In no event shall the Owner be liable to the Offeror for any/all suits arising on the grounds of patent(s)/copyright(s) infringement. Patent/copyright infringement shall null and void any agreement resulting from response to this RFP.
- 2.32. Venue:** Any agreement as a result of responding to this RFP shall be deemed to have been made in, and shall be construed and interpreted in accordance with, the laws of the City of Grand Junction, Mesa County, Colorado.
- 2.33. Expenses:** Expenses incurred in preparation, submission and presentation of this RFP are the responsibility of the company and cannot be charged to the Owner.
- 2.34. Sovereign Immunity:** The Owner specifically reserves its right to sovereign immunity pursuant to Colorado State Law as a defense to any action arising in conjunction to this agreement.
- 2.35. Public Funds/Non-Appropriation of Funds:** Funds for payment have been provided through the Owner's budget approved by the City Council/Board of County Commissioners for the stated fiscal year only. State of Colorado statutes prohibit the obligation and expenditure of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that may arise past the end of the stated Owner's fiscal year shall be subject to budget approval. Any contract will be subject to and must contain a governmental non-appropriation of funds clause.
- 2.36. Collusion Clause:** Each Offeror by submitting a proposal certifies that it is not party to any collusive action or any action that may be in violation of the Sherman Antitrust Act. Any and all proposals shall be rejected if there is evidence or reason for believing that collusion exists among the proposers. The Owner may or may not, at the discretion of the Owner Purchasing Representative, accept future proposals for the same service or commodities for participants in such collusion.
- 2.37. Gratuities:** The Firm certifies and agrees that no gratuities or kickbacks were paid in connection with this contract, nor were any fees, commissions, gifts or other considerations made contingent upon the award of this contract. If the Firm breaches or violates this warranty, the Owner may, at their discretion, terminate this contract without liability to the Owner.
- 2.38. Performance of the Contract:** The Owner reserves the right to enforce the performance of the contract in any manner prescribed by law or deemed to be in the best interest of the Owner in the event of breach or default of resulting contract award.
- 2.39. Benefit Claims:** The Owner shall not provide to the Offeror any insurance coverage or other benefits, including Workers' Compensation, normally provided by the Owner for its employees.
- 2.40. Default:** The Owner reserves the right to terminate the contract in the event the Firm fails to meet delivery or completion schedules, or otherwise perform in accordance with the accepted proposal. Breach of contract or default authorizes the Owner to purchase like services elsewhere and charge the full increase in cost to the defaulting Offeror.

**2.41. Multiple Offers:** If said proposer chooses to submit more than one offer, THE ALTERNATE OFFER must be clearly marked "Alternate Proposal". The Owner reserves the right to make award in the best interest of the Owner.

**2.42. Cooperative Purchasing:** Purchases as a result of this solicitation are primarily for the Owner. Other governmental entities may be extended the opportunity to utilize the resultant contract award with the agreement of the successful provider and the participating agencies. All participating entities will be required to abide by the specifications, terms, conditions and pricings established in this Proposal. The quantities furnished in this proposal document are for only the Owner. It does not include quantities for any other jurisdiction. The Owner will be responsible only for the award for our jurisdiction. Other participating entities will place their own awards on their respective Purchase Orders through their purchasing office or use their purchasing card for purchase/payment as authorized or agreed upon between the provider and the individual entity. The Owner accepts no liability for payment of orders placed by other participating jurisdictions that choose to piggy-back on our solicitation. Orders placed by participating jurisdictions under the terms of this solicitation will indicate their specific delivery and invoicing instructions.

**2.43. Definitions:**

**2.43.1.** "Offeror" and/or "Proposer" refers to the person or persons legally authorized by the Consultant to make an offer and/or submit a response (fee) proposal in response to the Owner's RFP.

**2.43.2.** The term "Services" includes all labor, materials, equipment, and/or services necessary to produce the requirements of the Contract Documents.

**2.43.3.** "Firm" is the person, organization, firm or consultant identified as such in the Agreement and is referred to throughout the Contract Documents. The term Firm means the Firm or his authorized representative. The Firm shall carefully study and compare the Scope of Services, Addenda and Modifications and shall at once report to the Owner any error, inconsistency or omission it may discover. Firm shall not be liable to the Owner for any damage resulting from such errors, inconsistencies or omissions. The Firm shall not commence services without clarifying Drawings, Specifications, or Interpretations.

**2.43.4.** "Sub-Contractor" is a person or organization who has a direct contract with the Firm to perform any of the services at the site. The term Sub-Firm is referred to throughout the contract documents and means a Sub-Contractor or its authorized representative.

**2.44. Public Disclosure Record:** If the Proposer has knowledge of their employee(s) or sub-proposers having an immediate family relationship with an Owner employee or elected official, the proposer must provide the Purchasing Representative with the name(s) of these individuals. These individuals are required to file an acceptable "Public Disclosure Record", a statement of financial interest, before conducting business with the Owner.



### SECTION 3.0: INSURANCE REQUIREMENTS

**3.1 Insurance Requirements:** The selected Firm agrees to procure and maintain, at its own cost, policy(s) of insurance sufficient to insure against all liability, claims, demands, and other obligations assumed by the Firm pursuant to this Section. Such insurance shall be in addition to any other insurance requirements imposed by this Contract or by law. The Firm shall not be relieved of any liability, claims, demands, or other obligations assumed pursuant to this Section by reason of its failure to procure or maintain insurance in sufficient amounts, durations, or types.

Firm shall procure and maintain and, if applicable, shall cause any Sub-Firm of the Firm to procure and maintain insurance coverage listed below. Such coverage shall be procured and maintained with forms and insurers acceptable to The Owner. All coverage shall be continuously maintained to cover all liability, claims, demands, and other obligations assumed by the Firm pursuant to this Section. In the case of any claims-made policy, the necessary retroactive dates and extended reporting periods shall be procured to maintain such continuous coverage. Minimum coverage limits shall be as indicated below unless specified otherwise in the Special Conditions:

(a) **Workers' Compensation:** Firm shall comply with all State of Colorado Regulations concerning Workers' Compensation insurance coverage.

(b) **General Liability insurance with minimum combined single limits of:**

ONE MILLION DOLLARS (\$1,000,000) each occurrence and  
ONE MILLION DOLLARS (\$1,000,000) per job aggregate.

The policy shall be applicable to all premises, products and completed operations. The policy shall include coverage for bodily injury, broad form property damage (including completed operations), personal injury (including coverage for contractual and employee acts), blanket contractual, products, and completed operations. The policy shall include coverage for explosion, collapse, and underground (XCU) hazards. The policy shall contain a severability of interests provision.

(c) **Comprehensive Automobile Liability insurance with minimum combined single limits for bodily injury and property damage of not less than:**

ONE MILLION DOLLARS (\$1,000,000) each occurrence and  
ONE MILLION DOLLARS (\$1,000,000) aggregate.

(d) **Professional Liability & Errors and Omissions Insurance policy with a minimum of:**

ONE MILLION DOLLARS (\$1,000,000) per claim.

This policy shall provide coverage to protect the Firm against liability incurred as a result of the professional services performed as a result of responding to this Solicitation.

With respect to each of Firm's owned, hired, or non-owned vehicles assigned to be used in performance of the Services, the policy shall contain a severability of interests provision.

**3.2 Additional Insured Endorsement:** The policies required by paragraphs (b), and (c) above shall be endorsed to include the Owner and the Owner's officers and employees as additional insureds. Every policy required above shall be primary insurance, and any insurance carried by the Owner, its officers, or its employees, or carried by or provided through any insurance pool of the Owner, shall be excess and not contributory insurance to that provided by Firm. The Firm shall be solely responsible for any deductible losses under any policy required above.

## SECTION 4.0: SPECIFICATIONS/SCOPE OF SERVICES

- 4.1. General/Background:** In keeping with its policy of business-like administration of the public monies entrusted to it, the Owner is considering Proposals for the Brokering of Employee Benefits. Broker Services must be Consultative to promote comparison of the existing Employee Benefit and Health Plan offerings to those available in the commercial market. This RFP process is for Brokerage Services for Benefits and Group Health Insurance only and consultant will receive no carrier commissions and/or additional fees on any lines of business that are not disclosed and highlighted as separate line item(s). The City's fiscal year runs January through December. The estimated number of benefit eligible employees in 2023 is 824. Currently, the City has 729 active employees with 670 employees enrolled in the medical benefit plan. Reports are received quarterly via email in PDF or Excel format. Monthly meetings may also be appropriate in addition to attendance at benefit vendor meetings.
- 4.2. Group Health Insurance Program:** The incumbent Group Health Insurance provider is Cigna and SHALL NOT be contacted regarding this solicitation. The Owner provides a Retiree Health Plan in conjunction with the Employee Group Health Plans that shall remain part of the overall Group Health offering. All Group Health Plans renew on January 1, 2024.
- 4.3. Scope of Services:** The selected Broker shall provide the Owner insurance brokerage and advisory services associated with employee benefit plans. This includes, but is not limited to, negotiating with insurance providers, analyzing options, and making recommendations.

During the term of this Contract the Benefits Broker shall perform the following services:

- Serve as broker of record and/or consultant for all employee benefits.
- Contribute to the development of objectives and initiatives through strategic planning.
- Advise the Owner regarding plan design issues, plan management, wellness, potential cost savings, and reducing health plan expenditures while retaining competitive benefits programs.
- Gather and present data and options from a variety of vendors in all benefit areas with the objective of maximizing the Owner's value in terms of coverage, price, and service.
- Provide financial projections of future benefit costs and support the Owner's budgeting needs.
- Compile cost and trend data as needed and report on a routine basis.
- Analyze data (past, current, and future trends) and plans for health, dental, vision, disability, life, and/or voluntary benefits. Formally meet with leadership at least quarterly to present, discuss, and make recommendations to meet the Owner's objectives.
- Ensure group health insurance provider has the ability to interface with Sage Health & Wellness Center (Marathon Health) to provide reporting and accumulators to the Owner.
- Analyze utilization data to identify preventative measures; analyze utilization data with an emphasis on the development of wellness initiatives.
- Provide suggestions for cost savings through plan design, alternative funding

arrangements, and employee benefits education while maintaining or increasing employee satisfaction with the benefit options/plans.

- Provide current information on managed care delivery systems and other current and emerging programs and any other general health care consulting advice.
- Review marketplace through formal bids and Requests for Proposals to assure rates and fees are competitive and present a report of findings annually and at the request of the Owner.
- Complete any/all application(s) for coverage and any/all associated documentation and/or forms.
- In the event the Owner offers a self-funded, or partially self-arrangement for the medical plan, the Broker will manage needs such as facilitating and tracking of data and claims with the medical carrier for specific and/or aggregate coverage and negotiation of the stop loss contract and terms.
- Serve as a liaison between the Owner and the Insurance Carrier/Administrator to include renewal negotiations, claims issue inquiries and resolutions, coordination of onsite visits, explanation of new procedures to staff, and assistance in communication to employees and/or covered dependents.
- Provide onsite and/or virtual open enrollment support including document preparation, videos, and virtual presentations for employee education.
- Provide ongoing analysis of plan designs, cost containment strategies, and cost sharing alternative available to the Owner.
- Draft and/or review Plan Documents and Summary Plan Descriptions as needed; facilitate revisions as necessary. Provide all necessary information for reporting.
- Provide the Owner an approved electronic online enrollment and benefits Actuarial Analysis & Reporting.
- Conduct annual underwriting analysis of Medical, Dental and Vision financial experience, claims experience, and future funding requirements and provide oversight of the following:
  - Data collection
  - Analysis of data and validation of trends
  - Projection of expenses for the next fiscal year
  - Recommendations regarding funding reserves
  - Determination of funding rates and COBRA rates for the following plan year
  - Calculation of prospective employee and employer contributions
- Communicate information regarding changes in statutes, rules, and regulations regarding our responsibility under federal and state laws, the Affordable Care Act (ACA), and the management of benefits. In addition, provide a reporting and compliance calendar to the Owner.

**4.4. Special Conditions and Provisions:** Firm shall agree to comply with any requirements for Employee Communication Materials and Benefits Open Enrollment special event. Firm shall make available to Owner and Owner's employees, standard insurance communication materials (e.g., brochures, posters, forms, videos, and virtual presentations) designed to increase manager and employee awareness as noted below at the time of initial implementation. Materials will be drop-shipped to Owners corporate headquarters, or an alternative site designated by Owner, for distribution by Owner to employees. All shipping

and handling expenses associated with the promotional materials shall be FOB Destination. Additional insurance communication materials shall be provided to the Owner at no additional fee. Any other materials, which the Owner may distribute, shall also be at the Firm's expense. Firm will provide the Owner with all final original documentation. (i.e. editable Publisher, PowerPoint original content), and all communications, documents, presentations, videos and content will become property of the Owner delivered in editable/unprotected formats. General materials included for implementation and annual communications under this Agreement are:

- 4.4.1. Brochures in a quantity equal to 120% of the number of Eligible Employees for distribution at implementation and then as needed on an annual basis.
- 4.4.2. Q&A sheets in a quantity equal to 120% of the number of Eligible Employees for distribution at implementation and then as needed on an annual basis.
- 4.4.3. Manager Updates in a quantity equal to 25% of the number of Eligible Employees for distribution on a quarterly basis.
- 4.4.4. Orientation Videos, virtual presentations, and website support at implementation as required.
- 4.4.5. Posters for display at work sites in a quantity up to 10% of the number of Eligible Employees at implementation and on an annual basis.

**4.5. Proposals must include the following items:**

- 4.5.1. Describe what resources your Firm offers locally as well as any additional resources you may call on elsewhere in your firm.
- 4.5.2. Describe your firm's prior experience with municipalities like the City of Grand Junction.
- 4.5.3. Explain your organization's philosophy in aligning total compensation strategies based on outcomes in improving overall health of the population and reducing total cost of care.
- 4.5.4. Explain how your Firm's services would complement the promotion and communication of your commitment to embracing improvement in overall health and decreasing the total cost of care.
- 4.5.5. State what internal/external resources are available for the development of innovative benefit concepts.
- 4.5.6. Describe your firm's technology capabilities including website, analytical tools, and/or other.
- 4.5.7. Describe how your Firm would assess and plan a three-year strategy for the City of Grand Junction members using a collaborative approach.
- 4.5.8. What percentage of your Firm's clients are fully funded? Describe the experience your firm has had and currently has with self-funding programs and resources you have related to help manage these programs/costs.

**4.6. Relationships and Communication:**

- 4.6.1. How does your Firm monitor the performance of the various partners and carriers/Third Party Administrators (TPA's) and ensure rates and fees are competitive and best in class as well as in the best interest of eligible employee and not based on broker relationships?
- 4.6.2. How does your Firm evaluate the partners and carriers/TPA's with whom you work?
- 4.6.3. How does your Firm evaluate the Owner's current voluntary benefit providers (i.e. Triad, VOYA, Sage Health & Wellness)?
- 4.6.4. Describe the type of relationships (financial, incentive-based, or otherwise) your Firm has with industry experts or vendor partners with which Firm regularly folds into client portfolios.
- 4.6.5. Describe your Firm's abilities and experience in updating existing communication materials and/or developing materials for use in explaining benefit programs.

**4.6.6.** Describe the support your organization can provide in preparation for and involvement in employee meetings, communications, open enrollment, etc.

**4.7. Legal/Regulatory/Technical:**

**4.7.1.** How does your Firm and your staff keep abreast of legal/regulatory changes such as COBRA, HIPAA, federal and state, and how and when do you communicate this information to your clients?

**4.7.2.** How will your Firm assist with filing of government documents concerning group insurance plans?

**4.8. Renewal Planning and Negotiation:**

**4.8.1.** What is your Firm's experience in negotiating services with TPA's, managed care companies, stop-loss insurance carriers, etc. and in developing vendor performance standards?

**4.8.2.** Outline your Firm's process for renewal from planning through implementation and include a sample timeline.

**4.9. Organization Information:**

**4.9.1.** Size and scope of firm, year founded and number of years servicing Colorado clients.

**4.9.2.** Describe Firm's financial stability and if the Firm is privately held.

**4.9.3.** Where will the assigned Account Manager be located?

**4.9.4.** Is there a client services team based in Colorado? How many people? What is their level of experience?

**4.9.5.** Describe any carrier relationships that would influence placement of your firm.

**4.9.6.** Do you represent other clients in the Grand Junction, Colorado area?

**4.9.7.** Does your firm have an ACA compliance team? Describe services related to ACA compliance.

**4.9.8.** Are there any conflicts of interest to declare regarding servicing the City of Grand Junction?

**4.10. Additional Firm Information:**

**4.10.1.** Provide the current number of clients serviced by your company.

**4.10.2.** Provide the number of clients serviced by the office that will be servicing this account.

**4.10.3.** Describe two to three (2-3) experiences with clients similar in size and industry where your organization helped them:

- Negotiate a lower rate during renewal
- Restructure their plan
- Introduce a health plan transition

**4.11. RFP Tentative Time Schedule:**

- |   |                          |
|---|--------------------------|
| • Request for Proposal available:                 | December 21, 2022        |
| • Inquiry deadline, no questions after this date: | January 9, 2023          |
| • Addendum Posted:                                | January 11, 2023         |
| • Submittal deadline for proposals:               | January 19, 2023         |
| • Owner evaluation of proposals:                  | January 20 – 24, 2023    |
| • Interviews (if required)                        | Week of January 30, 2023 |
| • Final selection:                                | February 1, 2023         |

**4.12. Questions Regarding Scope of Services:**

Susan Hyatt., Senior Buyer

[susanh@gjcity.org](mailto:susanh@gjcity.org)

## SECTION 5.0: PREPARATION AND SUBMITTAL OF PROPOSALS

**Submission:** Each proposal shall be submitted in electronic format only through the BidNet website, [www.bidnetdirect.com/colorado](http://www.bidnetdirect.com/colorado). This site offers both “free” and “paying” registration options that allow for full access of the City’s documents and for electronic submission of proposals. (Note: “free” registration may take up to 24 hours to process. Please Plan accordingly.) (Purchasing Representative does not have access or control of the vendor side of RMEPS. If website or other problems arise during response submission, vendor **MUST** contact RMEPS to resolve issue prior to the response deadline; **800-835-4603**). For proper comparison and evaluation, the City requests that proposals be formatted as directed. The uploaded response to this RFP shall be a single PDF document with all required information included. Offerors are required to indicate their interest in this Project, show their specific experience and address their capability to perform the Scope of Services in the Time Schedule as set forth herein. For proper comparison and evaluation, the City requires that proposals be formatted **A to F**.

- A. Cover Letter:** Cover letter shall be provided which explains the Firm’s interest in the project. The letter shall contain the name/address/phone number/email of the person who will serve as the firm’s principal contact person with City’s Contract Administrator and shall identify individual(s) who will be authorized to make presentations on behalf of the firm. The statement shall bear the signature of the person having proper authority to make formal commitments on behalf of the firm. By submitting a response to this solicitation, the Firm agrees to all requirements herein.
- B. Qualifications/Experience/Credentials:** Proposers shall provide their qualifications for consideration as a benefits broker with experience in employee benefits and group health insurance to become a contract provider to the City of Grand Junction.
- C. Strategy and Implementation:** Describe your (the firm’s) interpretation of the Owner’s objectives with regard to this RFP. Describe the proposed strategy and/or plan for achieving the objectives of this RFP. The Firm may utilize a written narrative or any other printed technique to demonstrate their ability to satisfy the Scope of Services. The narrative should describe a logical progression of tasks and efforts starting with the initial steps or tasks to be accomplished and continuing until all proposed tasks are fully described and the RFP objectives are accomplished. Include a **time schedule** for completion of your firm’s implementation plan and an estimate of time commitments from Owner staff.
- D. References:** A minimum of three (3) **references** that can attest to your experience in projects of similar scope and size. **Please also summarize the projects completed with these references including** Client Name, Address, Contact Person, Telephone, Email Address, Project Dates, Project Description, etc. **For each reference, please include the number of benefit-eligible employees, numbers/types of plans serviced, and length of relationship.**
- E. Fee Proposal:** Provide an annual fee using the Solicitation Response Form found in Section 7.0. Return the entire Section 7 with your Proposal, including the table of services.
- F. Additional Data (optional):** Provide any additional information that will aid in evaluation of your qualifications with respect to this project.

## SECTION 6.0: EVALUATION CRITERIA AND FACTORS

- 6.1 Evaluation:** An evaluation team shall review all responses and select the proposal or proposals that best demonstrate the capability in all aspects to perform the scope of services and possess the integrity and reliability that will ensure good faith performance.
- 6.2 Intent:** Only respondents who meet the qualification criteria will be considered. Therefore, it is imperative that the submitted proposal clearly indicate the Firm's ability to provide the services described herein.

Submittal evaluations will be done in accordance with the criteria and procedure defined herein. The Owner reserves the right to reject any and all portions of proposals and take into consideration past performance. The following parameters will be used to evaluate the submittals **(with weighted values)**:

The following collective criteria shall be worth 90%
<ul style="list-style-type: none"> <li>• <b>Responsiveness of Submittal to the RFP (15)</b> (Firm has submitted a proposal that is fully comprehensive, inclusive, and conforms in all respects to the Request for Proposals (RFP) and all of its requirements, including all forms and substance.)</li> <li>• <b>Experience (30)</b> (Firm's proven proficiency in the successful completion of similar projects.)</li> <li>• <b>Understanding Project &amp; Objectives (20)</b> (Firm's ability to demonstrate a thorough understanding of the City's goals pertaining to this specific project.)</li> <li>• <b>Strategy &amp; Implementation Plan (25)</b> (Firm has provided a clear interpretation of the City's objectives in regard to the project, and a fully comprehensive plan to achieve successful completion. See Section 5.0 Item C for details. Timeline of final report included in this score.)</li> </ul>

The following criteria shall be worth 10%
* <b>Fees (10)</b>

Owner also reserves the right to take into consideration past performance of previous awards/contracts with the Owner of any vendor, firm, supplier, or service provider in determining final award(s). References of the short-listed firms will be assessed during the final phase of the evaluation process.

- 6.3 Oral Interviews:** The Owner reserves the right to invite the most qualified rated proposer(s) to participate in oral interviews, if needed.
- 6.4 Award:** Firms shall be ranked or disqualified based on the criteria listed in Section 6.2. The Owner reserves the right to consider all of the information submitted and/or oral presentations, if required, in selecting the project Firm.



## SECTION 7.0: SOLICITATION RESPONSE FORM

### RFP-5157-23-SH Benefit Brokerage Services

1. Annual Fee to provide Benefit Brokerage Services \$ \_\_\_\_\_

Annual Fee written: \_\_\_\_\_

2. Using the following table with related questions and services, please identify and outline the scope of services provided. Be specific in the extent of services that can be provided at the above fee, including rural and nationwide capabilities.

Consulting Services	Notes
<b>PLAN MANAGEMENT</b>	
<input type="checkbox"/> Objective Setting	
<input type="checkbox"/> Financial Forecasting	
<input type="checkbox"/> Strategic Planning	
<b>PLAN IMPLEMENTATION</b>	
<input type="checkbox"/> Enrollment Meeting Support/Coordination	
<input type="checkbox"/> Develop Program Communications	
<input type="checkbox"/> Establish Procedures with Carriers	
<b>ONGOING ADMINISTRATION</b>	
<input type="checkbox"/> Troubleshoot Claim and Billing Issues	
<input type="checkbox"/> Review Carrier Effectiveness	
<b>COMMUNICATION SERVICES</b>	
<input type="checkbox"/> Plan Announcement Letters	
<input type="checkbox"/> Train the Trainer materials	
<input type="checkbox"/> Presentation Support	
<input type="checkbox"/> Employee Booklet/Draft Review	
<input type="checkbox"/> Teleconferencing	
<input type="checkbox"/> Benefit Brochures	
<input type="checkbox"/> Custom Posters	
<input type="checkbox"/> Annual Benefit Statements	
<b>RENEWALS/BIDDING</b>	
<input type="checkbox"/> Develop Specifications	

Consulting Services	Notes
<input type="checkbox"/> Select Target Markets/Vendors	
<input type="checkbox"/> Proposal Analysis	
<input type="checkbox"/> Pricing Negotiations	
<input type="checkbox"/> Renewal Projections	
<input type="checkbox"/> Vendor Evaluation	
<input type="checkbox"/> Utilization Analysis	
<input type="checkbox"/> Funding Approach Analysis	
<input type="checkbox"/> Coordinate Carrier Interviews with Client	
<b>ALTERNATIVE FUNDING</b>	
<input type="checkbox"/> Minimum Premium	
<input type="checkbox"/> Self-Funding	
<input type="checkbox"/> Employee Contribution Strategies	
<b>SECTION 125 SERVICES</b>	
<input type="checkbox"/> Medical Reimbursement Acct. Consulting	
<input type="checkbox"/> Dependent Care Reimbursement Acct. Consulting	
<input type="checkbox"/> Communication Development	
<input type="checkbox"/> Enrollment Strategies	
<b>COBRA SERVICES</b>	
<input type="checkbox"/> Recommend Outsourcing Vendors	
<input type="checkbox"/> Administration (Eligibility and Premiums) Consulting	
<b>MISCELLANEOUS SERVICES</b>	
<input type="checkbox"/> Periodic Newsletters	
<input type="checkbox"/> Governmental Regulation Updates	
<b>VOLUNTARY BENEFITS</b>	
<input type="checkbox"/> Plan Analysis & Design	
<input type="checkbox"/> Consult with Client on Communication to Employees	
<input type="checkbox"/> Prepare Communication	
<input type="checkbox"/> Conduct Group Meetings	
<input type="checkbox"/> Perform Annual Re-enrollments	

Consulting Services	Notes
<b>401(K) CONSULTING</b>	
<input type="checkbox"/> Plan Design	
<input type="checkbox"/> Legislative Issues	
<input type="checkbox"/> Investment Performance Analysis	
<b>INDUSTRY DATA</b>	
<input type="checkbox"/> Local/Regional/National	
<input type="checkbox"/> Benchmarking	
<b>INTEGRATED BENEFIT STRATEGIES</b>	
<input type="checkbox"/> Coordination of all Disability/Leave Related Programs	
<input type="checkbox"/> Management of Direct and Hidden Disability Expenses	
<input type="checkbox"/> Population health and wellness management services	
<input type="checkbox"/> Health Clinic Management	
<input type="checkbox"/> Pharmacy benefit management and/or other pharmacy strategies	
<input type="checkbox"/> Total Compensation Statements	
<input type="checkbox"/> Risk Mitigation	
<input type="checkbox"/> Workers' Compensation	
<input type="checkbox"/> Health Reimbursement Arrangements (HRA)	

**3. RECEIPT OF ADDENDA:** the undersigned Firm acknowledges receipt of Addenda to the Solicitation, Specifications, and other Contract Documents. State number of Addenda received: \_\_\_\_\_

It is the responsibility of the Proposer to ensure all Addenda have been received and acknowledged.

-----  
*The City of Grand Junction reserves the right to accept any portion of described services to be performed at its discretion*  
 -----

The undersigned has thoroughly examined the entire Request for Proposals and therefore submits the proposal and schedule of fees and services attached hereto.

This offer is firm and irrevocable for sixty (60) days after the time and date set for receipt of proposals.

The undersigned Offeror agrees to provide services and products in accordance with the terms and conditions contained in this Request for Proposal and as described in the Offeror's proposal attached hereto; as accepted by the Owner.

Prices in the proposal have not knowingly been disclosed with another provider and will not be prior to award.

- Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.
- No attempt has been made nor will be to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- The individual signing this proposal certifies they are a legal agent of the offeror, authorized to represent the offeror and is legally responsible for the offer with regard to supporting documentation and prices provided.
- Direct purchases by the City of Grand Junction are tax exempt from Colorado Sales or Use Tax. Tax exempt No. 98-903544. The undersigned certifies that no Federal, State, County or Municipal tax will be added to the above quoted prices.
- City of Grand Junction payment terms shall be Net 30 days.
- Prompt payment discount of \_\_\_\_\_ percent of the net dollar will be offered to the Owner if the invoice is paid within \_\_\_\_\_ days after the receipt of the invoice. The Owner reserves the right to take into account any such discounts when determining the bid award that are no less than Net 10 days.

\_\_\_\_\_  
Company Name – (Typed or Printed)

\_\_\_\_\_  
Authorized Agent – (Typed or Printed)

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
E-mail Address of Agent

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Date



**Purchasing Division**

**ADDENDUM NO. 1**

**DATE:** January 11, 2023  
**FROM:** City of Grand Junction Purchasing Division  
**TO:** All Interested Parties  
**RE:** Benefit Brokerage Services RFP-5158-23-SH

Bidders responding to the above referenced solicitation are hereby instructed that the requirements have been clarified, modified, superseded and supplemented as to this date as hereinafter described.

Please make note of the following:

**Question 1.** With regards to retirees that are covered under the City's programs can you please provide the following:

- a. How many pre-Medicare retirees are covered by the plan?
- b. Do these retirees contribute to the plan based on rates that are developed for the entire population, to include active employees? Or are retiree rates developed and separated from the active employee plan?
- c. When was the last GASB 74/75 study conducted for the retiree health plan?
- d. Who provides OPEB GASB 74 /75 liability valuations for the retiree health plan? When was the last study conducted?
- e. If any, how many retirees are covered by the City's health plan after age 65 or those eligibility for Medicare before age 65?

**Answer:** a) Currently 67 eligible retirees and dependents are covered by the plan. All retirees and dependents are pre-Medicare eligible. This number fluctuates based on retirees going on the plan and aging off the plan. Retirees contribute to the plan using a combined rate with exceptions. Retiree rates are separated with connected components. b, c, d)The last GASB study was May 25, 2022, by Cavanaugh Macdonald Consulting, LLC. e) No retirees are covered after age 65.

**Question 2.** We have a copy of the City's 2023 employee benefits enrollment guide for employees that work  $\frac{3}{4}$  and  $\frac{1}{2}$  fulltime employees, we assume that the plans and lines of coverage offered to 100% fulltime employees are similar. However, if we have missed any line of coverage such as short or long term disability that is available to only fulltime employees, please let us know or provide a copy of the FT employee enrollment guide?

**Answer:** Basic Group Life Insurance, STD and LTD and the 401 Plan are only provided to full time employees. Regular part time employees are eligible to enroll in Voluntary benefits.

**Question 3.** Can you please help us understand how each line of coverage is funded, the approximate year when the program was last competitively marketed or when there was a carrier / payer change, and the year in which the City realistically may desire or may be required to complete market and issue an RFP?

**Answer:** Answers are in the grid below in red.

Coverage	Carrier / Payer	Type of Funding	Approximate Year of last RFP or carrier / payer change	Next year anticipated or required RFP
Medical	Cigna	Fully Insured	2019	2023
Pharmacy	Cigna	Fully Insured	2019	2023
Stop-loss	N/A	N/A	N/A	2023
Dental	Delta Dental	Self-Funded	2014	2023
Vision	VSP	Fully Insured	2019	2023
FSA, H S A and other account-based plans	Rocky Mountain Reserve	Self-funded/TPA	2023	
Life & AD&D	VOYA	Fully Insured	2019	2023
Long-term Care	Trustmark	Fully Insured	2019	2023
EAP	Triad	Fully Insured	N/A	N/A
Identify Theft	LifeLock	Voluntary	N/A	Rate Review
Critical Illness & Accident Plans	Aflac	Voluntary	N/A	Rate Review
Benefit Brokerage Services	HUB/ Voluntary Benefits (VB) Only	n/a	2022 Broker agreement ended. VB remains in place.	Rate Review and recommendations

**Question 4.** It appears as though Cigna provides the network as well as administrative services (ASO, ASC, TPA) for the plan. If this is not correct, please let us know who does?

**Answer:** Yes, and includes Wellness Component to interface with the City's Wellness Program including wellness dollars.

**Question 5.** What is specific and aggregate stop-loss attachments points? (i.e., \$100,000 specific, 125 aggregate, aggregating specific or other....)

**Answer:** There is no stop-loss coverage.

**Question 6.** Is the near site Sage Health & Wellness Center owned and operated by the Wellington Medical Group or another physician practice group, or is this 100% employer-sponsored, by where the City participates in the staffing and management of the center?

**Answer:** The Marathon Health Agreement manages and staffs the clinic. The physical property (suite) is owned by the City of Grand Junction.

**Question 7.** How is claim or encounter data from the Sage Health & Wellness Center integrated and reported with your Cigna claims data?

**Answer:** The City uses a data exchange service with CNS and other available provider networks that share data.

**Question 8.** How is Marathon Health compensated for their services? (i.e., Per employee per month fee, time and materials, fee for service, or some other arrangement?)

**Answer:** There are several components in the Agreement that will be shared with the awarded Benefits Broker if needed.

**Question 9.** Are pre-packaged or prescription drugs dispensed at the Sage Health & Wellness Center?

**Answer:** Yes, on a limited basis.

**Question 10.** How and by whom is COBRA administrative services currently managed?

**Answer:** COBRA is self-administered by the City HR Department and could potentially be outsourced if cost effective and appropriate.

**Question 11.** What payroll system do you currently use?

**Answer:** The City uses New World ERP to process payroll internally.

**Question 12.** What benefits administration platform or service do you currently use?

**Answer:** There is no benefits platform. The City uses New World ERP open enrollment module.

**Question 13.** Do employees use self-service to enroll and manage mid-year changes?

**Answer:** Change requests are submitted through Seamless Docs and are updated in vendor online systems or via file transfers or both.

**Question 14.** Who reconciles carrier billings to eligibility and sends eligibility files, information, and changes to each carrier each month and at open enrollment?

**Answer:** Various vendors and providers receive reports from Payroll, Finance, HR and IT via file feed interface.

**Question 15.** The City has requested specific benefit materials and communication support. Does the City currently receive all of the communications materials and media requested? If any of these are "enhancements" being sought as part of this proposal, please specify which ones?

**Answer:** No new enhancements are requested. All products and services are provided by the incumbent broker and/or health insurance provider.

**Question 16.** The City has the ability to opt out of the voter-approved law (CO Rev. Stat. § 8-13.3-501-524) that will provide eligible employees with partial wage replacement for 12–16 weeks of parental and family medical leave. What decisions, if any, has the City made with regards to Paid Family & Parental Leave?

**Answer:** The City is opted out.

**Question 17.** Does the City or any carrier currently provide, or offer voluntary coverage under any form of salary continuation of payments to employees in the event of short- or long-term disability?

**Answer:** There are no volunteer benefits for STD, LTD or 401 Plan. The City currently is self-insured for STD and have a carrier for LTD.

**Question 18.** Does the current broker receive any compensation in the form of commissions, bonuses or overrides in connection with Aflac policies, or any other line of coverage that is not fully disclosed and /or offset and credited towards your annual flat fixed fee? Please estimate the annual amount or approximate amount of commissions or other forms of supplemental income that has been accumulated over the most 1, 2 or 3 three-year period.

**Answer:** No commissions are paid.

**Question 19.** If awarded, will services under the contract commence on or about February 1, 2023?

**Answer:** Services will commence upon award, which could possibly be around February 1, 2023.

**Question 20.** Understanding that the City has the right to cancel this agreement with or without cause, will this contract automatically renew until replaced, or is there a specified contract term of 5-years or some other period?

**Answer:** Awards are made for a full year, then there are options for up to three annual renewals at the same terms and conditions.

**Question 21.** What additional services or service enhancements are you hoping to gain because of this solicitation?

**Answer:** The expectation is that your Firm offer suggestions on additional services or enhancements based on your expert opinion.

**Question 22.** Other than brokerage and consulting, what value-added technology, communications, media, or other services will you lose or need to replace or transition if you select a new benefits brokerage arrangement?

**Answer:** The answer is dependent on the provider's ability to interface with the platforms currently utilized.

**Question 23.** What are your top three challenges related to your health and benefit programs?

**Answer:** Top three challenges are 1) vendor timely response and turnaround time to employer and employee inquires 2) edits required to publications and printed documentation provided by vendors. Employer requires attention to detail (expectation of 100% error free communications and publications) 3) Leading and cutting-edge recommendations with supporting analytics and ROI.

**Question 24.** What the top three things that you and your employees value the most about your current health and other benefit programs?

**Answer:** Price/value product comparison analytics, available options and customer service.

**Question 25.** Section 1, pp 1.2 Purpose: Is there a shortfall in the services currently being provided or is the RFP intended to satisfy a periodic bid cycle?

**Answer:** This solicitation fulfills the periodic bid cycle.

**Question 26.** Pursuant to Section 1.0, pp. 1.9, Section 2.0, pp. 2.1 and pp 2.5, Section 4, pp 4.1and Section 7.0, pp 1. is the intent to contract for all services requested in the RFP at a single annual service fee, net of all carrier commissions for all lines?

**Answer:** The expectation is for Firms to provide an annual lump sum fee for all services. No carrier commissions and/or additional fees on any lines of business that are not disclosed will be allowed.

**Question 27.** Please confirm the current compensation method and amount for the following service lines:

- a. Medical
- b. Rx
- c. Dental
- d. Vision
- e. Stop Loss
- f. LTD
- g. STD
- h. Employer Paid Life
- i. Voluntary Life

**Answer:** This information can be found in the Benefits Guides. The expectation is for Firms to provide an annual lump sum fee for all services. No carrier commissions and/or other additional fees on any lines of business that are not disclosed will be allowed.



**Question 28.** Section 4, pp. 4.3, Provide an online enrollment system and benefits Actuarial and Reporting. Please clarify the ask. Is this to be included in the annual net fee as per above? What system is the City currently utilizing?

**Answer:** Yes, this service is to be included in the annual fee. The City currently uses Seamless Docs for change requests, which are updated in vendor systems via file transfers. The City's current payroll platform and open enrollment system is Tyler Technology/New World ERP. The City's IT department writes reports to extract the necessary data to be reported back to the carriers each pay period.

**Question 29.** Section 4., pp 4.2 What are the expectations regarding the Retiree Health Plan?

**Answer:** Currently 67 eligible retirees and dependents are covered by the plan. All retirees and dependents are pre-Medicare eligible. This number fluctuates based on retirees going on the plan and aging off the plan. Retirees contribute to the plan using a combined rate with exceptions. Retiree rates are separated with connected components.

**Question 30.** Please provide the current Benefit Guide used for open enrollment.

**Answer:** The Benefits Overview for 2023 link is <https://www.gjcity.org/333/Employee-Benefits> and FT 2023 File location can be found at: <https://www.gjcity.org/DocumentCenter/View/7725>.

**Question 31.** Please provide the current ancillary benefit volume.

**Answer:** Refer to the 2023 Benefits Overviews – FT & PT.

**Question 32.** Please provide the current voluntary benefit volumes for

- a. Supplemental Life/ADD
- b. Critical Illness/Accident
- c. Hospitalization
- d. Cancer
- e. Any other worksite programs that are currently being offered

**Answer:** Refer to the 2023 Voluntary Benefits Overview found at the end of this Addendum.

**Question 33.** Provide 2021 and 2022 utilization:

- a. Medical – Cigna Executive Summary
- b. Rx
  - i. Top 25 Rx
  - ii. Top 25 Specialty

**Answer:** This information is unavailable.

**Question 34.** Section 6.0, pp 6.2, 45% of the overall score is related to “Understanding Project & Objectives” and “Strategy and Implementation Plan”. Can you direct us to where in the RFP the City's objectives are specifically articulated, other than in the scope of services?

- a. What are the City's intermediate and long term goals for the health benefits package?

**Answer:** The Scope of Services and this Addendum contain the required information.

**Question 35.** Section 7, Consulting Services grid: What are City's expectations around 401k consulting? Is the current benefits broker currently providing these services?

**Answer:** The expectation for 401 consulting is a review only. The City would like your Firm to rank and compare the current provider. The current broker is not providing these services. The current consulting agreement is with Innovest regarding specific fiduciary goals.

**Question 36.** Section 7, Consulting Services grid: What are the City's expectations around Disability/Leave related programs, Total Compensation Statements and Worker's Compensation? Is the current benefits broker currently providing these services?

**Answer:** Yes, the current broker provides Strategic Benefit Planning, Benefit Design, Administration, Advise Regarding Funding, Actuarial Services, Plan Marketing, Communications, Compliance Tools & Legislative information, Government Filings, Meetings with City and Vendors, Open Enrollment Support, Account Management and Health and Performance Coaching. All products and services were previously provided by the broker and or health insurance provider as outlined. All the information included in the RFP was part of prior provider agreement(s). The expectation is that the firm offer suggestions on additional services or enhancements that would benefit the City and our employees based on their expert opinion and proven analytics and track record.

**Question 37.** To clarify, all printing and postage for employee enrollment packets should be included in this broker fee?

**Answer:** Yes, if paper is being utilized rather than online fillable documents, videos, etc.

**Question 38.** Is the City's Cigna plan fully insured, level-funded or self-funded?

**Answer:** The current plan fully insured.

**Question 39.** Does the City currently utilize a data warehouse for claims and data analysis?

**Answer:** No, the broker would work with vendors to provide the requested data and reports to meet current reporting levels and requirements.

**Question 40.** If the City does use a data warehouse, does the City pay for this service outside of the broker fee?

**Answer:** No, the broker will need to identify how the required reports, data exchange and sharing will occur for the plan and clinic to successfully exchange data, ensure the City, and plan participants are not being double billed and the clinic visits are included in the member accumulators and report the ROI on the savings by utilizing the Sage Health and Wellness Clinic (managed by Marathon Health) vs. other in network providers and care facilities. The broker would be responsible for identifying any additional associated costs required.

**Question 41.** Does the City pay for on-line enrollment benefit administration currently or is this provided at no cost through the incumbent broker?

**Answer:** Neither. The City currently utilizes its Tyler Technology New World platform to create reports and provide vendors with data feeds of enrollments and changes.

**Question 42.** If self-funded, what PBM does the City utilize for pharmacy?

**Answer:** This is not self-funded at present.

**Question 43.** What is the most critical aspect the City would like to see improved in its overall benefits program?

**Answer:** The City is asking for broker recommendations based on their expert opinions.

**Question 44.** Who is the PBM, Express Scripts or other?

**Answer:** The PBM is Cigna Pharmacy, and they use the Express Scripts (ESI) network.

**Question 45.** Do you have a telemedicine provider?

**Answer:** Yes. the current provider includes telemedicine services.

**Question 46.** Do you, or your current broker, use an independent data analytics vendor to consolidate all carrier cost and utilization data? If so, who as we may have a partnership with them?

**Answer:** The broker provides data analytics. Specific details are unknown.

**Question 47.** Is Cigna the retirement plan partner? Are we being asked to evaluate the 401(k)? Is it a requirement that the medical plan and 401(k) say together?

**Answer:** Cigna is not the retirement plan partner. MissionSquare is the retirement plan partner. The expectation for 401 consulting is a review only. These two plans are separate. The expectation is for Firms to provide their expert recommendations appropriately.

**Question 48.** Are we being asked to evaluate Workers Comp? If so what are the following:

- a. Scheduled hazards
- b. payroll per class code for the schedule of hazards
- c. 5 years of currently valued loss history
- d. MCCI EMOD worksheet
- e. If you are in any dividend programs which ones.
- f. And last, what is your workers comp deductible?

**Answer:** At present a complete evaluation is not requested. However, an overview to identify if costs are appropriate would be appreciated.

The original solicitation for the project referenced above is amended as noted.

All other conditions of subject remain the same.

Respectfully,

Susan Hyatt, Senior Buyer  
City of Grand Junction, Colorado



# VOLUNTARY BENEFITS 2023



*Accident Coverage*

*Critical Illness*



*Identity Theft Protection*



*Universal Life Insurance With*

*Long Term Care Benefit*



*Pet Insurance*

*Benefit HUB Discount Website*





# GROUP ACCIDENT INSURANCE

HOSPITALIZATION BENEFITS	BENEFIT AMOUNT
<p><b>HOSPITAL ADMISSION</b> (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	<p>\$1,000  per confinement</p>
<p><b>HOSPITAL CONFINEMENT</b> (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for</p>	<p>\$300 Per Day</p>
<p><b>HOSPITAL INTENSIVE CARE</b> (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$250  per day</p>
<p><b>INITIAL TREATMENT BENEFITS / LISTED BENEFIT AMOUNTS COVER • EMPLOYEE / SPOUSE /</b></p>	<p>BENEFIT AMOUNT</p>
<p><b>INITIAL TREATMENT</b> (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a Hospital emergency room with X-Ray / without X-Ray Urgent care facility with X-Ray / without X-Ray Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray /</p>	<p>\$350 / \$200 \$300 / \$150 \$300 / \$150</p>
<p><b>AMBULANCE</b> (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	<p>\$200 Ground \$1,000 Air</p>
<p><b>MAJOR DIAGNOSTIC TESTING</b> (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical</p>	<p>\$200</p>
<p><b>EMERGENCY ROOM OBSERVATION</b> (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury</p>	<p>\$100 Each 24 hour period</p>
<p><b>ACCIDENT FOLLOW-UP TREATMENT</b> (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p>	<p>\$50</p>
<p><b>THERAPY</b> (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy</p>	<p>\$50</p>



# GROUP ACCIDENT INSURANCE

## Benefit Amount

**FRACTURES** (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.

Hip / Thigh

Vertebrae (except processes)

Pelvis

Skull (depressed)

Sternum

Leg

Forearm / Hand / Wrist / Foot / Ankle / Kneecap

Shoulder Blade / Collar Bone / Lower Jaw (mandible)

Skull (simple) / Upper Arm / Upper Jaw

Facial Bones (except teeth)

Vertebral Processes

Sacral / Sacrum

Coccyx / Rib / Finger / Toe

INITIAL TREATMENT  
BENEFIT  
EMPLOYEE /  
SPOUSE & CHILD

\$6,000 / \$3,000

\$5,400 / \$2,700

\$4,800 / \$2,400

\$4,500 / \$2,250

\$4,050 / \$2,025

\$3,600 / \$1,800

\$3,000 / \$1,500

\$2,400 / \$1,200

\$2,100 / \$1,050

\$1,800 / \$900

\$1,200 / \$600

\$900 / \$450

\$480 / \$240

**DISLOCATIONS** (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.

Hip

Knee

Shoulder

Foot / Ankle

Hand

Lower Jaw

Wrist

Elbow

Finger / Toe

\$2,000

\$1,300

\$1,000

\$800

\$700

\$600

\$500

\$400

\$160

**FAMILY MEMBER LODGING** (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$100  
per day

**TRANSPORTATION** (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

\$300 Plane  
\$150 Any ground  
transportation



# GROUP ACCIDENT INSURANCE

	Benefit Amount
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$400
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$25
<p><b>INPATIENT SURGERY AND ANESTHESIA</b> (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$750
<p><b>APPLIANCES</b> (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace, Cervical Collar Walking Boot, Knee Scooter, Body Jacket Wheelchair, Back Brace, Walker, Crutches, Leg Brace</p>	\$20 \$50 \$100
<p><b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	\$50
<p><b>EYE INJURIES</b> Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.</p>	\$50
<p><b>EMERGENCY DENTAL WORK</b> (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.</p>	\$50 Extraction \$150 Repair with a crown
<p><b>COMA</b> (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.</p>	\$5,000
<p><b>CONCUSSION</b> (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	\$100
<p><b>BLOOD/PLASMA /PLATELETS</b> (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	\$100
<p><b>BURNS</b> (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.</p> <p><b>Second Degree</b> Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more</p> <p><b>Third Degree</b> Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more</p>	\$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$20,000
<p><b>RESIDENCE / VEHICLE MODIFICATION</b> (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: • The sight of one eye; The use of one hand/arm; or The use of one foot/leg.</p>	\$500



# GROUP ACCIDENT INSURANCE

Benefit Amount

**PROSTHESIS** (once per accident, up to 2 prosthetic devices and one replacement per device per insured)\* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices\* and /or joint replacements. \* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment..

\$500

**PARALYSIS** (once per accident, diagnosed by a doctor within six months after the accident)

Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia

\$2,500

Quadriplegia

\$5,000

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

**ACCIDENTAL DEATH BENEFIT** (within 90 days after the accident\*) Payable if a covered accidental injury causes the insured to die

\$25,000

### ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

Payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days\* after the covered accident.

\$50,000

The spouse benefit is 50% of the employee benefit shown. The child benefit is 10% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)

### DISMEMBERMENT

 (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

LIFE  
CHANGING  
EVENTS  
BENEFITS

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

**SINGLE LOSS** (the loss of one hand, one foot, or the sight of one eye)

Employee

\$12,500

Spouse

\$5,000

Child(ren)

\$2,500

**DOUBLE LOSS** (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee

\$25,000

Spouse

\$10,000

Child(ren)

\$5,000

**LOSS OF ONE OR MORE FINGERS OR TOES**

Employee

\$1,250

Spouse

\$500

Child(ren)

\$250

**PARTIAL DISMEMBERMENT** (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee

\$100

Spouse

\$100

Child(ren)

\$100

### WELLNESS BENEFIT

 (once per calendar year)

Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations: Annual physical exams, Flexible Sigmoidoscopy, Mammograms, PSA Tests, Pap Smears, Ultrasounds, Eye Examinations, Blood Screening, Immunizations. THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: First year of certificate and thereafter

\$50





Benefits At A Glance		Monthly Premiums	
Initial Doctor Visit at Urgent Care or Doctors Office	\$150 without x-ray \$300 with x-ray	Employee Only	\$14.45
Emergency Room Visit	\$200 without x-ray \$350 with x-ray	Employee & Spouse	\$21.19
Follow Up Treatment	\$50	Employee & Children	\$25.10
Physical Therapy	\$50	Family	\$31.84
Ambulance	Ground: \$200 Air: \$1,000	<b>YOUR WELLNESS EXAM WILL HELP PAY FOR YOUR POLICY!</b>	
Blood / Plasma	\$100		
Prosthesis	\$500	<b>Wellness Benefit -&gt; \$50 (per person per year)</b>	
Appliance	Up to \$100	<b>Employee Only -&gt; \$14.45 monthly</b>	
Injury Specific	\$50-\$13,500 (up to \$9,000 x1 50%)	Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00	
Family Lodging (100+ miles)	\$100 / night	<b>Adjusted Monthly Cost = \$6.67</b>	
Transportation (100+ miles)	Ground: \$150 Air: \$300	<b>Employee &amp; Spouse -&gt; \$21.19 monthly</b>	
Accidental Death	\$25,000/\$12,500/\$2,500	Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00	
Accidental Dismemberment	\$200 - \$25,000	<b>Adjusted Monthly Cost = \$7.56</b>	
Hospital Admission	\$1000	<b>Employee &amp; Children -&gt; \$25.10 monthly</b>	
Regular Room	\$300 / per day	Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00	
Intensive Care	\$550 / per day	<b>Adjusted Monthly Cost = \$10.49</b>	
<b>*Wellness Benefit examples are figured on minimum amount of participants per plan.</b>		<b>Family -&gt; \$31.84 monthly</b>	
		Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00	
		<b>Adjusted Monthly Cost = \$11.38</b>	



# AFLAC GROUP CRITICAL

Benefits Overview - Lump Sum Benefit Amount That you Choose

## COVERED CRITICAL ILLNESSES:

	Benefit Amount
<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b>	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>SEVERE BURNS*</b>	100%
<b>PARALYSIS**</b>	100%
<b>COMA**</b>	100%
<b>LOSS OF SPEECH / SIGHT / HEARING**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

## OPTIONAL BENEFITS RIDER (Included)

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

## PROGRESSIVE DISEASES RIDER

<b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease)	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

## INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

## ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.



# AFLAC GROUP CRITICAL

Benefit Amount

## REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

## CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

## SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

\$250

## WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

## SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

## HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

## COVERED HEALTH SCREENING TESTS INCLUDE:

- Blood test for triglycerides
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Bone marrow testing
- Chest X-ray
- Hemocult stool analysis
- Breast ultrasound
- Colonoscopy
- Mammography
- Spiral CT screening for lung cancer
- DNA stool analysis
- Pap smear
- Thermography
- Fasting blood glucose test
- Stress test on a bicycle or treadmill
- CA 125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- CA 15-3 (blood test for breast cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)

\$50



## Critical Illness Insurance

### Monthly Rates

*Critical Illness rates shown below are issue age and are locked in for as long as an insured keeps their policy with Aflac active.*

#### NON-TOBACCO -- Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$3.35	\$5.31	\$7.28	\$9.25	\$11.21	\$13.18	\$15.15	\$17.11	\$19.08	\$21.05
31-40	\$4.73	\$8.08	\$11.43	\$14.78	\$18.13	\$21.48	\$24.83	\$28.18	\$31.53	\$34.88
41-50	\$7.82	\$14.26	\$20.70	\$27.15	\$33.59	\$40.03	\$46.47	\$52.91	\$59.35	\$65.80
51-60	\$13.46	\$25.54	\$37.62	\$49.70	\$61.78	\$73.85	\$85.93	\$98.01	\$110.09	\$122.17
61+	\$24.08	\$46.78	\$69.48	\$92.18	\$114.88	\$137.58	\$160.28	\$182.98	\$205.68	\$228.38

#### NON-TOBACCO -- Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$3.35	\$5.31	\$7.28	\$9.25	\$11.21	\$13.18	\$15.15	\$17.11	\$19.08	\$21.05
31-40	\$4.73	\$8.08	\$11.43	\$14.78	\$18.13	\$21.48	\$24.83	\$28.18	\$31.53	\$34.88
41-50	\$7.82	\$14.26	\$20.70	\$27.15	\$33.59	\$40.03	\$46.47	\$52.91	\$59.35	\$65.80
51-60	\$13.46	\$25.54	\$37.62	\$49.70	\$61.78	\$73.85	\$85.93	\$98.01	\$110.09	\$122.17
61+	\$24.08	\$46.78	\$69.48	\$92.18	\$114.88	\$137.58	\$160.28	\$182.98	\$205.68	\$228.38

#### TOBACCO -- Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$4.19	\$7.00	\$9.81	\$12.61	\$15.42	\$18.23	\$21.04	\$23.85	\$26.66	\$29.46
31-40	\$6.63	\$11.88	\$17.13	\$22.38	\$27.63	\$32.88	\$38.13	\$43.38	\$48.63	\$53.88
41-50	\$11.51	\$21.63	\$31.76	\$41.88	\$52.01	\$62.13	\$72.26	\$82.38	\$92.51	\$102.63
51-60	\$20.93	\$40.48	\$60.03	\$79.58	\$99.13	\$118.68	\$138.23	\$157.78	\$177.33	\$196.88
61+	\$36.72	\$72.06	\$107.40	\$142.75	\$178.09	\$213.43	\$248.77	\$284.11	\$319.45	\$354.80

#### TOBACCO -- Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$4.19	\$7.00	\$9.81	\$12.61	\$15.42	\$18.23	\$21.04	\$23.85	\$26.66	\$29.46
31-40	\$6.63	\$11.88	\$17.13	\$22.38	\$27.63	\$32.88	\$38.13	\$43.38	\$48.63	\$53.88
41-50	\$11.51	\$21.63	\$31.76	\$41.88	\$52.01	\$62.13	\$72.26	\$82.38	\$92.51	\$102.63
51-60	\$20.93	\$40.48	\$60.03	\$79.58	\$99.13	\$118.68	\$138.23	\$157.78	\$177.33	\$196.88
61+	\$36.72	\$72.06	\$107.40	\$142.75	\$178.09	\$213.43	\$248.77	\$284.11	\$319.45	\$354.80

# Don't Forget

## To Submit For Your Wellness & Health Screening Benefits

You Can File A Claim Online  
At:

**[Aflacgroupinsurance.com](http://Aflacgroupinsurance.com)**

Please remember when filling out the claim on-line you only need to provide info where there is an orange asterisk. You do not need to provide Employee ID, Group number or Certificate number.

### Aflac's claims process:

### Peace of mind when you need it most

If you're sick or hurt, the last thing you need is an insurer that drags its feet when it's time to pay your claims. Aflac prides itself on being an insurer with a difference: Our goal is to process and pay, not deny and delay. That's why we make it easy to file your claims online. Here's how:

1

Visit [Aflacgroupinsurance.com](http://Aflacgroupinsurance.com) and click on "Customer Service" and then "File a claim."



Choose from accident, hospital, critical illness or wellness and follow the instructions.

2

3

Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.



Feel secure in the knowledge that claims on group coverage like yours are processed in an average of two days.<sup>1</sup>

4

For Claims Escalations:  
**[voluntaryclaims@hubinternational.com](mailto:voluntaryclaims@hubinternational.com)**



# Enroll in LifeLock Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. LifeLock not only has proprietary technology to detect a range of identity threats, if you do have an identity theft problem, our U.S.-based team of Identity Restoration Specialists can help fix it. It pays to have the comprehensive protection of LifeLock.



There's a new victim of identity theft every two seconds.<sup>1</sup>



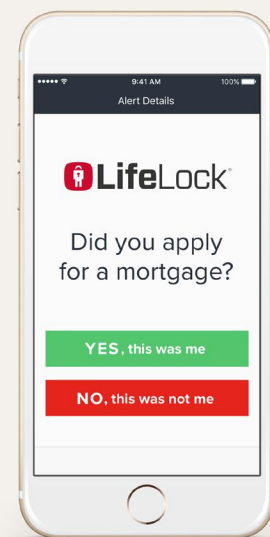
Nearly 15 billion dollars were stolen from identity theft victims in 2017.<sup>2</sup>



Nearly 60 million Americans have been affected by identity theft.<sup>1</sup>

## HOW TO ENROLL

- Visit: <http://gjciti.excelsiorenroll.com> -or- complete an election form with your HR team.
- Provide your name, Social Security number, date of birth, address, email and phone number. For each dependent, provide name, Social Security number and date of birth.
- Your LifeLock coverage will begin upon your benefit effective date.
- You will receive a welcome email from LifeLock with instructions on how to take full advantage of your LifeLock membership.
- Pre-enrollment/benefit specific questions? Please call 866-917-2555, press '1' or email [eb\\_service@symantec.com](mailto:eb_service@symantec.com)



Alert modified for demonstration purposes.

When a threat is detected<sup>†</sup>, LifeLock notifies members by phone<sup>§</sup>, text or email.

No one can prevent all identity theft.

<sup>†</sup> LifeLock does not monitor all transactions at all businesses.

<sup>§</sup> Phone alerts made during normal local business hours.

<sup>1</sup> Based on an online survey of 5,389 U.S. adults conducted for Symantec by The Harris Poll, January 2018.

<sup>2</sup> Based on an online survey of 540 U.S. adults who experienced ID theft in 2017, conducted for Symantec by The Harris Poll, January 2018.

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## An Essential Employee Benefit

CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

**LIFELOCK™ BENEFIT ELITE** identity theft protection is designed to help protect against identity theft plus monitor for threats to your identity and financial assets—your 401(k), investment, checking and savings accounts.<sup>†</sup> LifeLock Benefit Elite membership is only available as an employee payroll-deducted benefit.

**LIFELOCK ULTIMATE PLUS™** provides peace of mind knowing you have LifeLock's most comprehensive identity theft protection. Enhanced services include bank account application and takeover alerts, online annual three-bureau credit reports and credit scores plus monthly one-bureau credit score tracking.<sup>†</sup>

**LIFELOCK JUNIOR™** (Membership is available only as an added membership to an adult LifeLock plan) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children. To learn more about LifeLock Junior™ membership, and the specific features available with this plan, please visit [LifeLock.com/products/lifelock-junior](http://LifeLock.com/products/lifelock-junior).

Special employee benefit rate starting as low as

**\$4.25** SEMIMONTHLY

Based on semimonthly deductions for LifeLock Benefit Elite service, employee only.

SEMIMONTHLY PLAN OPTIONS		LifeLock Benefit Elite	LifeLock Ultimate Plus
	Employee Only [18 and over]	\$4.25	\$7.00
	Employee + Family*	\$8.49	\$13.99

The LifeLock Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus
LifeLock Identity Alert™ System <sup>†</sup>	✓	✓
Lost Wallet Protection	✓	✓
USPS Address Change Verification	✓	✓
Dark Web Monitoring	✓	✓
LifeLock Privacy Monitor™	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Credit, Checking & Savings Account Activity Alerts <sup>†</sup>	✓	✓
Investment Account Activity Alerts <sup>†</sup>	✓	✓
24/7 Live Member Support	✓	✓
U.S.-Based Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement <sup>‡</sup>	up to \$1 Million	up to \$1 Million
Coverage for Lawyers and Experts <sup>‡</sup>	up to \$1 Million	up to \$1 Million
Personal Expense Compensation <sup>‡</sup>	up to \$1 Million	up to \$1 Million
Checking and Savings Account Application Alerts <sup>†</sup>		✓
Bank Account Takeover Alerts <sup>†</sup>		✓
Three-Bureau Credit Monitoring <sup>†</sup>		✓
Three-Bureau Annual Credit Reports and Credit Scores <sup>†</sup> The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
One-Bureau Monthly Credit Score Tracking <sup>†</sup> The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority 24/7 Live Member Support		✓

<sup>‡</sup>Indicates features included within the Million Dollar Protection™ Package™

<sup>†</sup>If your LifeLock plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful LifeLock plan enrollment.

No one can prevent all identity theft. <sup>†</sup>LifeLock does not monitor all transactions at all businesses.

<sup>\*</sup>LifeLock defers to the employer's benefit eligibility rules regarding the number and age of the eligible dependents.

<sup>‡</sup>Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Elite and Ultimate Plus and up to \$25,000 for Junior. And up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits provided by Master Policy Issued by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at [LifeLock.com/legal](http://LifeLock.com/legal).

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GPPM5574\_BE\_UP\_BI-MONTHLY 0918



# Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.

## Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

### Universal Life can help.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the **right protection for you**.

Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



## Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy
30	from <b>\$5.06 - \$6.27</b>
40	from <b>\$7.42 - \$9.44</b>
50	from <b>\$11.92 - \$15.44</b>

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

### Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.

## Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC)** benefit that can help pay for these services at any age.

## Here's how it works:

4%

You can **collect 4% of your Universal Life death benefit per month** for up to 25 months to help pay for long-term care services.

## Flexible features available:

2x

**PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.



Universal Life is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



**No medical exams** or blood work – just answer a few simple questions.



# What would happen if you weren't around?



**1 in 3 households** would have immediate trouble paying for living expenses if they lost their primary earner.<sup>1</sup>



**40% of Americans** live paycheck to paycheck. Could your family afford to stay in your home?<sup>2</sup>



**56% of Americans** have less than \$10,000 saved for retirement - **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?<sup>3</sup>

## What can Universal Life benefits help pay for?



Funeral and burial costs



Rent or mortgage payments



Tuition and loans



Credit card bills



Medical expenses



Retirement savings

## Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

## Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

## Plus: grow your benefit with EZ Value

The EZ Value option can automatically **increase your benefit amount over time** - without any medical questions.

**Example: \$1 increase in weekly premium each year for 10 years.**

	Initial benefit	After 5 years	After 10 years
Universal Life	\$25,000	\$41,299	\$53,845
Universal LifeEvents	\$25,000	\$50,414	\$70,077

*Example is for age 40, employee only, non-smoker coverage with long-term care benefit and no additional features. Actual values will vary by age, smoking status, benefits selected and interest rates.*

**You care.  
We listen.**

<sup>1</sup>2018 Insurance Barometer Study LIMRA/Life Happens. <sup>2</sup>n Nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. <sup>3</sup>gobankingrates.com/retirement/1-3-americans-0-saved-retirement. <sup>4</sup>An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/](http://www.trustmarksolutions.com/disclosures/UL/) (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: [http://www.aging.ca.gov/aboutcda/publications/Taking\\_Care\\_of\\_Tomorrow\\_English/](http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company  
Rated A- (Excellent) for financial strength by A.M. Best.<sup>5</sup>

TrustmarkVB.com   

ULLTC\_BRR-EZV10

**Trustmark**  
benefits beyond benefits

Accident Only - Per Covered Pet  
\$10.08 / Monthly

Accident & Illness - Per Covered Pet  
Dog Age 0-10: \$45.74 / Monthly  
Cat Age 0-10: \$23.27 / Monthly



## Now You Can Play More and Worry Less

**Available now: New and improved pet insurance  
for your furry family members.**

**If you haven't had pet insurance in the past, here's why you should consider it.**

If you're a pet parent, your fur babies are an important part of your family, bringing comfort, joy, and unconditional love. In return, you do the best you can to take care of them. But pet care is expensive and veterinary costs continue to rise. That's why we're offering pet insurance, underwritten by Independence American Insurance Company, to our employees.

**\$ Average emergency vet  
visit costs \$800 to \$1,500<sup>1</sup>**



**1 in 3 pets need urgent  
care each year<sup>2</sup>**

We've selected **PetPartners** to be your partner in pet protection. Since 2002, PetPartners has helped pet parents keep their cats and dogs safe and healthy by providing affordable pet insurance.

### What's Covered

- Pre-Existing Conditions\*
- Broken Bones
- Diagnostics
- Surgery
- Prescription Medication
- Alternative Treatments\*\*
- Toxin Ingestion
- Digestive Issues
- Behavioral Issues\*\*
- Cancer
- Hospitalization

### Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life. Here's how it works:

- 1** Visit your vet (or any licensed vet or clinic)
- 2** Pay your vet then submit a claim
- 3** Get reimbursed for eligible expenses

Register and Enroll at:  
<https://portal.independenceamerican.com/email-verification>

**petpartners**   
The New Standard in Group Pet Insurance

# Dual Choice: Accident & Illness and Accident Only Insurance - per covered pet

*Underwritten by Independence American Insurance Company*

## Accident & Illness Coverage

*Subject to any applicable Deductible, Coinsurance and Annual Limit*

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under guidance of a veterinarian, excluding over-the-counter medications) performed for conditions that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.
- Illnesses

## Accident Only Coverage

*Subject to any applicable Deductible, Coinsurance and Annual Limit*

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under the guidance of a veterinarian, excluding over-the-counter medications) as a result and a direct consequence of an Injury that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.

## Base Plan

	<b>ACCIDENT ONLY</b>	<b>ACCIDENT &amp; ILLNESS</b>
<b>Annual Deductible</b>	\$300	\$300
<b>Coinsurance</b> ( <i>% the policy pays</i> )	80%	80%
<b>Annual Limit</b>	\$5000	\$5000
<b>Diminishing Deductible</b> <i>Deductible is reduced by specified dollar amount each year pet is claim free while continuously covered</i>		Not Included

<b>Minimum Issue Age of Pet at Effective Date</b>	8 Weeks	
<b>Maximum Issue Age of Pet at Effective Date</b>	No Maximum Age Limit	10 Years
<b>Expiration Age of Pet</b>	None	

<b>Benefit Waiting Periods:</b>		
<b>Injuries</b>	Waived	Waived
<b>Illnesses</b>		Waived
<b>Cruciate Ligament Injury</b>	6 Months	
<b>Pre-Existing Condition</b>	Covered after 12 months (look back period is from date of birth)	6 months look back, then covered after 12 months
<b>Prior Coverage Credit</b>		Included
<i>Credit toward satisfying the Benefit Waiting Periods and the Pre-Existing Condition provision for comparable, prior pet insurance which was in effect immediately before the Effective Date</i>		
<b>Continuity of Coverage</b>		
<i>In the event you are no longer eligible for coverage under this group plan, don't worry! You may apply for individual pet insurance through PetPartners, Inc and receive credit for the time covered under the group pet insurance plan. This means that credit will be given for the time covered under the group pet insurance plan toward satisfying the Pre-Existing Condition waiting period and the Benefit Waiting Periods. You must have no lapse in coverage between the two plans in order to qualify.</i>		

## Optional Benefits (Riders)

<b>Office Exams and Telehealth Consult</b>	Not Included	Not Included
<b>Rehabilitation and Physical Therapy</b>	Included - Subject to Deductible & Coinsurance	Included - Subject to Deductible & Coinsurance
<b>Inherited and Congenital Care</b> <i>-- not available for Accident Only</i>		Included Subject to Deductible and Coinsurance, and 30-day Benefit Waiting Period
<b>Alternative and Behavioral Care</b> <i>Acupuncture, Chiropractic, Homeopathy, Herbal Therapy, Naturopathy, and Vitamins/Supplements (Behavioral Care not available for Accident Only)</i>	Included Subject to Deductible & Coinsurance	Included Subject to Deductible & Coinsurance  Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period

<b>Final Respects</b> <i>(Cremation/ Burial/ Remains Disposal Only)</i>	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance
<b>Routine Dental</b>	Not Included	Not Included





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## Voluntary Benefits Contact Information

Carrier	Website / Email	Phone #
Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
LifeLock	<a href="http://www.memberportal.lifelock.com">www.memberportal.lifelock.com</a>	800-543-3562
Trustmark	<a href="http://www.trustmarksolutions.com">www.trustmarksolutions.com</a>	800-615-4943
Pet Partners	<a href="http://www.petpartners.com">www.petpartners.com</a>	866-774-1113
Benefit HUB Discount Site	<a href="http://www.grandjunction.benefithub.com">www.grandjunction.benefithub.com</a> code: RBSUF8	866-644-4621
HUB International Voluntary Benefits Division: Claims Escalation	<a href="mailto:voluntaryclaims@hubinternational.com">voluntaryclaims@hubinternational.com</a>	

