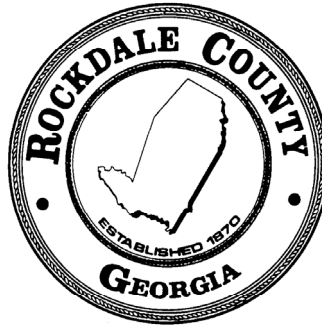


BOARD OF COMMISSIONERS

JANICE VAN NESS, CHAIR & CEO

Tuwanya C. Smith, Commissioner Post I

Dr. Doreen Williams, Commissioner Post II



DEPARTMENT OF FINANCE

SUE SANDERS, INTERIM CFO

TELEPHONE: 770-278-7555

FACSIMILE: 770- 278-8910

**Addendum No. 2
RFP No. 25-15
EMPLOYEE BENEFITS INSURANCE BROKER & CONSULTING SERVICES
June 20, 2025**

RFP #25-15 is hereby amended as follows:

1. Below are questions received and corresponding answers:

A. Question: Does the county have a broker/consultant today for these services and if so, then who is the name of the broker/consultant?

Answer: Yes, Edgewood Partners Insurance Center & the Mike Gasses Agency

B. Question: Is the broker paid on a broker commission and/or consulting fee basis, and if so, then can we obtain fees paid on each basis (e.g., commissions vs. fees)?

Answer: Commission and fees paid by carriers

C. Question: Have these services been bid out in the past and is there a reason for doing the RFP this time?

Answer: Yes. There were no more renewals remaining.

D. Question: How long has the broker/consultant been providing services to the county?

Answer: 7 years

E. Question: Are the services listed in the RFP consistent with the services that the incumbent broker/consultant (if applicable) is doing or are there changes in services? If changes in services, then any information that you can share would be much appreciated.

Answer: Same services listed with addition to the focus on the pharmacy.

F. Question: Please provide a copy of the existing Health Insurance Broker contract to include or be provided in addition: Please see attached.

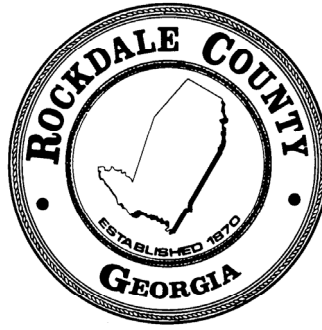
- a. Detailed outline of scope of services
- b. Compensation via flat fee and/or commissions by line of coverage.
 - i. If flat fee please provide annual fee by line of coverage.
 - ii. If commissions, please provide commission level (percentage) and annual premium by line of coverage.

BOARD OF COMMISSIONERS

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DEPARTMENT OF FINANCE

SUE SANDERS, INTERIM CFO

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- c. Does the consultant pay for any services on behalf of the Sheriff's office – ie COBRA, FSA administration, retiree billing, technology services (ie online enrollment/administration system), etc.

i. If so, please outline which and the coordinating annual costs.

Answer: Consultant pays for Cobra admin fees, and the FSA admin fees, currently another carrier covers the FSA admin fees.

G. Question: Are any constitutional offices included in the County's program? If yes, which?

Answer: Clerk of Courts, Sheriff's Office,

H. Question: Is Retiree enrollment included in the 900 Subscriber count shared in the RFP? If not, please advise the number of retirees enrolled in the County's medical and dental plan(s)?

Answer: no, 160

I. Question: Does the County offer any Medicare supplement/advantage options in addition to the County sponsored programs? If so, please advise which and the enrollment for each.

Answer: Aetna Medicare Advantage Part C

J. Question: Is the Medical and Dental program self-funded/ASO or fully insured?

Answer: self-insured

K. Question: Does the county's existing broker provide total compensation statements? Is it outsourced? If so, what vendor is being utilized and what is the annual cost? Is it acceptable to the County for the selected broker to outsource this service?

Answer: Yes, broker mails out the total compensation statements.

L. Question: Does the County's current carriers/tpa/vendors provide technology, wellness and any other additional funding dollars to the County? If so which and how much per year?

Answer: Wellness, \$250k

M. Question: How often do meetings occur with stakeholders per year?

Answer: Average 5 times per year/ When requested

N. Question: Page 13, D3 – does the County desire these services be provided by an actuary?

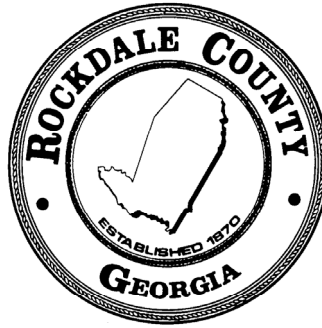
Answer: By the Broker.

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O. Question: How is the enrollment process currently handled by the County? (ie paper, electronic, vendor, Broker)

Answer: Electronic

P. Question: What HRIS/payroll system is currently being utilized by the County?

Answer: ADP

Q. Question: Page 14, D13 – Can you please provide additional detail regarding broker ‘approving’ enrollment elections and the expectation of what is to be done by the broker vs. County staff?

Answer: We require broker to work with ADP.

R. Question: Is the County using a current Retiree Administrative Benefit manager/vendor? If so which and what is the annual cost?

Answer: Yes, Retiree First. No annual cost to the County, Retiree First works out their fees directly with Aetna.

S. Question: Page 14, #16 – Can you please describe who would be considered “other consultants”?

Answer: Depending on the type of service needed

T. Question: Page 21 (Attachment C) requests client references and services performed, while Page 35 appears to ask for references as well—but more in the context of specific projects. Should these two sections be completed with the same information, or are you looking for different types of references?

Answer: The same reference can be used for both sections if there was a specific project completed with the reference used on page 21.

U. Question: On the Proposal Form (Page 24), there is a section requesting acknowledgment of any addenda. Have any addenda been issued to date that we should confirm receipt of?

Answer: Addendum No. 1, released 6/16/2025.

V. Question: Regarding the Lump Sum Amount requested in the proposal: Would the County prefer that we provide a breakdown of this amount by benefit type (e.g., medical, dental, etc.)? If so, we plan to base this on the benefit enrollments and budgeted figures listed in the County’s 2025 Budget.

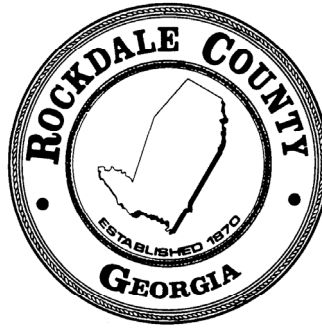
Answer: Yes

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Tuwanya C. Smith, Commissioner Post I

Dr. Doreen Williams, Commissioner Post II



DEPARTMENT OF FINANCE

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TELEPHONE: 770-278-7555

FACSIMILE: 770- 278-8910

W. Question: Can you please provide a copy of the most current EE Benefits Consulting Services Contract w/ EPIC Insurance Brokers including all pages and amendments? Also, a copy of the current Benefits Enrollment Guide that includes an overview of all EE Benefits.

Answer: Please see attached for current contract and change order. Please review Addendum No. 1 regarding the Benefits Enrollment Guide.

2. All other conditions remain in full force and effect.
3. If a proposal has been submitted and anything in this Addendum causes the contractor to change the item offered or to increase or decrease the proposal price, the new price and/or changes will be inserted below:

4. All contractors under this Request for Proposal are kindly requested to acknowledge receipt of this Addendum on the Proposal Form, page 24 of this RFP.

Tina Malone

Tina Malone, CPPB CPPO
Purchasing & Procurement Manager
Department of Finance, Purchasing Division

RECEIVED

JUL 09 2019

BY: *Purchasing*



Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year ☐ Multi-year ☒ Single Event ☐

CC Use Only Contract #: *C-2019-121*

☐ Submission Information

Contact Name: Toni Holmes

Department: Talent Management

Project Title: Insurance Broker-Consultant

RFP # 18-24

Funding Account Number:

Contract amount: \$

Contract Type: Goods () Services ☒ Labor ()

Contract Action: New ☒ Renewal () Change Order ()

Original Contract Number:

☐ Vendor Information

Vendor Name: Edgewood Partners Insurance Center (EPIC) & the Mike Gasses Agency

Address: 2405 Satellite Blvd

Address: Duluth, GA 30096

Email: chris.clark@epicbrokers.com

Phone #: 678-205-1511

Contact: Christopher B. Clark, CEBS
senior vice president, employer services
principal

678.205.1511 direct | 404.933.9295 cell |

770.232.9202 fax

epicbrokers.com

Term of contract: 3 years

7/31/19 - 7/31/22

*BOC approved
7-23-19*

Finance Director Signature

I have reviewed the attached contract, and the amount is approved for processing.

Signature: *J. Miller*

Date: *7.15.19*

Procurement Officer Signature

I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.

Signature: *Jana Malone*

Date: *7/19/19*

Summary:

A request for proposal was sent out for a Benefits Broker providing consulting services. There were eight (8) proposals received

Recommendation:

Edgewood Partners Insurance Center (EPIC) & the Mike Gasses Agency provided a total solution to the requested items listed in the RFP. Other viable proposals did not include Reporting for annual census along with approval of benefits elections during open enrollment through HRIS system or administrative support for Flexible Spending. The recommendation is to award the contract to Edgewood Partners Insurance Center (EPIC) & the Mike Gasses Agency

Department Head/Elected Official Signature:

Toni Holmes

Date:

7-8-19

RFP#18-24: Employee Benefits Insurance Broker and Consulting Services

7/26/2018 PROPOSALS DUE BY 2:00 P.M.

PROPOSALS RECEIVED

[illegible]

Maandag

Meagan Porch

7/26/2018

Date _____



GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
**BRAD
RAFFENSPERGER**

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

**EDGEWOOD
PARTNERS
INSURANCE CENTER
INC.**

Business Name: **EDGEWOOD
PARTNERS
INSURANCE CENTER
INC.** Control Number: **10012762**

Business Type: **Foreign Profit
Corporation** Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office **425 CALIFORNIA ST,
24TH FL, San
Address: Fancisco, CA, 94104,
USA** Date of Formation /
Registration Date: **2/12/2010**

Jurisdiction: **California** Last Annual
Registration Year: **2019**

REGISTERED AGENT INFORMATION

Registered Agent
Name: **National Registered Agents, Inc.**

Physical Address: **289 S. Culver Street, Lawrenceville, GA, 30046-4805, USA**

County: **Fulton**

OFFICER INFORMATION

Name	Title	Business Address
DANIEL J. CRAWFORD	Secretary	2000 ALAMEDA DE LAS PULGAS, SUITE 280, San Mateo, CA, 94403, USA
JOHN G HAHN	CEO	425 CALIFORNIA ST, 24TH FL, San Fancisco, CA, 94104, USA
KARMAN MA CHAN	CFO	425 CALIFORNIA ST, 24TH FL, San Francisco, CA, 94104, USA

Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530, Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
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BUSINESS SEARCH

BUSINESS INFORMATION

**THE MICHAEL
GASSES AGENCY,
INC.**

Business Name: **THE MICHAEL
GASSES AGENCY,
INC.** Control Number: **0427794**

Business Type: **Domestic Profit
Corporation** Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **P.O. Box 1101,
McDonough, GA,
30253, USA** Date of Formation /
Registration Date: **5/12/2004**

State of Formation: **Georgia** Last Annual
Registration Year: **2019**

REGISTERED AGENT INFORMATION

Registered Agent Name: **WILLIAM A. WHITE**

Physical Address: **2200 KEYS FERRY COURT, MCDONOUGH, GA, 30253, USA**

County: **Henry**

OFFICER INFORMATION

Name	Title	Business Address
MICHAEL A. GASSES	CFO	P.O. Box 1101, McDonough, GA, 30253, USA
MICHAEL A. GASSES	CEO	P.O. Box 1101, McDonough, GA, 30253, USA
MICHAEL A. GASSES	Secretary	P.O. Box 1101, McDonough, GA, 30253, USA

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Office of the Georgia Secretary of State Attn: 2nd MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530, Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
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⚠️ ALERT: SAM.gov will be down for scheduled maintenance Saturday 07/13/2019, from 8:00 AM to 1:00 PM (EDT).

⚠️ ALERT: CAGE is currently experiencing a high volume of registrations, and is working them in the order in which they are received. When your registration is assigned to a CAGE Technician, you will be contacted by CAGE, if necessary, for any additional information.

Search Results

Current Search Terms: edgewood partners insurance center*

Total Records

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Result Pages

Sort By: **Relevance** ▾ Order By: **Descending** ▾

Your search for edgewood partners insurance center* returned the following results...

No records found.

Result Pages

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DSM Page 1 of 1
1/1

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1/1

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A NEW WAY TO SIGN IN - If you already have a SAM account, use your **SAM email** for login.gov.

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⚠️ ALERT: SAM.gov will be down for scheduled maintenance Saturday 07/13/2019, from 8:00 AM to 1:00 PM (EDT).

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Search Results

Current Search Terms: The Mike Gasses Agency*

Total records: 0

[Save PDF](#)[Export Results](#)[Print](#)

Result Page:

Sort by: **Relevance** ▼ Order by: **Descending** ▼

Your search for The Mike Gasses Agency* returned the following results...

No records found.

Result Page:

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Brian P. Kemp
Governor

J. Alexander Atwood
Commissioner

State of Georgia Suspended and Debarred Suppliers

The following list of suppliers have been suspended or debarred from receiving State of Georgia contracts as of the respective effective date through the identified expiration date:

Supplier Name	Supplier ID	Supplier Address	Status (Suspended/Debarred)	Effective Date	Expiration Date
NONE					

C-2019-121

EPIC & Gasses/Rockdale County Broker-Consultant Services Agreement

2019

This Brokerage/Consulting Services Agreement ("Agreement") is between _Rockdale County_, with principal executive address at _962 Milstead Ave., Conyers, GA 30012_ ("Client"), and Edgewood Partners Insurance Center & the Mike Gasses Agency, EPIC's SE Region executive address is at _2405 Satellite Blvd, Duluth, GA 30096_ (EPIC and Gasses collectively referred to as "EPIC"). Client and EPIC may be referred to individually as a Party and collectively as the Parties.

EPIC and Client agree as follows:

1. Scope of Services to be Provided by EPIC

EPIC will provide the brokerage/consulting services for Client described in Exhibit 1 (the "Services"), which may be modified from time-to-time by mutual written consent of the Parties. The Parties further hereby incorporate Rockdale's RFP and EPIC's Proposal, by reference, for additional scope detail. Client acknowledges and understands the nature of the Services to be performed by EPIC is intended to be health and welfare brokerage and consulting services. Client further expressly acknowledges and agrees that the Services are not intended to be, nor shall Client rely on them as, a substitute for pertinent professional advice (including, but not limited to, legal or tax advice.)

2. Payment for Services

EPIC shall receive commission compensation as outlined in Exhibit 3.

3. Disclosure and Record Keeping

EPIC will maintain accurate and current files including, but not limited to, insurance policies and correspondence with insurers or brokers. EPIC will retain the Client's files for five (5) years after this Agreement ends or as otherwise directed by Client pursuant to its written policy. The Client may request the delivery of its files at any time and will reimburse EPIC for the cost of retrieving, processing, copying and delivering all paper and electronic files.

4. Term & Termination

A. Term. The initial term of this Agreement shall commence on _July 31, 2019_ and end at midnight on _July 31, 2022_. ("Initial Term").

Automatic renewal. Client recognizes that during the course of this Agreement, EPIC will put forth significant effort and engage Client in strategic planning for each "Benefit Year" (as defined below). Therefore, unless terminated as provided herein, the Agreement will automatically renew ninety (90) days prior to the end of the then current Benefit Year for an additional 12-month term. "Benefit Year" shall mean each 365-day year during which Client's primary health benefits plan, for which EPIC has provided Services, in accordance with this Agreement remains effective.



B. Termination. This Agreement may be terminated by either party as follows:

- i. Effective upon sixty (60) days' advance written notice to the other party stating that such other party is in breach of any of the provisions of this Agreement, provided such breach (if able to be cured) is not cured within sixty (60) days after the notice is received, or corrective actions have not been implemented to correct such breach within that period; or
- ii. At the discretion of either Party, with one hundred and eighty (180) days' advance written notice.

5. Personnel

The Primary service team will consist of Christopher Clark, Principal and SVP at EPIC; and Mike Gasses, Owner and Broker, The Michael Gasses Agency. EPIC will assign supporting personnel according to the needs of Client and according to the disciplines required to complete the Services in a professional manner. EPIC retains the right to substitute supporting personnel.

6. Client's Responsibilities

Client will make available such reasonable information as required for EPIC to conduct its services. Such information will be made available as promptly as possible. It is understood by EPIC that the time of Client's personnel is limited, and judicious use of that time is a requirement of this Agreement.

7. Records and Information

EPIC understands and agrees to limit its use and disclosure of protected health information ("PHI") as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Client grants permission to EPIC to use Client's name and logo in direct response to any request for proposal, solely within the proposal presented to Client. EPIC will not use Client's name and logo for any other purpose or in any other documents, including, without limitation, general marketing or advertising, without express written consent from Client.

Title V of the Gramm-Leach-Bliley ("Act") established limitations on the use of non-public information collected by financial institutions. EPIC's insurance-related work may qualify EPIC as a financial institution under this Act. When, and to the extent that, such work so qualifies EPIC, it will take all reasonable steps to comply with the Act.

8. Independent Contractor

It is understood and agreed that EPIC is engaged by Client to perform services under this Agreement as an independent contractor. EPIC shall use its best efforts to follow written, oral, or electronically transmitted (i.e., sent via facsimile or e-mail) instructions from Client as to policy and procedure.



9. Fiduciary Responsibility

Client acknowledges that: (i) EPIC shall have no discretionary authority or discretionary control respecting the management of any of Client's employee benefit plans; (ii) EPIC shall exercise no authority or control with respect to management or disposition of the assets of Client's employee benefit plans; and (iii) EPIC shall perform services pursuant to this Agreement only in a non-fiduciary capacity.

EPIC is not a fiduciary as defined by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). EPIC will not have the authority or responsibility to (a) exercise any discretionary authority or control respecting management or disposition of any employee benefit plan or assets of any such plan, (b) render investment advice with respect to moneys or other property of any such plan, or (c) exercise discretionary authority or responsibility in the administration of any such plan. EPIC is not a fiduciary with respect to any such plan, its assets, its participants or beneficiaries.

Client agrees to notify EPIC as soon as possible of any proposed amendments to the plans' legal documents to the extent that the amendments would affect EPIC in the performance of its obligations under this Agreement. Client agrees to submit (or cause its agent or vendors to submit) all information in its (or their) control reasonably necessary for EPIC to perform the Services covered by this Agreement.

10. Indemnity and Limitation on Liability

EPIC, at its own cost and expense, shall indemnify and hold Client free and harmless from costs arising in connection with any third party claim or action brought against Client arising from EPIC's gross negligence in the course of performing Services pursuant to this Agreement. In no event will this indemnification exceed 1x the total dollar amount of Client's fees for the Benefit Year in which the events that gave rise to the claim or action occurred.

Client agrees, to the fullest extent permitted by law and its own cost and expense, to indemnify and hold EPIC free and harmless, its officers, directors and employees (collectively, EPIC) against any and all damages, liabilities or costs, including reasonable attorneys' fees and defense costs, to the extent caused by Client's negligent acts, if any, in connection with the project(s) that require EPIC to provide the Services under this Agreement.

Neither the Client nor EPIC shall be obligated to indemnify the other party in any manner whatsoever for the other party's negligence.

The maximum liability of EPIC and its representatives to Client for damages for any and all causes whatsoever and Client's maximum recovery, regardless of the form of action, shall be limited to 1x the total dollar amount of Client's fees for Services for the Benefit Year in which the events that gave rise to a claim or action occurred.

C-2019-121

11. Miscellaneous Provisions

This Agreement supersedes all prior agreements and understandings between the Parties, and all prior discussions, whether written or oral, and is intended by the Parties as the complete and exclusive statement of their entire Agreement. No modification, addition to, or waiver of any of the terms of this Agreement shall be effective unless in writing and signed by an authorized officer of EPIC. All notices and other communications given or made pursuant to this Agreement shall be sent, in writing, to the respective parties at their respective addresses as set forth in this Agreement, or the addresses as subsequently modified by written notice.

No action to enforce any claim arising out of or in connection with the Services which are the subject matter of this Agreement shall be brought by Client against EPIC more than one year after the cause of action has accrued or, if later, one year after Client first becomes aware of all facts and circumstances giving rise to such cause of action (including any damages arising therefrom).

Any dispute between the Parties shall be submitted to binding arbitration, and the prevailing party shall be entitled to reasonable attorney fees and costs, including witness fees and arbitration expenses. EPIC represents and warrants that it maintains errors and omission insurance coverage applicable to, and with appropriate coverage amounts for, the Services described herein.

This Agreement shall be construed in accordance with the laws of Georgia for contracts made within that state. The Parties agree that the exclusive jurisdiction and venue for any suit or arbitration relating to this Agreement, including its formation, performance and/or breach, shall be in the City of Conyers, State of Georgia.

The Parties hereto have each caused this Agreement to be executed by their duly authorized representatives.

Rockdale County Government

Signature

Date

Osborn Nesbitt, Jr., Chairman
Name & Title

Edgewood Partners Insurance Center

Signature

Name & Title

Date

Chris Clark, Principal & SVR

7/31/17

The Michael Gassess Agency

Signature

Name & Title

Date

Approved as to form

EPIC**ATTEST:**

Jennifer D. Rutledge, County Clerk

M. Qader A. Balq, County Attorney

PROPOSAL FORM

Instructions: Complete all THREE parts of this bid form.

PART I: Proposal Summary

Complete the information below. If you wish to submit more than one brand, make a photocopy of this Proposal Form.

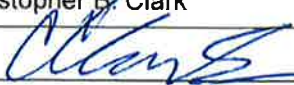
1.	Annual Benefits Broker Consulting Services	\$ 175,000.-
2.	(plus commissions on non-medical services)	\$
3.		\$
4.		\$
5.		\$
6.		\$

PART II: Addenda Acknowledgements (if applicable)

Each vendor is responsible for determining that all addenda issued by the Rockdale County Finance Department – Purchasing Division have been received before submitting a bid.

Addenda	Date Vendor Received	Initials
"1"	7/20/2018	CBC
"2"	7/24/2018	CBC
"3"		
"4"		
"5"		
"6"		

PART III: Vendor Information:

Company Name	EPIC Insurance Brokers & Consultants
Address	2405 Satellite Blvd. Suite 200, Duluth, GA 30096
Telephone	Chris Clark Direct: 678.205.1511 Chris Clark Cell: 404.933.9295
E-Mail	chris.clark@epicbrokers.com
Representative (print name)	Christopher B. Clark
Signature of Representative	
Date Submitted	7/25/18



Rockdale County Government
Rockdale County Finance Department
Purchasing Division
Attn: Meagan Porch
958 Milstead Avenue
Conyers, GA 30012

RE: Response to Rockdale County's Request for Proposals No. 18-24, Employee Benefits Insurance Broker and Consulting Services

Pricing Proposal for Rockdale County

**EPIC Insurance Brokers & Consultants
The Michael Gasses Agency
Brown and Moore Financial Services**

For a group your size, with self-funded medical, we base our needed revenue on the following:

Medical/Rx Plan Services:

1.75% of expected program costs

Based on information provided in the RFP we estimate your annual medical program costs at \$10,000,000. Using that figure we propose our fee at \$175,000 annually. This is reflected on our proposal form.

Ancillary Benefits Services:

Option 1: Standard Commissions

This is 5% on dental and 10% on other ancillary benefits (Life, Disability, Vision, etc.)

Option 2: Should the County prefer a Fee Only arrangement we are open to converting the above to an equivalent fee and adding that to the medical fee shown above.

Exhibit 1

Employee Benefits Services to be Performed

The following benefits consulting and brokerage services will be provided by EPIC for the agreed upon annual compensation (paid via commissions) to support the strategic design, management and delivery of benefits services to Client and its employees.

STRATEGIC PLANNING AND RISK MANAGEMENT

- Define and prioritize strategic benefits program objectives tied to Client's organizational objectives and risk management philosophy
- Present annual analysis of current and proposed plan designs, pricing and administrative processes that support Client's overall objectives
- Provide a proactive, long-term plan for program sustainability and market evolution
- Conduct pre-renewal strategy meeting to set priorities and renewal timeline

FINANCIAL ANALYSIS AND MONITORING

- Analyze and proactively manage benefit program costs
- Ongoing claims monitoring and analysis of budget vs. actual
- Annual analysis, review and presentation of current and proposed plan designs, pricing and administrative process
- Review current and alternative funding methods and processes
- Data analytics, underwriting and reporting to support medical, dental and vision programs
- Develop renewal analysis based on prevailing practices to support vendor negotiations
- Use contribution modeling to ensure appropriate rate setting and level of funding
- Provide annual IBNR analysis and attestation
- Provide claim lag report for audit analysis

PROGRAM MANAGEMENT AND PLAN DESIGN

- Benefit plan marketing, by coverage, to validate pricing and plan comprehensiveness and competitiveness
- Analysis and negotiation of final carrier proposals
- Coordinate finalist interviews as needed
- Provide implementation support for new vendors
- Develop self-funded plan accrual rates, model employee contribution changes, projections for alternative plan designs and/or employee contributions or funding arrangements
- Confirm domestic partner rates, if applicable
- Compile and evaluate leading benchmark data to ensure appropriateness of benefits
- Represent the County in negotiations and agreements with all insurance carriers and plan administrators
- Evaluate insurer/vendor financial ratings and accreditations
- Evaluate provider networks, conduct provider disruption analysis, and assist in selecting alternative delivery systems



- Negotiate performance and service guarantees, medical and pharmacy ASO and Stop Loss fees
- Review carrier utilization reports and meet quarterly to discuss strategy
- Provider preference surveys and/or disruption analysis when considering a medical or dental carrier change

CLIENT MANAGEMENT AND ONGOING ADMINISTRATIVE SERVICES

- Attend and lead regularly scheduled planning and management meetings
- Develop and manage new plan vendor/carrier implementation
- Manage current vendor performance
- Serve as liaison between Client team and all insurers/vendors
- Resolve escalated vendor issues
- Facilitate resolution of routine employee claim and eligibility questions and issues
- Review of insurance/ASO contracts, SBCs, EOCs, and other vendor-issued documents for accuracy and interpret key provisions
- Proactively notify Client team of material changes to carrier plans, network or financial position throughout the plan year
- Full coordination and communication of benefit changes and updates to third party service providers
- COBRA, FSA and HSA evaluation
- Ongoing management of TPA relationships
- Manage impact of Health Care Reform, including analysis of 2022 Excise Tax and ongoing legislative changes

COMPLIANCE AND LEGISLATION

- Advise on overall plan compliance with regard to federal and state mandated benefits and employer/organization obligations
- Advise on ERISA requirements
- Provide Affordable Care Act updates and impact analysis (actuarial ACA analysis is out of scope), benefit changes, communication requirements and notices
- Provide customized health plan enrollment notices
- Assist with "wrap" plan document/SPD and IRC section 125 plan document
- Conduct high-level compliance review of welfare plan
- Medicare Part D creditable coverage status confirmation [Carrier confirms, not EPIC]
- Non-discrimination testing coordination (testing conducted by third party, if needed)
- Prepare and deliver legislative updates and urgent bulletins relating to changes in benefits law via e-mail (EPIC's monthly newsletters and quarterly webinars)
- Provide HIPAA privacy consulting and training (augments third party HIPAA privacy and security solution, fee-based)

COMMUNICATIONS PLANNING & EMPLOYEE ENGAGEMENT

- Identify benefits communication goals and objectives through communication planning session
- Create a written benefits communications strategy (combined with wellness strategy outcomes)
- Review existing HR/benefit communications
- Generate and/or update branded employee benefit communication materials including:
 - Benefits program change announcements, e.g., e-newsletters/bulletins



- Comprehensive Benefits guide (provided in English & Spanish as necessary)
- Compliance packet including required notices such as HIPAA, CHIPRA, Women's Cancer Act, etc.
- Open Enrollment announcement and employee presentation
- Employee wallet contact cards with carrier and customer support details
- Assist with planning and facilitation of open enrollment meetings
- Excludes third party service provider costs such as print production

WELLNESS CONSULTING

- Wellness strategic planning driven by organizational objectives and culture
- Employee interest survey
- Support for design and implementation of programs based on strategic planning and survey results (such as a location audit or wellness committee facilitation)
- Generate spectrum of resource considerations including carrier and third party service providers
- Service provider evaluation, selection and implementation support
- Employee communications geared toward health education and lifestyle impact
- Ongoing measurement of program effectiveness
- Excludes third party service provider costs for items such as health risk assessments, biometric screenings, individual employee coaching, ergonomic evaluations, third party online platforms, etc.

BENEFITS TECHNOLOGY CONSULTING

- Provide market leading expertise and insights on benefits technology alternatives and emerging solutions
- Analyze and optimize internal HR/Benefits administration resources and processes
- Support delivery of streamlined technology to employees/plan participants

HUMAN RESOURCES SUPPORT

EPIC will provide, at no additional cost to the Client, a single user id and password access to ThinkHR, a leading and dedicated team of HR professionals providing phone, email and HR training support to Client's team. Services include:

- ThinkHR Live—This phone and email-based support provides direct access to a team of senior PHR® and SPHR® professionals with both national and state-level expertise. HR experts can answer questions and provide HR, Employee Benefits and Compliance advice. Phone-based support is available from 6 a.m. to 5 p.m. Pacific Time each business day. Sample topics include:
 - Compensation
 - Leave of absence
 - Performance management
 - Recruiting process development
 - FMLA issues (exempt/nonexempt and state-specific issues)
 - Sexual harassment or other discrimination issues

- ThinkHR Learn - ThinkHR offers over 200 recorded trainings and webinars on HR, Compliance, Wellness and other related topics.
- ThinkHR Comply – ThinkHR offers HRCI accredited courses quarterly and an online template for an Employee Handbook builder. This tool is a national/federal template that can assist employers in building a basic employee handbook.
- Several other service features include: HR Compliance Checklists, Federal and State Forms and Publications, FAQs about Retirement and ERISA, a Job Description Builder, FMLA Guides, HR E-Newsletters and much, much more.

Exhibit 2

OUT OF SCOPE SERVICES

Any services provided in addition to the Services detailed above may require additional fees and/or commission. These will be mutually agreed upon in writing before EPIC will perform any out-of-scope services. A sample list of out-of-scope items includes:

- ✓ Third party service provider costs for items such as health risk assessments, biometric screenings, individual employee coaching, third party online platforms, etc.
- ✓ External wellness program management of technology platform
- ✓ Benefit communications third party costs such as video production, printing, fulfillment and postage expenses

EPIC & Gasses/Rockdale County Broker-Consultant Services Agreement

2019

Exhibit 3 – Effective July 2019

Line of Coverage	Carrier	Initial Commission Level
Medical	Cigna – Self Funded	n/a
Medical	Kaiser – Fully Insured	5%
Stop Loss	Cigna	7%
Rx	Cigna & Kaiser	Incl. in Medical/StopLoss
Dental	Cigna	5%
Vision	Anthem	5%
Life & Disability	MetLife	5%
Voluntary	Colonial	5%

ATTACHMENT A
GENERAL INFORMATION FORM
(To be completed by the proposer and placed at the front of your proposal)

Edgewood Partners Insurance Center
 dba EPIC Insurance Brokers & Consultants

Legal Name of Firm

770.232.0202

Firm's Telephone Number

2405 Satellite Boulevard, Suite 200

Street Address

770.232.9202

Firm's Fax Number

Duluth, GA 30096

City/State/Zip

www.epicbrokers.com

Firm's Web Address

Limited Liability Corporation (LLC)

Type of Organization (Corporation, Sole Proprietorship, Partnership, etc.)

EPIC has included a copy of our
 business license with this form

Business License (documented)

94-3195221

Taxpayer ID # (Federal)

Christopher B. Clark | Senior Vice President & Principal

Name and Title of Project Manager

Christopher Clark | Senior Vice President & Principal | 404.933.9295

Name, Title and Phone Number of Person Project Correspondence Should be directed to

chris.clark@epicbrokers.com

Email Address

Listing of Major Subcontractors Proposed and Areas of Responsibility/Phone Number

The Michael Gasses Agency | Michael Gasses, Owner | 770.957.5535

Mike Gasses will act as Lead Broker / Consultant along with Chris Clark of EPIC

Brown and Moore Financial Services, LLC

Michael Brown will act as Lead Broker / Consultant along with Chris Clark of EPIC

Signature

Christopher B. Clark | Senior Vice President & Principal

Name and Title of Person Signing Completion of general Information Form

7/25/2018
 Date

**REQUEST FOR PROPOSALS (RFP) No. 18-24
EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES**

TECHNICAL SPECIFICATIONS AND ADDITIONAL REQUIREMENTS

ROCKDALE COUNTY REQUEST FOR PROPOSALS (RFP) No. 18-24 EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES

I. BACKGROUND

Rockdale County offers the following plans; medical, dental; vision; short term disability; long term disability; group and voluntary basic life and accidental death and dismemberment (AD&D) term insurance; flex spending accounts for healthcare and dependent care; an employee assistance program (EAP); legal coverage; voluntary benefits and pension program. Rockdale County's annual benefits open enrollment takes place in September and all benefits policy plan terms should run January 1 – December 31st. Rockdale County enrollment is approximately 900 employees plus their dependents.

The County's Talent Management Department strives to provide employee benefits programs that best meet the needs of employees, retirees, their dependents and the County, and to assist participants in utilizing their plans effectively.

II. PROJECT OVERVIEW

The County requests proposals from qualified licensed consultants to provide consulting and support services for the County's current and future employee benefits, including group medical (includes prescription coverage), dental, vision, life, accidental death and dismemberment, short- and long-term disability, employee assistance program (EAP), voluntary benefits and retiree services. The County seeks a consultant that is well versed in the benefits market, experienced in advising comparable public agencies and works well with various levels of staff and management. Submitted proposals must meet all requirements set forth in this Request for Proposal (RFP).

Benefit eligible employees and qualified dependents are eligible to receive some level of the aforementioned benefits. Eligible retirees and qualified dependents are able to participate in the County's Retirees Health Insurance Program, which provides medical insurance coverage.

III. SCOPE OF SERVICES

The County is seeking to name a consultant of Record for the County's employee benefits program and is looking for continuity of services in the rapidly changing area of employee benefits. The County is particularly interested in a consultant who can offer creative, innovative approaches, with a proven track record, that allows the County to maintain quality programs and contain or reduce costs and provide guidance and advice with the Affordable Care Act.

The selected consultant will perform a full range of benefit program services related to the acquisition, implementation, maintenance, communication and improvement of the County's employee insurance benefits. The selected consultant shall provide services, including, but not limited to, the following:

A. Analysis and Reporting

1. Analyze existing coverage and identify or develop cost-saving alternative benefit strategies and plans.
2. Assist in the development of long-range goals and strategies, including making projections of potential savings.
3. Provide analysis and recommendations based on utilization and performance, trends, statistical and/or financial reports, and plan specific data.

4. Assist the County in monitoring and analyzing experience trends and providing timely alerts on changing patterns and appropriate recommendations.
5. Provide, maintain and update comparison reports of other public and private companies' benefit plan offerings and costs to determine their competitiveness with the County's programs.
6. Provide a cost benefit analysis to the County for outsourcing COBRA administration.
7. Prepare Total Compensation Statements to the County on an annual basis.
8. Prepare and provide reporting to GEBCorp (pension administrator) for annual census reporting
9. Provide financial and/or performance reviews and recommendations for self-funded and fully insured plans and programs.
10. Be available to provide various types of reports as needed, such as cost analysis for benefit changes, gap analysis and other statistical, financial, forecasting, trend, labor negotiations or experience reports.
11. Prepare and present reports on trends, new products and audits, as requested.
12. Regularly monitor and evaluate performance measures and guarantees for providers.
13. Maintain full and accurate records with respect to all matters and services provided on behalf of the County's benefit plans and programs. Provide County staff or officials all spreadsheets, assumptions and calculations upon completion of any project performed on behalf of the County's benefit plans and programs.
14. Review and analyze contracts and plan outlines by carriers

B. Liaison and Problem Intervention

1. Act as liaison as required between Rockdale Department of Talent Management and insurance providers.
2. Provide day-to-day consultation on plan interpretation and problem resolution, including, but not limited to, explanation of plans, assisting employees/retirees with selecting plans that meet their needs and geographic location, and transitioning retirees from early retiree plans to Medicare-coordinated plans.
3. Provide timely customer service and assistance to staff, employees, vendors and retirees with issues involving provider billing, claims, vendor service issues/problems, advocacy for services, disputes, interpretation of contracts and services, changes and general troubleshooting.
4. Attendance as needed at meetings with County staff, employees, vendors and/or retirees to facilitate and assist in the management of the County's employee benefits plans.
5. Act as an advocate or ombudsman in appeal, arbitration or court process between the County and the providers on unresolved issues if needed; provide advice when needed to enforce County, employee, retiree or their dependents' rights.
6. Assist the County in proactive mitigation of negative impacts or disruption of services to employees and retirees from benefit and/or provider network changes.

C. Compliance

1. Assist with ongoing plan administration and ensure that programs are in compliance with State and Federal legislation.
2. Provide on-site training to County staff, as needed, regarding regulatory updates and/or best practice seminars for the effective administration of benefits plan.
3. Review, advise and disseminate information to staff on new or revised State and Federal legislation that impacts benefits programs.
4. Assist County staff with annual audit to ensure compliance with all mandated reporting and posting/notice requirements for benefit plans.
5. Develop and/or assist in developing communication materials and tools for conducting dependent verification audits.
6. Assist County to ensure compliance with FMLA and ADA when needed, as well as any benefit related topics.

D. Annual Renewal Process and Evaluation

1. Establish a strategy for benefits, both annually and three to five years in the future. Consider trends, prospective legislations, new delivery systems and geographic health-care practices to make long-term projections.
2. Review and make cost-saving recommendations regarding the modification of plan design, benefit levels, premiums, communications and quality of current employee and retiree benefit plans.
3. Recommend appropriate premium rates and rate structures and reserves to maintain the viability of the plans to ensure that quality and cost-effective benefits are provided by the plans.
4. Annual estimates of renewal rates and cost trends and assist County staff in budget preparation.
5. Conduct thorough and applicable market research in preparation for contract renewals.
6. Representation in all negotiations with providers on various topics, including, but not limited to, premiums, benefit levels and plan design, performance measures and guarantees, contractual terms and conditions, and quality assurance standards.
7. Make recommendations for items of negotiation with providers, including, but not limited to, benefit levels and plan design, premiums, quality of service, performance measures and guarantees, and return on investment, where applicable.
8. Prepare specifications and compile data, obtain quotes and proposals, negotiate rates and analyze and compare proposals.
9. Review rate proposals to ensure underlying assumptions are appropriate and accurate to the County.
10. Provide communication development and support for the annual open enrollment period, new benefit offerings and/or changes to the existing benefits offerings.

11. Attendance at, present at, and assistance with, coordination of the annual Benefits Fair and Open Enrollment process and annual benefits enrollment reconciliation and provide ongoing technical support.
12. Provide staff to enroll employees in all departments during Open Enrollment, for the entire duration of Open Enrollment.
13. Approve all benefit elections during Open Enrollment through ADP portal at the end of the Open Enrollment appeal process.

E. Other Service Requirements

1. Assist in the facilitation and implementation of an employee wellness program to improve employee health and reduce employee and retiree health-care costs, both in the short-term and in the long-term.
2. Assist in the development and/or purchasing of web site technologies to support on-line enrollments, changes and employee education to assist employees/retirees in self-management of benefits, and to reduce the related administrative demands on County staff.
3. Provide and facilitate Retiree Administration Program, including retiree premium payments, setting up coverage for retiree and dependents, resolving any claims or issues that may arise, and running monthly reports to show when retirees are to be termed from one plan and moved to Medicare advantage plan.
4. Provide and facilitate COBRA administration Program including COBRA premium payments.
5. Provide administrative fees for FSA vendor.
6. Recommend and help develop enhancements and improvements for communications specific to the needs of the County's employees and retirees, including, but not limited to, brochures, pamphlets, matrices, comparison charts, summaries, electronic communications, forms, employee handbooks and employee orientation.
7. Complete and send out retiree Open Enrollment letters with enrollment forms when applicable.
8. Provide timely research and responses to technical questions posed by County staff.
9. Provide regular and timely communications needed for the effective administration of benefit plans.
10. Provide guidance and recommendations on items such as, but not limited to, trends in benefits plans, methods for improving cost containment, financial arrangements and administration.
11. Provide access to published benefit-related survey information.
12. Develop and provide additional benefits communications specific to the needs of the County's employees and retirees.

13. Attendance at, and assistance with, meetings with the County Board of Commissioners, County staff and labor groups.
14. Recommend when County staff should attend particular consultant-sponsored seminars, benefit events and educational forums that would be beneficial to the County.
15. Develop and/or assist in developing and evaluating employee/retiree needs and satisfaction surveys.
16. Work collaboratively with other consultants and County staff.
17. Manage plan transitions as necessary.
18. Review and evaluate current administrative processes related to enrollment and billing. Recommend and assist with implementation of administrative process enhancements.
19. Assist with developing discount programs for employees
20. Processing benefit invoices to send to Finance for carrier payment

V. PROPOSER'S MINIMUM QUALIFICATIONS

A. Qualifications of the Firm

1. The proposer shall have at least ten (10) consecutive years of experience in Georgia providing consultant age and benefits consulting services to public or private entities. The firm shall have provided such services to jurisdictions whose service populations are similar in size and complexity to the County's.
2. The proposer must be legally authorized to do business in the State of Georgia and shall meet all licensing and other requirements imposed by State and Federal laws and regulations.
3. The proposer shall have experienced management staff, possessing comprehensive knowledge of benefit administration pertaining to public employers.
4. The proposer shall possess knowledge of applicable laws, regulations and codes and shall be familiar with local conditions and trends relating to group insurance in Georgia.

B. Qualifications of the Staff

1. The staff member(s) assigned to the County's account shall have:
 - a. Ten (10) years of benefit administration and client management experience and provide credentials documenting professional experience, employment history and education.
 - b. Experience in maintaining a high level of quality communication with clients, client employees/retirees and vendors.

VIII. INSURANCE REQUIREMENTS

A. Commercial General Liability/Automobile Liability Insurance

The selected consultant shall obtain and maintain Commercial General Liability insurance and Automobile Liability insurance in the amount of One Million Dollars (\$1,000,000) per occurrence. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this contract or the general aggregate limit shall be twice the required occurrence limit. The selected consultant's insurance coverage shall be written on an occurrence basis.

B. Workers' Compensation and Employer's Liability Insurance

The selected consultant shall obtain and maintain statutory Workers' Compensation Insurance and Employer's Liability insurance in the amount of One Million Dollars (\$1,000,000) per accident.

C. Professional Liability Insurance

The selected consultant shall obtain and maintain Professional Liability insurance in the amount of One Million Dollars (\$1,000,000) per claim. Professional Liability insurance must be maintained and evidence of insurance shall be provided to the County for at least three (3) years after completion of the contract of work.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current *Best Rating* of A: VII unless otherwise acceptable to the County.

E. Verification of Coverage

Insurance, deductibles or self-insurance retentions shall be subject to the County's approval. Original Certificates of Insurance with endorsements shall be received and approved by the County before work commences and insurance must be in effect for the duration of the contract. The absence of insurance or a reduction of stated limits shall cause all work on the project to cease. Any delays shall not increase costs to the County or increase the duration of the project.

F. Other Insurance Provisions

1. The County, its officers, officials, employees and volunteers are to be covered as additional insured by Endorsement CG 20 10 11 85 or other endorsement approved by the County's Risk Manager for Commercial General Liability and Automobile Liability coverage.
2. For any claims related to this project, the selected consultant's insurance coverage shall be primary and any insurance or self-insurance maintained by the County, its officers, officials, employees and volunteers shall not contribute to it.
3. Each insurance policy required shall be endorsed that a thirty (30) day notice be given to the County in the event of cancellation or modification to the stipulated insurance coverage.

4. In the event the selected consultant employs subcontractors as part of the work covered by this Agreement, it shall be the responsibility of the selected consultant to ensure that all subcontractors comply with the same insurance requirements that are stated in this Agreement.
5. Approval of the insurance by the County or acceptance of the Certificate of Insurance by the County shall not relieve or decrease the extent to which the selected consultant may be held responsible for payment of damages resulting from the selected consultant's services or operation pursuant to this Agreement, nor shall it be deemed a waiver of the County's rights to insurance coverage hereunder.
6. If, for any reason, the selected consultant fails to maintain insurance coverage that is required pursuant to this contract, the same shall be deemed a material breach of contract. The County, at its sole option, may terminate this contract and obtain damages from the selected consultant resulting from said breach. Alternately, the County may purchase such required insurance coverage, and without further notice to the selected consultant, the County may deduct from sums due to the selected consultant any premium costs advanced by the County for such insurance.

BOARD OF COMMISSIONERS

OSBORN NESBITT, SR., CHAIRMAN
Sherri L. Washington, Commissioner Post I
Dr. Doreen Williams, Commissioner Post II



DEPARTMENT OF FINANCE
ROSELYN MILLER, DIRECTOR
TELEPHONE: 770-278-7555
FACSIMILE: 770-278-8910

Addendum No. 2

**Request for Proposals (RFP) No. 18-24
Employee Benefits Insurance Broker & Consulting Services**

July 23, 2018

Acknowledged
Charles
EPIC

RFP #18-24 is hereby amended as follows:

1. Below are questions received and corresponding answers:

- A. **Question:** Page 18 of the RFP, Section VIII discusses Insurance Requirements. The various sections (Commercial, Workers Compensation, Professional Liability) say, "The selected consultant shall obtain...". Are you requesting copies of these insurance certificates now to be included with our RFP response or is it acceptable to present them to you at a Finalist Presentation or if we were selected as the Consultant?

Answer: The awarded consultant will need to provide this certificate.

- B. **Question:** Page 26 of the RFP is entitled "Proposal Form". Would you please clarify what you are requesting in all three parts of this form (Part I: Proposal Summary; Part II: Addenda Acknowledgements; and Part III: Vendor Information)? Also, where should this form be included in our RFP response?

Answer: Part I: Please put the amount for the proposal fee. Part II: Please acknowledge that you have read the Addenda posted on the County website. Part III: Please provide your information. The RFP response should be placed in a separate sealed envelope marked as the Proposal Fee.

- C. **Question:** Please describe in detail what you are requesting:

Section III: Scope of Services

E: Other Service Requirements

#20: Processing benefit invoices to send to finance for carrier payment.

Answer: Please see attached.

- D. **Question:** Can the county please list the current vendors or insurance carriers for each benefit (ie medical, dental, etc)?

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Dr. Doreen Williams, Commissioner Post II



DEPARTMENT OF FINANCE
ROSELYN MILLER, DIRECTOR
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Answer: Medical- Cigna and Kaiser Permanente; Dental- Cigna; Vision- Blue Cross Blue Shield of Georgia; Disability- MetLife; Voluntary benefits- Colonial; Legal- Legal Shield; FSA- Ameriflex

E. **Question:** Please confirm the number of total members on the medical plan?

Answer: Kaiser Permanente 112 members and Cigna 520 members

F. **Question:** Is the Pharmacy benefit "carved-in" with the medical carrier?

Answer: Yes

G. **Question:** Please outline which benefits are self-insured and which are fully-insured?

Answer: Only Cigna is self-insured all others are fully-insured

H. **Question:** Please describe the retiree coverage? How many retirees? Are they in the group medical plan or are they on Medicare + a Medicare Advantage/supplement type arrangement?

Answer: pre-65 on current Cigna medical plans with 52 members and post-65 on Humana Medicare advantage plan with 71 members.

I. **Question:** Under B2, please describe what type of services are being provided to employees/retirees? Is a call center or help desk in place other than that which is traditionally offered by the carriers?

Answer: As described in B2-3 designated contacts with broker/consultant to assist with benefit related questions

J. **Question:** Under E4, please describe what type of services are being provided to employees for COBRA services? Is there a COBRA outside vendor or administrator?

Answer: 3rd party vendor that sets up coverage for Cobra and retirees, handles coverage issues and premium payments.

K. **Question:** Does the county prefer a fixed fee only, commissions only or a combination of both?

Answer: Combination of both

L. **Question:** Who is the current benefit administration system provider for open enrollment? Is any

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paper enrollment done?

Answer: ADP, no paper enrollment for Open Enrollment

- M. **Question:** Is there a sample contract to review or redline? In regards to terms and conditions around limits of liability, will the county be willing to have some mutually agreed upon cap or limit on damages?

Answer: Sample contract is attached. The limits of liability are listed in the RFP and the sample contract. That is what will be required.

- N. **Question:** Can the county provide a breakdown of premium spend for all benefits?

Answer: Please see attached.

- O. **Question:** The RFP states that the contract will begin on January 1, 2019, which is also the beginning of the benefits plan year. So, are we correct in understanding that the selected consultant/broker will take over the benefits that are in place on 1/1/19 and will not be involved in either the renewal process or open enrollment during the fall of 2018?

Answer: Correct it will begin 1.1.2019. Our current vendor will do the Open Enrollment process.

2. All other conditions remain in full force and effect.
3. If a proposal has been submitted and anything in this Addendum causes the bidder to change the item offered or to increase or decrease the proposal price, the new price and/or changes will be inserted below:

4. All proposers under this RFP are kindly requested to acknowledge receipt of this Addendum on page 26 of the Proposal Form.

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Dr. Doreen Williams, Commissioner Post II



DEPARTMENT OF FINANCE

ROSELYN MILLER, DIRECTOR

TELEPHONE: 770-278-7555

FACSIMILE: 770-278-8910

Tina Malone

Tina Malone, CPPB CPPO

Procurement Officer

Department of Finance, Purchasing Division

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Dr. Doreen Williams, Commissioner Post II



DEPARTMENT OF FINANCE

ROSELYN MILLER, DIRECTOR
TELEPHONE: 770-278-7555
FACSIMILE: 770-278-8910

Addendum No. 1

**Request for Proposals (RFP) No. 18-24
Employee Benefits Insurance Broker & Consulting Services**

July 17, 2018

RFP No. 18-24 is hereby amended as follows:

*Acknowledged
Clear
ERK*

1. Below are questions received and corresponding answers:

A. Question: Can you tell me if you currently have a broker or if he/she retired, left, is no longer active? Also, I would like to know if Rockdale County are current self-insured or fully-insured?

Answer: We currently have a benefits consultant and we are self insured with Cigna only all of our other providers are fully insured.

2. All other conditions remain in full force and effect.

3. If a proposal has been submitted and anything in this Addendum causes the bidder to change the item offered or to increase or decrease the proposal price, the new price and/or changes will be inserted below:

4. All proposers under this RFP are kindly requested to acknowledge receipt of this Addendum on page 26 of the Proposal Form.

Tina Malone

Tina Malone, CPPB CPPO
Procurement Officer
Department of Finance, Purchasing Division

Content: Services

5. Services

Describe the following:

a. A complete description of services to be provided. Include both services outlined in this written request, as well as additional recommended services, including a description of any and all unique consultant age or consulting services the firm will offer the County, please specify if these services are to be provided by the firm's staff or through an affiliate of the firm.

Our Approach to Benefits Consulting for Rockdale County

We are experienced and comfortable with approaching this project's goals and work structure based on our role currently serving several of Rockdale County's peers in a similar manner. The first year of this engagement will be more intensive as it involves preparing and administering an RFP for the County's health benefits, including medical, Rx, dental, and vision, in conjunction with developing best practices to achieve the most efficient management of the stated benefits. This will be followed by analyzing the responses (vendor proposals) and assisting staff in preparing any necessary documentation and presentation for the Board of Commissioners. We will work with the selected vendors and the County on contracting and performance guarantees. We will also work with the County to create employee communications and help facilitate employee enrollment.

In the first year, as well as each year of our consulting contract, we will work with County staff to set the health benefits budget, including setting employee contributions, and track costs against the budget throughout the year. We will prepare analyses of variations in cost to budget periodically as needed by the County. We will be available to meet with County staff and the Board of Commissioners, as needed. We will prepare employee communications material for health benefits as needed. We will provide benefits compliance information to County staff, and be available to discuss and/or explain compliance requirements specific to the County's situations. We will keep County staff informed on emerging benefits trends and what is happening with your peers.

- EPIC does not foresee problems or concerns related to this project. We are adept with Public Sector engagement and trends of other local Public Sector groups, keeping Rockdale County competitive amongst their peers. Occasionally employers and employees have concern when an RFP process results in a recommendation to change health vendors. This is due to uncertainty over the potential disruption on employees of changing provider networks and/or drug formularies. EPIC will provide thorough analysis of any potential disruption, so should a change be warranted, the County can rest assured that any change will have been fully vetted. We also frequently employ strategies to minimize any first year disruption that otherwise might occur. Sometimes concerns occur as a result of budget constraints or differences of opinion among elected officials. You can rest assured that your lead consultant from EPIC has ample experience with local government to work through these issues to a successful conclusion for Rockdale County.

We want to mention some key differentiators that we feel make EPIC the best choice for healthcare benefits consultant for Rockdale County.

- EPIC has performed a similar scope of work for many of Rockdale County's peers for many years. We would bring an existing understanding of the needs of the County and a proven ability to work with County staff and Board of Commissioners.

Content: Services

- EPIC provides these same services to Forsyth County, Fulton County, Henry County, Athens-Clarke County, Clayton County, Lowndes County, City of Garden City, City of Fayetteville, and City of Anniston, and has done so successfully for several years.
- Your proposed lead consultant, Chris Clark, is fully focused on Georgia local government clients and committed to the public sector.

Services EPIC Will Provide Rockdale County as Acting Broker of Record

EPIC has vast experience in the strategic planning, plan design, and analysis required in implementing a successful benefits program. We have over 150 clients in the Duluth, Georgia office, and we handle the medical, dental, vision, and group life and disability benefits for almost all of our clients. We manage every aspect – from the initial plan review to strategic planning, and all the way through to carrier marketing and implementation to employees during open enrollment. Rockdale County will benefit from EPIC's expertise in the following areas pertaining to developing successful employee benefit programs:

Strategic Planning and Risk Management

- Provide annual benchmark of Client employee benefit program
- Define and prioritize strategic benefits program objectives tied to organizational objectives and risk management philosophy
- Create overall benefits strategy for active and retiree populations
- Present annual analysis of current and proposed plan designs, pricing and administrative processes that support Client's overall objectives
- Provide a proactive, long-term plan for program sustainability and market evolution
- Conduct pre-renewal strategy meeting to set priorities and renewal timeline

Financial Analysis and Monitoring

- Analyze and proactively manage current benefit program costs
- Provide claims reports on a regular basis to help Client understand how the experience is tracking compared to expected claims and the key drivers of plan utilization
- Analyze, review and present current and proposed plan designs, pricing and administrative processes on an annual basis
- Review current and alternative funding methods and processes, if desired
- Provide data analytics and reporting to support Client's medical, dental and vision programs
- Develop renewal analysis based on prevailing practices to support vendor negotiations
- Use contribution modeling to ensure appropriate rate setting

Program Management and Plan Design

- Market benefit plan, by coverage, to validate pricing and plan comprehensiveness and competitiveness, as appropriate
- Analyze and negotiate final carrier proposals
- Coordinate finalist interviews, as needed
- Provide implementation support for new vendors
- Model employee contribution changes
- Model annual alternative plan design changes
- Compile and evaluate leading benchmark data to ensure appropriateness of benefits

Content: Services

- Represent Client in negotiations and agreements with insurance carriers and plan administrators
- Evaluate insurer/vendor financial ratings and accreditations
- Evaluate provider networks and assist in selecting alternative delivery systems
- Negotiate carrier and service provider performance guarantees
- Review carrier utilization reports and meet as appropriate to discuss strategy
- Perform annual stewardship reporting

Client Management and Ongoing Administrative Services

- Attend and lead regularly scheduled planning and management meetings
- Develop and manage new plan vendor/carrier implementation, as applicable
- Manage current vendor performance
- Develop and maintain annual service calendar with key dates and action items
- Serve as liaison between Client and all insurers/vendors
- Resolve escalated vendor issues
- Facilitate resolution of routine employee claim and eligibility questions and issues
- Review insurance contracts, SBCs, SPDs, and other vendor-issued documents for accuracy and interpretation of key provisions
- Proactively notify Client team of material changes to carrier plans, network, or financial position
- Coordinate and communicate benefit changes and updates to third party service providers
- Manage impact of Health Care Reform

Compliance and Regulatory Support

- Review plan documents and eligibility requirements to ensure appropriate coverage of independent contracts; coordinate and confirm eligibility requirements with insurance carriers to ensure appropriate coverage
- Advise on overall plan compliance with regard to federal and state mandated benefits and employer/organization obligations
- Advise on ERISA requirements
- Provide Affordable Care Act updates and impact analysis (Actuarial ACA analysis would be out of scope), benefit changes, communication requirements and notices
- Provide Basic ERISA “wrap” plan document/SPD
- Provide annual compliance calendar
- Confirm Medicare Part D status
- Facilitate nondiscrimination testing
- Prepare and deliver legislative updates and urgent bulletins relating to changes in benefits law via EPIC’s monthly newsletters, seminars, webinars, and timely e-alerts
- Invite to EPIC client seminars and webinars addressing updated regulations and leading HR and benefit issues (webinar recordings are generally available shortly after live event)

Communications and Employee Engagement Planning

- Conduct communication planning session to identify benefits communication goals and objectives
- Create benefits communications strategy
- Review existing HR/benefit communications

Content: Services

- Generate and/or update branded standard employee benefit communication materials from existing EPIC templates including:
 - Benefits program change announcement (e.g., e-newsletters/bulletins)
 - Employee benefits guide
 - Compliance packet including required notices such as HIPAA, CHIPRA, Women's Cancer Act, etc.
 - Open Enrollment announcement, newsletters and employee presentation
 - Open Enrollment newsletters
 - Employee wallet contact cards with carrier and customer support details
- Assist with planning and facilitation of open enrollment meetings, as appropriate

Benefits Technology Consulting

- Provide leading market expertise and insights on benefits technology alternatives and emerging solutions
- Support delivery of streamlined technology to employees/plan participants
- Sourcing and consulting expertise for benefits technology solutions
 - New/replacement systems review
 - Online enrollment/administration
 - Transparency tools/mobile apps
- Private and public exchange advisory services
 - Consulting on private exchange solutions and marketplace alternatives
- System implementation guidance, ongoing project management
- Management of benefits technology service provider performance and delivery
- Analysis and optimization of client benefits resources and processes
- Carrier/vendor systems coordination on integration and testing
- Project oversight and implementation of employee/plan member technology tools
 - Education/communication portal
 - Plan modeling/decision support
 - Confirmation and total compensation statements

Wellness Consulting

- Provide calendar of annual wellness topics and associated monthly wellness resources
- Invite to quarterly wellness webinars
- Generate spectrum of resource considerations including carrier and third party service providers, carrier and/or service provider evaluation, selection and implementation support
- Establish wellness program goals
- Educate about wellness programs and regulatory requirements (e.g., ACA, HIPAA, EEOC, ADA, GINA, OSHA)

*Excludes third party service provider costs for items such as health risk assessments, biometric screenings, individual employee coaching, third party online platforms, etc.

Content: Services

Human Resources Support

- EPIC will provide access to ThinkHR, a leading and dedicated team of HR professionals providing phone, email and HR training support to Client team. Services include:
- ThinkHR Live: Phone and email-based support that provides Client with direct access to a team of senior PHR® and SPHR® professionals with both national and state-level expertise. HR experts can answer Client questions and/or provide HR, Employee Benefits and Compliance advice. Phone-based support is available from 6 a.m. to 5 p.m. Pacific Time each business day. Sample topics include:
 - Leave of absence and performance management
 - Recruiting process development
 - FMLA issues (exempt/nonexempt and state-specific issues)
 - Sexual harassment or other discrimination issues
- ThinkHR Learn: Over 200 recorded trainings and webinars on HR, Compliance, Wellness and other related topics, which are available to Client and Client's employees
- ThinkHR Comply: HRCI accredited courses offered quarterly and an online template for an Employee Handbook builder. This tool is a national/federal template that can assist employers in building a basic employee handbook.

Voluntary Benefits Consulting and Services

- Assess and provide recommendations regarding voluntary benefits strategy and program,
- Market voluntary benefits plans, as appropriate and oversee implementation process

b. A description of the group medical, dental, vision, life, accidental death and dismemberment, short- and long-term disability, and EAP premium volume handled by the firm and by the specific office to which the County's account would be assigned.

EPIC is an independent insurance brokerage with no loyalty to any one insurance carrier or provider of services. It is vital for EPIC to stay completely independent so we can continually represent our client's best interests. EPIC has relationships with every major health carrier/vendor and over 25 ancillary/voluntary carriers. EPIC is currently the 15th largest U.S. based insurance broker/consultant, representing over 1,500 clients, billions in premium/premium equivalent, and hundreds of thousands of employee lives. EPIC's Southeast office represents over \$150 million in premium for our clients. Company-wide, EPIC represents \$1.8 billion in premium annually for our clients nationwide.

We have preferred Broker/Consultant status with each of the major health carriers in this area which allows us to secure more aggressive financial service offerings from the carriers. Our Employer Services Southeast Region President and Managing Principal, Steve Needle, is on the advisory board for some of the largest insurers in the United States. Other senior leaders within EPIC are also on various carrier advisory committees and boards.

Evaluating, negotiating with, and recommending insurers and providers to our clients are EPIC specialties. Our position in the marketplace allows us to enjoy preferred financial arrangements with insurance vendors and third party administrators across the United States.

EPIC has in-house actuarial and preferred underwriting relationships with every major carrier in the market. Based on our size and national presence and scope, EPIC enjoys preferred status with most major employee benefits insurance carriers.

Content: Services

c. A list of the principal insurance markets utilized by the firm in the order of premium volume placed with each market. This listing should be categorized by line of coverage: medical, dental, vision, life, accidental death and dismemberment, short- and long-term disability, and EAP.

Medical/Stop Loss	Dental
Cigna Insurance Company	Met Life Insurance Co
BlueCross BlueShield of GA	Cigna Insurance Company
United Healthcare	BlueCross BlueShield of GA
Express Scripts	Guardian Life Ins Co Of Amer
Kaiser	Benefits In A Card, LLC
Aetna, Inc.	Standard Insurance Company
Benefits In A Card, LLC	Anthem Blue Cross of California
Meritain Health	Reliance Standard Life Insurance Co
Humana Insurance Co	Delta Dental
Blue Cross and Blue Shield of Alabama	Sun Life Assurance Company of Canada
Blue Cross Blue Shield of Florida	Principal Financial Group
HealthSCOPE Benefits, Inc.	Always Care
Performance Health	Unum Corporation
Allied Benefit Systems, Inc.	United Concordia Dental
UMR, Inc.	Lincoln Financial
Planned Administrators Inc. (PAI)	Aetna, Inc.
Harvard Pilgrim Health Care	United Healthcare
Century Healthcare (TPA)	GIS Benefits and Insurance
Coventry Health Care Inc.	Planned Administrators, Inc. (PAI)
Blue Cross & Blue Shield of SC	Humana Insurance Co.
Healthgram	Allied Benefit Systems, Inc.
Symetra (Premier Life)	Colonial Life Insurance
Regence Blue Shield	Delaware American Life Insurance Co.
Allied Administrators	Companion Life Insurance Company
Guardian Life Ins Co of Amer	Ameritas Life Insurance Corp.
Group Resources Inc.	
Bay Bridge Administrators (TPA)	
Flexscripts Administrators, LLC	
Delaware American Life Insurance Co.	

Content: Services

Vision	Life/ADD (including Vol Life)
Eyemed Vision Care	Hartford Insurance Group
Superior Vision Services, Inc.	Cigna Insurance Company
Cigna Insurance Company	Reliance Standard Life Insurance Co
Vision Service Plan	BlueCross BlueShield of GA
Davis Vision	Zurich-American Ins. Group
Guardian Life Ins Co Of Amer	Guardian Life Ins Co of Amer
BlueCross BlueShield of GA	Aetna, Inc.
Benefits in a Card	Lincoln Financial
Met Life Insurance Co	Standard Insurance Company
Humana Insurance Co	Unum Corporation
United Healthcare	Met Life Insurance Co
Standard Insurance Company	Sun Life Assurance Company of Canada
Principal Financial Group	Mutual Of Omaha
Planned Administrators Inc. (PAI)	Benefits in a Card
GIS Benefits and Insurance	United Healthcare
Lincoln Financial	OneAmerica Group
Highmark Life Insurance Co.	Hartford Life Insurance
Ameritas Life Insurance Corp.	GIS Benefits and Insurance
Companion Life Insurance Company	Colonial Life Insurance
	Principal Financial Group
	Trustmark
	Planned Administrators Inc. (PAI)
	Humana Insurance Co
	AFLAC
	LifeMap Assurance Company
	Companion Life Insurance Company
	Prudential Ins. Co. of America

Content: Services

STD	LTD
Cigna Insurance Company	Cigna Insurance Company
Aetna, Inc.	Hartford Insurance Group
Hartford Insurance Group	Guardian Life Ins Co Of Amer
Guardian Life Ins Co Of Amer	Aetna, Inc.
Lincoln Financial	Zurich-American Ins. Group
Standard Insurance Company	Reliance Standard Life Ins Co
MetLife Insurance Company	Lincoln Financial
Unum Corporation	BlueCross BlueShield of GA
Sun Life Assurance Company of Canada	Standard Insurance Company
BlueCross BlueShield of GA	Unum Corporation
Benefits in a Card	MetLife Insurance Company
Mutual of Omaha	Sun Life Assurance Company of Canada
Principal Financial Group	Mutual of Omaha
Pacific Guardian Life	United Healthcare
Colonial Life Insurance	GIS Benefits and Insurance
AFLAC	Principal Financial Group
GIS Benefits and Insurance	Planned Administrators Inc. (PAI)
Reliance Standard Life Ins Co	Companion Life Insurance Company
Companion Life Insurance Company	Prudential Ins Co. Of America
LifeMap Assurance Company	

Content: Services

d. A description of technical or professional support available at no extra cost through the firm, such as legal counsel, communications, technology support or others.

EPIC has carefully developed our business and client service philosophy. We are large enough to deliver the results our clients want and small enough to be flexible and efficient. As your broker, EPIC will provide the following comprehensive health and welfare consulting and insurance brokerage services:

- Strategic planning and risk management
- Program management and plan design
- Financial management, forecasting and monitoring
- Market review and product placement
- Client management and ongoing administrative services

The County's EPIC service team also includes many value-added specialty consulting services that will be available to provide support to Rockdale County throughout the year. Please see the following pages for more information about each of the following consulting services:

- Compliance
- Communications and Engagement
- Wellness & Health Management
- Actuarial Services
- Benefits Technology
- Human Resources Services

COMPLIANCE

EPIC's expert compliance team provides comprehensive consulting services and in-depth education regarding the fast- changing employee benefits compliance landscape, including all aspects of ACA, ERISA, HIPAA, etc. Our team continuously monitors critical federal legislative, regulatory and judicial developments to provide timely, practical guidance to our clients. We would guide Rockdale County through an array of complex compliance requirements, ensuring that you have a thorough understanding of your compliance obligations and the support you have in meeting all requirements. Under the hands-on leadership of our director of compliance services, EPIC would maintain a compliant culture that minimizes exposure to penalties and plan audits.



Content: Services

COMMUNICATIONS AND ENGAGEMENT

Wrapping around all our consulting capabilities, EPIC's Communications & Engagement (C&E) practice – a team of EB communication and change management consultants, writers, and graphic designers – will help the County engage and empower employees. We will focus on strong design and effective content to drive employees where you need them to go (wellness initiatives, annual enrollment, informed decision making, etc.). Our experience in crafting communications will help us be ready to create an effective campaign no matter the specific needs of the County. With specific consumerism goals and targets, we develop our communication strategies to reach or exceed your targets.



WELLNESS AND HEALTH MANAGEMENT

EPIC's Wellness and Health Management practice is a team of consultants who offer a practical and educated approach designed to impact client workforces in a positive way. Our consultants are poised to offer assistance and guidance on any wellness initiatives of interest to the County. Our targeted campaigns are designed to meet the employees at their current wellness level and provide structured steps to increase their overall health awareness, as well engage them in a more active lifestyle. Key metrics are tracked and reported throughout each campaign to judge engagement and success.



Content: Services

BENEFITS TECHNOLOGY

A Benefits Technology Specialist is included on the Rockdale County service team to guide the sourcing, evaluation, implementation, optimization and governance of technology-enabled solutions. Our professionals can provide an overview of solutions available to the County should this be an area of interest. We can also assist with managing any current vendor relationships the County may have in place.

ACTUARIAL SERVICES

EPIC's Financial Services practice includes experienced analysts, underwriters and actuaries charged with providing financial guidance and support to all aspects of your benefit health and welfare programs. The technical expertise of this team delivers the responsiveness and financial support needed to design and effectively implement innovative, multi-year benefits strategies. Led by our chief actuary, the Financial Services group will provide the County with:

- Timely and relevant budget projections that support a multi-year strategy
- IBNR valuations
- Plan experience reporting that includes plan performance, key indicators and metrics
- Estimation of financial impacts due to ACA
- Multi-plan migration analysis and employee contribution strategies

HUMAN RESOURCES SERVICES

EPIC provides a service called ThinkHR with on-call HR experts to answer your HR questions over the phone. ThinkHR also provides a self-service resource center available 24/7 for immediate online access to HR news, Federal & state HR and benefits compliance information, sample documents, tools, and checklists. A training center is also included.



Scope of Services

A. Analysis and Reporting

1. Analyze existing coverage and identify or develop cost-saving alternative benefit strategies and plans.

As the County's broker, our process will start with a complete look at where your organization has been, where it is today and where it wants to go moving forward.

First, we start with a complete review of the plan and financial data from all lines of coverage. Our experts analyze claims and utilization data from your existing carriers along with performance data from other sources. We collect claims information and pinpoint unusual utilization trends and identify opportunities for cost and quality improvement. We review all existing benefit plans and identify potential gaps or overlaps in coverage, and we will research options to address any gaps or overlaps in coverage we find.

While we assemble this data we ask about your goals, expectations and budget requirements. From financial objectives to employee perceptions, we want to understand every aspect of your organization where benefits are involved.

Once we have collected detailed data and have a deeper understanding of your business goals, we create a multi-year strategy that aligns the benefits program with your business needs and mission. Through this phase, we share our industry insights, benchmarks and trend projections, discussing how to best prepare your organization for changes that might affect it in the future.

Using our long-term strategic plan as a guiding platform, we propose a comprehensive benefits program design to meet the needs of your employees and your organization's operations budget, taking into account the potential for organizational growth or structure changes.

To create this design, we draw on our internal expertise and experience with insurance markets, carriers and service providers, factoring in the results of our analysis and strategic planning as well as incorporating input from County leaders and staff as needed. Further, this highly customized plan includes our suggestions for innovative services, and incorporates the latest technology in administration, reporting and health management.

When the design is presented, we provide detailed financial analysis at both the corporate and employee level, answering any questions senior management and employees might have. Using this methodology allows us to have a "plan B" in place if County leaders ask for additional options or express other concerns.

2. Assist in the development of long-range goals and strategies, including making projections of potential savings.

Strategic Consulting

As a consulting partner to Rockdale County, EPIC has a genuine interest in your organization, your employee population and the goals of your team. As your benefits broker and consultant, we will work with you to design, implement and manage a comprehensive, tested and sustainable benefits program strategy that matches and supports your unique culture and the County's needs.

Scope of Services

EPIC helps many of our clients develop, implement and monitor a multi-year strategy that aligns the benefits program with the County's needs. This begins with buy-in from your key constituencies around the goals of the County's benefits program, including targets around competitiveness of the program compared to your peers and cost targets. Longer term cost control strategies are discussed, and then steps to transition in that direction over time are agreed to and documented. This three-to-five year strategic roadmap is a living document that is tested and refined to support the needs of the County and needs of the County employees. EPIC will work with the County on an appropriate timeline outlining incremental steps to achieve the targeted goals. Progress would be monitored, and necessary tweaks to the plan would be made in semi-annual meetings.

Potential Savings

Your Broker/Consultant's goal is to help Rockdale County control costs through plan design recommendation and proper implementation and management of your benefits program, tailored specifically to meet your needs.

EPIC likes to focus on the overall value of the employee benefits program, thus delivering the best benefits that our clients' budget can provide. If you have a multi-year budget projection that you can allocate towards employee benefits we can advise you on adjustments that can be made to accommodate that budget. We can provide multi-year projections based on current plans and closely estimate the value of potential plan changes that may need to be considered in the future.

3. Provide analysis and recommendations based on utilization and performance, trends, statistical and/or financial reports, and plan specific data.

Rockdale County's EPIC Lead Broker/Consultant possesses extensive experience and knowledge in the group benefits industry. EPIC's primary focus is to implement dynamic plan design solutions resulting in superior client satisfaction. Our creative approach to benefit plan design has proven to be successful for long-term employer solutions.

All of your EPIC Service Team members have years of industry experience and undergo continuous training. We call ourselves a consulting broker, because our associates are leaders of our industry and regularly apply this knowledge and expertise as they provide services to our clients. Because of this, we have been able to consistently stay on top of industry trends, communicate pertinent information to our clients, and update plan designs accordingly.

Analysis

Your Broker's goal is to help Rockdale County control costs through plan design recommendation and proper implementation and management of your benefits programs, tailored specifically to meet your needs. When EPIC becomes your Broker of Record, we will conduct an in-depth analysis so we have a complete look at where your organization has been, where it is today and where it wants to go moving forward. Our experts analyze claims and utilization data from your existing carriers along with performance data from other sources. We collect claims information and pinpoint unusual utilization trends and identify opportunities for cost and quality improvement. While we assemble this data we ask about your goals, expectations and budget requirements. From financial objectives to employee perceptions, we want to understand every aspect of your organization where benefits are involved.

Scope of Services

We will schedule a strategic planning session with the entire team to review the County's short and long-term initiatives. We will begin by examining what is and isn't currently working in your program today and assemble options that include the best from your current program. We will discuss the current program, changes and renewal predictions and expectations. This meeting provides an opportunity to review all aspects of plan performance, discuss future plan changes and formulate a renewal strategy to include tactical requirements with regard to anticipated rate increases, vendor changes, plan design changes and/or technology changes. Based on this information, we will work closely with Rockdale County to formulate a benefits strategy for both the upcoming renewal and for the long term.

Benchmarking

EPIC understands that the cost of benefits, especially health insurance, is a significant component of the financial health of employers in the public sector. Benchmarking the County's plan against others of similar size and industry ensures the County is offering financially competitive and affordable benefit programs to employees.

Since 2012, EPIC has sponsored an annual benefits benchmarking survey with the Georgia Government Finance Officers Association (GGFOA). Many Georgia City and County Governments participate, providing a great benchmarking tool for Rockdale County.

Utilizing these results as well as a number of other benchmarking resources enables us to have a dialog as to how your plan compares to similar entities and if it is performing as you desire. The results from EPIC's comprehensive benchmarking analysis will allow us to make substantive recommendations with regard to plan design and benefit options appropriate to Rockdale County, as well as ensure we are implementing all cost-saving measures on behalf of the County.

Planning for the Future

After we complete an analysis of the current program and develop a long-term strategic plan, we will move into the tactical management phase. Using the long-term strategy as a guideline, we integrate plan components drawn from experience with insurance carriers and service providers into a comprehensive plan designed to meet your employee needs and operational budget. The plan design will reflect your anticipated growth and potential changes. This highly-customized plan will consist of the most innovative services and incorporate the latest administrative, reporting and health management technology.

As your Broker, we want to be your partner for the long-haul. EPIC helps many of our clients develop, implement and monitor a multi-year strategy that aligns the benefits program with the County's needs. This begins with buy-in from your key constituencies around the goals of the County's benefits program, including targets around competitiveness of the program compared to your peers and cost targets. Longer term cost control strategies are discussed, and then steps to transition in that direction over time are agreed to and documented. This three-to-five year strategic roadmap is a living document that is tested and refined to support the needs of the County and needs of the County employees. EPIC will work with the County on an appropriate timeline outlining incremental steps to achieve the targeted goals. Progress would be monitored, and necessary tweaks to the plan would be made in semi-annual meetings.

Scope of Services

EPIC's strategy to manage a benefit program and forecast results over a 2-3 year period will always include:

- Identification of our client's cost drivers
- Identification of our client's financial objectives over the stated period
- Transition from reactive to proactive cost management strategies
- Utilization of forecasting tools and actuarial analysis
- Evaluation of impact of 2020 ACA Excise Tax
- Development of deliberate steps to address the stated long-term cost management objectives
- Ensure that our recommendations reflect our client's objectives for plan design and financial targets, and support each step along the way to achieve the desired result

4. Assist the County in monitoring and analyzing experience trends and providing timely alerts on changing patterns and appropriate recommendations.

EPIC's actuarial and underwriting team works hand-in-hand with the client to determine benefit strategy, including plan design, employee contributions strategy, and multi-year planning, to provide direction in recommending and monitoring the most effective funding and financing methods for the current plan year and beyond. The actuarial team will project budgets for the upcoming year, and develop premium-equivalent and COBRA rates. These projections will include factors determined from any strategic decisions regarding plan design or program changes.

Financial Methods and Benefit Program Analysis

EPIC's in-house Actuarial Team provides several financial management services to assess costs and measure benefit plan performances. EPIC and Rockdale County will agree upon a schedule for delivery of plan utilization reports from the carrier and our analysis, including potential impact on the next renewal.

Financial services that EPIC can provide to Rockdale County on a monthly basis, or as otherwise indicated, are as follows:

- Monthly claim report showing premium or premium-equivalent (budgeted costs), claims, fixed costs, and stop loss claim activity, if applicable
- Large claim report (above 50% of pooling level)
- Quarterly annual plan cost projection
- Quarterly IBNR estimate, if applicable
- Plan Design Actuarial Value Analysis (prior to renewal and when requested)
- Annual employee contribution strategy and modeling
- Annual Renewal Evaluation (A mid-year renewal evaluation based upon emerging claims experience is also recommended)
- Annual Five-Year cost projection
- 2022 ACA Excise Tax projections
- ACA PCORI fee projections
- Review and compare alternative funding methods and processes; fully-insurance vs. self-insurance
- Stop Loss Analysis, if applicable

Scope of Services

Monitoring Financial Performance and Reporting

EPIC's actuarial and underwriting team would work to understand the budgeting process including timing and goals as well as the County's risk tolerance. With that detail, EPIC will develop an annualized plan cost estimate. Each month the financial analyst on the EPIC Rockdale County team would pull plan performance and update a reporting package that consists of a key metrics dashboard. A sample of our monthly reporting is included in Tab 10.

Our financial team will then update the budget numbers with each monthly reporting cycle. This practice will ensure that surprises are eliminated and reforecasts can be managed accordingly. At roughly six months into the plan year, our assigned actuary will develop the initial view of the following plan year and a reforecast of how the current plan year is running.

Finally, the reporting will continue throughout the year and the cycle will repeat itself for the next calendar year. During this time, EPIC will provide guidance on the multi-year strategy to ensure we maintain the goals that Rockdale County identified and implemented.

5. Provide, maintain and update comparison reports of other public and private companies' benefit plan offerings and costs to determine their competitiveness with the County's programs.

EPIC understands that the cost of benefits, especially health insurance, is a significant component of the financial health of employers in the public sector. Benchmarking the County's plan against others of similar size and industry ensures the County is offering financially competitive, effective, and affordable benefit programs to employees.

Since 2012, EPIC has sponsored an annual benefits benchmarking survey with the Georgia Government Finance Officers Association (GGFOA). This survey consists of data from as many as 70 participating counties, cities, and authorities, including many large metropolitan Atlanta municipalities.

Utilizing these results as well as a number of other benchmarking resources enables us to have a dialog as to how your plan compares to similar entities and if it is performing as you desire. The results from EPIC's comprehensive benchmarking analysis will allow us to make substantive recommendations with regard to plan design and benefit options appropriate to Rockdale County.

6. Provide a cost benefit analysis to the County for outsourcing COBRA administration.

EPIC understands and acknowledges this scope item.

7. Prepare Total Compensation Statements to the County on an annual basis.

EPIC understands and acknowledges this scope item.

Scope of Services

8. Prepare and provide reporting to GEBCorp (pension administrator) for annual census reporting.

EPIC understands and acknowledges this scope item.

9. Provide financial and/or performance reviews and recommendations for self-funded and fully insured plans and programs.

EPIC's actuarial and underwriting team works hand-in-hand with the client to determine benefit strategy, including plan design, employee contributions strategy, and multi-year planning, to provide direction in recommending and monitoring the most effective funding and financing methods for the current plan year and beyond.

10. Be available to provide various types of reports as needed, such as cost analysis for benefit changes, gap analysis and other statistical, financial, forecasting, trend, labor negotiations or experience reports.

EPIC's full scope of actuarial services are outlined in our response to Question 4 of this section on pages 106 and 107. Should the County choose to engage EPIC as Broker of Record, we would work with County staff to determine a schedule for the ongoing delivery of reports requested by the County. We can also accommodate requests throughout the year for reports as needed for review by County leaders and staff.

11. Prepare and present reports on trends, new products and audits, as requested.

At EPIC, we want to be your day-to-day partner for the long-haul because implementing and managing an effective benefits program is an ongoing process, not an annual event. We work to be more of a partner, and not simply a vendor. We are always looking for the most innovative method of delivering excellence in benefit plan design, along with any necessary improvements for increasing efficiency and accuracy. We will pass along any recommendations to Rockdale County that would enhance the service offering, improve plan performance, and benefit both the County and employees.

EPIC's expert compliance team provides comprehensive advisory services and in-depth education regarding the fast-changing employee benefits compliance landscape, including all aspects of ACA, ERISA, HIPAA, etc. Our team continuously monitors critical federal legislative, regulatory and judicial developments to provide timely, practical guidance to our clients. Rockdale County staff will receive monthly Compliance Matters newsletters and special client alerts as appropriate. We would guide Rockdale County through an array of complex compliance requirements, ensuring that you have a thorough understanding of your compliance obligations and the support you have in meeting all requirements.

Scope of Services

12. Regularly monitor and evaluate performance measures and guarantees for providers.

EPIC will handle all negotiations and interactions with providers on behalf of Rockdale County. This negotiation begins when we prepare bid specifications and solicit proposals from insurance vendors on behalf of your organization. We will evaluate and audit the contracts proposed by the bidders, and this will include:

- Confirming and/or negotiating Performance Guarantees to make sure penalties are included should vendor fail to perform. This includes member services, maintaining eligibility, adjudication of claims timely and accurately, delivering promised network discounts, maintaining sufficient numbers of network providers, etc.
- Making sure contract terms aren't overly favorable towards the vendor. This includes potential liability issues that may arise while operating the plan, notice requirements for benefit changes, out clauses for the County should the vendor fail to perform adequately, etc.
- Making sure contract terms are consistent with vendors winning proposal.

Your Rockdale County EPIC Service Team will be your advocate with all current vendors and carriers. We will work to ensure the efficiency and accuracy of claims administration and services. We routinely:

- Manage current vendor performance
- Serve as liaison between your team and all insurers/vendors
- Resolve vendor issues
- On-going management of vendor relationships
- Facilitate resolution of routine employee claim and eligibility questions and issues
- Settle administrative difficulties
- Settle individual claim issues

13. Maintain full and accurate records with respect to all matters and services provided on behalf of the County's benefit plans and programs. Provide County staff or officials all spreadsheets, assumptions and calculations upon completion of any project performed on behalf of the County's benefit plans and programs.

EPIC will maintain full and accurate records with respect to all matters and services provided on behalf of the County's benefit plans and programs. Records will be provided to the County either on a regularly scheduled basis or as requested – whichever is preferred by County leaders and staff.

14. Review and analyze contracts and plan outlines by carriers.

EPIC evaluates carrier capabilities with the perspective and experience gleaned from our clients. We come into your organization with an intimate knowledge of the workings and offerings of the best carriers and health plan providers in Georgia. Our day-to-day interaction with the leading carriers provides us the ability to approach your specific situation and design the plan that complies with your financial parameters and really benefits your employees.

Scope of Services

EPIC will handle all negotiations and interactions with providers on behalf of Rockdale County. This negotiation begins when we prepare bid specifications and solicit proposals from insurance vendors on behalf of your organization. We will evaluate and audit the contracts proposed by the bidders, and this will include:

- Confirming and/or negotiating Performance Guarantees to make sure penalties are included should vendor fail to perform. This includes member services, maintaining eligibility, adjudication of claims timely and accurately, delivering promised network discounts, maintaining sufficient numbers of network providers, etc.
- Making sure contract terms aren't overly favorable towards the vendor. This includes potential liability issues that may arise while operating the plan, notice requirements for benefit changes, out clauses for the County should the vendor fail to perform adequately, etc.
- Making sure contract terms are consistent with vendors winning proposal.

B. Liaison and Problem Intervention

1. Act as liaison as required between Rockdale Department of Talent Management and insurance providers.

Even beyond renewal, EPIC will continue to be an advocate for Rockdale County with your selected vendors throughout the year. EPIC will monitor vendors on an ongoing basis to review carrier service levels and ensure compliance with contract terms and performance guarantees. If any issues should arise, the Rockdale County Department of Talent Management will be able to contact their EPIC Account Executive for timely resolution.

Your Rockdale County EPIC Service Team will be your advocate with all current vendors and carriers. We will work to ensure the efficiency and accuracy of claims administration and services. We routinely:

- Manage current vendor performance
- Serve as liaison between your team and all insurers/vendors
- Resolve vendor issues
- On-going management of vendor relationships
- Facilitate resolution of routine employee claim and eligibility questions and issues
- Settle administrative difficulties
- Settle individual claim issues

2. Provide day-to-day consultation on plan interpretation and problem resolution, including, but not limited to, explanation of plans, assisting employees/retirees with selecting plans that meet their needs and geographic location, and transitioning retirees from early retiree plans to Medicare-coordinated plans.

Rockdale County's assigned EPIC Account Executive will be your main point of contact for administrative issues and questions throughout the year. The AE will be the day-to-day contact for Rockdale County staff should a question or issue arise around overall benefit program administration, carrier service, plan performance, and more. As we always strive to maintain a high level of service to client, the Account Executive is assisted by the Account Manager, ensuring timely resolution of all issues and quick response to all questions.

Scope of Services

Our Account Managers are highly trained and knowledgeable experts who assist clients with billing, claims, and eligibility issues. Rockdale County will be assigned a dedicated representative who will have direct responsibility for servicing the County and its employees. County employees will be given a direct dial, direct fax and email access to this representative and will be encouraged to contact them to resolve any and all issues relating to carrier services.

Escalated claim issues will be passed along and championed by a member of our claims department, staffed with individuals with a combined 50 years of experience in handling employee claims. Our claims department provides the following claims services:

- Researching and resolving escalated and complex claims issues
- Filing claim appeals
- Interpreting contract language
- Training Account Managers on claims terminology, claim payment interpretation and application of plan contract language for medical, dental and disability claims

Both the County and its employees will appreciate the personal level of service we will provide as we respond to questions and resolve issues throughout the year. Normal response time to calls and emails is no more than one business day. EPIC can also provide documentation of service calls, claims resolution, and reporting.

3. Provide timely customer service and assistance to staff, employees, vendors and retirees with issues involving provider billing, claims, vendor service issues/problems, advocacy for services, disputes, interpretation of contracts and services, changes and general troubleshooting.

EPIC's dedicated, highly trained, and knowledgeable Account Managers are experts in assisting clients with billing, claims, and eligibility issues. Specifically, Rockdale County will be assigned a dedicated, local representative who will have direct responsibility for servicing the County and its employees. Employees will be given a direct dial, direct fax and email access to this representative and will be encouraged to contact them to resolve any and all issues relating to carrier services.

Rockdale County's EPIC service team also includes two claims specialists who will handle all escalated claims issues. Our claims department provides the following claims services:

- Researching and resolving escalated and complex claims issues
- Filing claim appeals
- Interpreting contract language
- Training Account Managers on claims terminology, claim payment interpretation and application of plan contract language for medical, dental and disability claims

Normal response time to Rockdale County employees is no more than one business day. EPIC can also provide documentation of service calls, claims resolution, and reporting as requested.

Scope of Services

The factors that allow us to ensure your satisfaction with our Benefit Claims support and services are:

- A full-time Claims Manager and full-time Claims Specialist on staff with a combined 46 years of experience.
- Our Claims professionals work in tandem to provide a consistent backup so that no question ever has to wait for any single individual.
- Our ability to respond to questions and provide answers without losing the personal touch - no call center, no case numbers. The County will benefit from EPIC's ability to provide a personal level of Claims service.
- Our ability to service all of your Employee Benefit needs and our history of having provided Benefits support for clients for over 25 years.

4. Attendance as needed at meetings with County staff, employees, vendors and/or retirees to facilitate and assist in the management of the County's employee benefits plans.

As your broker, EPIC will want to have regular meetings with County staff and attend BOC meetings as appropriate. This is standard in our service model. We will have a representative available to attend and participate in committee meetings as requested. We can guarantee participation with one week's notice, but should be able to accommodate shorter notice in most cases. We will take on whatever role County staff feels is most beneficial, from leading the meetings to just listening and providing input as requested.

EPIC welcomes the opportunity to conduct meetings to review and/or explain all aspects of benefit plan offerings at open enrollment meetings or monthly new employee orientations. A representative from the County's EPIC service team can present the plan to the employees face-to-face and assist in enrollment as needed.

5. Act as an advocate or ombudsman in appeal, arbitration or court process between the County and the providers on unresolved issues if needed; provide advice when needed to enforce County, employee, retiree or their dependents' rights.

EPIC agrees to the above. As your broker/consultant, we will act as an advocate for Rockdale County as needed.

6. Assist the County in proactive mitigation of negative impacts or disruption of services to employees and retirees from benefit and/or provider network changes.

We don't begin a comprehensive review with plans to make any specific changes. We will start by reviewing your current program in detail, including understanding from staff the history and current level of satisfaction.

Should an analysis of the current carrier renewals indicate a need to make a change we put a high priority on minimizing any negative impact to the employees. For example, if we are marketing a program that includes network providers, such as medical or dental, we would include a disruption study. This involves reviewing the impact of changing networks based on the in-network providers your plan members currently utilize. We will always include an analysis of the impact on employees for any vendor or plan provision changes that we present.

Scope of Services

C. Compliance

1. Assist with ongoing plan administration and ensure that programs are in compliance with State and Federal legislation.

As your Consultant, EPIC would want to conduct a compliance review of Rockdale County's benefits program.

Our Compliance Team will work with County staff to examine current benefit offerings and assess your current state of employee benefits compliance. We have a checklist of compliance requirements and corresponding documents, notices, filings, etc. that we will review with the County to ensure that it has addressed all of its benefit plan compliance duties. We will produce a Rockdale County-specific compliance calendar tailored to your benefit program to ensure that you and your client service team know exactly what compliance-related items need to be addressed throughout the year.

There are three distinct areas of employee benefits compliance that need to be reviewed:

- Health and Welfare Benefits (medical, dental, life, disability, etc.)
- Required Plan Documents and Notices for Employees
- ACA Forms and Fees (as applicable)

For each area, we have a detailed checklist identifying the items (plan documents, insurance contracts, employee census) that need to be collected from the target firm for review and analysis.

With the constant changes we are currently seeing in the legislative aspect of employer-sponsored benefit plans, it's also important that we perform routine checks throughout the year to ensure Rockdale County remains in compliance with all aspects of any new laws or obligations. EPIC's Compliance Team creates yearly checklists and calendars for our clients with the most up-to-date requirements that we will be able to use as a checkpoint for keeping your benefits program in compliance. We will provide timely updates based on changes in the law or regulations as well as changes the County initiates in its program offerings.

2. Provide on-site training to County staff, as needed, regarding regulatory updates and/or best practice seminars for the effective administration of benefits plan.

Today's benefits landscape is constantly evolving, and EPIC is committed to not only tracking the latest industry trends, but also finding ways to communicate these trends to our clients and integrate them in our clients' benefits plans.

EPIC's dedicated compliance and marketing communications specialists publish newsletters with current industry news and client alerts with urgent Benefits and HR news. Additionally, we will provide periodic updates to County staff on emerging practices and trends in employee benefits. These will come primarily in the form of our monthly newsletters, benefit benchmarking results, EPIC-hosted seminars as well as relevant vendor seminars. We also occasionally produce special client notices when situations dictate, such as when a significant new federal benefits law is passed or a major provider drops out of a network.

Scope of Services

Additionally, EPIC sponsors client seminars and webinars on a routine basis focusing on topics such as: Health Care Reform, Consumer Driven Healthcare, Changes to the Fair Labor Standards Act, FMLA and Absence Management, Mid-Market Healthcare Survey Results, ERISA Compliance, Wellness Programs, and Pharmacy Benefit Management. These webinars cover the latest developments in benefits compliance, and Rockdale County staff will be invited to attend. Webinars are also recorded for those who cannot attend at the set date and time.

3. Review, advise and disseminate information to staff on new or revised State and Federal legislation that impacts benefits programs.

Today's benefits landscape is constantly evolving, and EPIC is committed to not only tracking the latest industry trends, but also finding ways to communicate these trends to our clients and integrate them in our clients' benefits plans.

Our team monitors state and federal developments to ensure our clients get the latest information they need to maintain compliant benefits programs. EPIC subscribes to a number of benefits compliance resources to stay informed on regulatory and legislative updates in real time. EPIC also monitors advance releases from federal and state agencies to know about compliance changes before they become public knowledge.

EPIC's Compliance Team supports our clients by directly engaging with account teams and their client contacts via telephone conference, in-person meetings or email correspondence, as dictated by particular circumstances. Our compliance experts will share any actionable information related to regulatory or legislative changes as quickly as possible with a keen eye toward making information understandable and offering action steps, bullet points, outlines and checklists whenever possible.

EPIC does not inundate clients with a steady flood of compliance-related information on every possible topic, no matter whether it applies to a particular client or not. Rather, our approach is to know our clients, their cultures, their specific plan offerings, their workforces and their ongoing and future benefit plan objectives. Through this lens, we can provide clearer and more efficient communication about matters that will directly and meaningfully impact our clients and affect their compliance obligations.

EPIC's dedicated compliance and marketing communications specialists publish newsletters with current industry news and client alerts with urgent Benefits and HR news. Additionally, we will provide periodic updates to County staff on emerging practices and trends in employee benefits. These will come primarily in the form of our monthly newsletters, benefit benchmarking results, EPIC-hosted seminars as well as relevant vendor seminars. We also occasionally produce special client notices when situations dictate, such as when a significant new federal benefits law is passed or a major provider drops out of a network.

EPIC has a number of methods of communicating legislation updates, depending on the urgency and impact of the change:

- **Compliance Alerts:** Our team monitors the latest developments and distributes fast-breaking alerts on critical compliance topics.
- **Compliance Matters Newsletter:** EPIC provides clients with monthly Compliance Matters newsletters that summarize the latest developments in regulatory legislation and keep clients informed of what they need to do to comply with all aspects of the law.

Scope of Services

- Educational Opportunities: EPIC frequently provides webinars and seminars for our clients on legislative and regulatory developments and other benefits-related topics. Our webinars, hosted by our staff and other qualified specialists, cover only the most urgent Health Care Reform topics to ensure all EPIC clients remain compliant.

4. Assist County staff with annual audit to ensure compliance with all mandated reporting and posting/notice requirements for benefit plans.

The Rockdale County EPIC Account Team will prepare a Health Plan Notices booklet for distribution to employees along with their Benefits Guide. The booklet includes the following notices:

- Medicare Notice of Creditable Coverage
- Medicare Notice of Non-creditable Coverage
- Notice of Grandfathered Plan Status
- Patient Protection Notice
- Notice of Special Enrollment Rights
- Newborns' and Mothers' Health Protection Act Notice
- Women's Health and Cancer Rights Act Notice
- Notice of HIPAA Privacy Practices
- Health Contingent Wellness Program Notice
- Wellness Program Protection Notice

We can include other notices as requested by the County, as well as prepare and provide other compliance related documents as necessary. EPIC will ensure Rockdale County is compliant with all mandated reporting and notice requirements for benefit plans.

5. Develop and/or assist in developing communication materials and tools for conducting dependent verification audits.

Rockdale County's EPIC Account Team will be available to assist County staff with communication materials and tools for conducting dependent verification audits. Should an audit be deemed necessary, we will work with County leaders and staff to develop an appropriate communications plan outlining the format (posters, email blasts, etc.) and delivery schedule of materials to increase awareness around the audit and educate employees about what the audit means for them if they have dependents on the County's plans.

6. Assist County to ensure compliance with FMLA and ADA when needed, as well as any benefit related topics.

Compliance is a primary focus and significant concern for most benefit plan sponsors. Today's benefits landscape is constantly evolving, and EPIC is committed to not only tracking the latest industry trends, but also finding ways to communicate these trends to our clients and integrate them in our clients' benefits plans. EPIC offers an in-depth compliance infrastructure that we will deploy to support Rockdale County.

Scope of Services

EPIC's expert Compliance team provides comprehensive consulting services and in-depth education regarding the ever-changing employee benefit compliance landscape. The Compliance Team continuously monitors critical federal legislative, regulatory, and judicial developments to provide timely, practical guidance to our clients. The Compliance Team strives to ensure that clients thoroughly understand their compliance obligations by distilling complex information into easy-to-understand guidance that includes any required action steps. Our goal is to enable our clients to establish a compliant culture that minimizes exposure to penalties and plan audits.

With an average of 15+ years of experience, our team members, led by our in-house ERISA attorney, specialize in the rapid implementation of state and federal laws in a highly regulated environment and provide compliance support for our clients and our staff on a wide variety of employee benefits matters including federal employee benefits and healthcare laws such as the Affordable Care Act, ERISA, COBRA, FMLA, ADA, HIPAA nondiscrimination and portability, wellness programs, woman's health and maternity law, Medicare Secondary Payer, cafeteria plans, marriage laws, state and local ordinances, and more.

Our compliance team can assist Rockdale County with the following services:

- Strategic Affordable Care Act (ACA) advice, including financial and administrative impact analysis on critical compliance topics
- Tools and documents to address regulatory requirements
- Processes and procedures aimed at DOL audit avoidance, preparation, and assistance
- Fast-breaking alerts on actionable compliance developments
- Monthly "Compliance Matters" newsletters that summarize the latest developments in regulatory legislation and keep clients informed of what they need to do to comply with all aspects of the law.
- Webinars on pertinent, urgent compliance topics
- Comprehensive high-level compliance reviews
- Customized ERISA plan document and SPD
- Compliance checklists
- HIPAA privacy and security toolkit, consulting advice, and training
- Access to Compliance Specialists through your Lead Broker/Consultant for answers to individual questions

D. Annual Renewal Process and Evaluation

1. Establish a strategy for benefits, both annually and three to five years in the future. Consider trends, prospective legislations, new delivery systems and geographic health-care practices to make long-term projections.

As a broker and consulting partner to Rockdale County, EPIC has a genuine interest in your organization, your employee population and the goals of your team. We take time to build our relationships with our clients and to understand the needs and goals of the organization as a whole in order to better support those goals through the employee benefit programs offered. We will work with you to design, implement and manage a comprehensive, tested and sustainable benefits program strategy that matches and supports your unique culture and Rockdale County's needs.

In reviewing your plans, as well as the materials used to communicate about these plans, we typically start out with a strategy discussion so we understand the needs of Rockdale County and how the benefit program plays into supporting overall County objectives.

Scope of Services

We take a hard look at your past performance, present situation and future objectives, and then translate these findings into a comprehensive 3- to 5- year benefit plan strategy that will collectively guide us to your program goals.

Building a Strategic Benefit Plan

EPIC believes that the following elements are core to the success of a strategic plan for our clients.

- Measured Change Impact (Assess, Test, Measure)
- Data-Driven Decision Making
- Financial Modeling
- Strategy Refinement and Planning
- Monitoring Latest Healthcare Trends

Measured Change Impact (Assess, Test, Measure)

As part of the strategic discussions, we will work with you to determine how success will be defined. Some example discussion points are:

- Is the focus on maintenance or a bottom line reduction in costs?
- Having employees access care in the most appropriate settings?
- Greater participation in wellness programs?
- Will the measurement be limited to the medical and wellness programs, or could they also entail other factors, such as reductions in disability or Workers' Compensation?
- Is there a particular goal that the benefit program goals should parallel?
- How do we measure employee perceptions, understanding, and satisfaction?

Because measurement factors are part of the multi-year strategy, they incorporate anticipated changes to employee engagement programs. We revisit the measurements at least annually to ensure that they align with the current needs of the company and take into account what has already been accomplished.

As we think about potential options, we also need to keep in mind that the measurements have to be quantifiable and achievable. The EPIC team lays out the means to effectively measure goals.

Data-Driven Decision Making

Data is the lifeblood of the decision making process. As part of our initial analysis, we review all data available, such as:

- Demographics and enrollment patterns
- Medical and dental claims
- Additional disability claim data
- Wellness participation and completion rates
- Tracking employee questions
- Current employee communication success
- Employee or HR survey data

Scope of Services

Our analysis reflects:

- Who is enrolling in which plans
- Covered dependents
- Who is generating the claims
- Where services are being rendered and if there is any opportunity to move them into lower-cost settings
- Any potential services that carriers can offer for employee education

For this part of our planning, we would typically benchmark your benefit plan design and costs to others so you can see where your plans lie competitively for costs, contributions and plan provisions. Utilizing a number of benchmarking resources enables us to see how your plan compares to similar employers and if it is performing as expected. Then we take a look at the key cost drivers of your plans- your claims data. We can typically tell based on the types of claims costs, if your plan design is promoting the type of employee purchasing behavior desired.

Financial Modeling

EPIC assesses the overall value of the employee benefits program in order to deliver the best benefits that our clients' budget can provide. If you have a multi-year budget projection allocated toward employee benefits, we can advise you on adjustments that can be made to accommodate that budget. We can provide multi-year projections based on current plans and closely estimate the value of potential plan changes that may need to be considered in the future.

As part of our actuarial, underwriting and financial management services, our group will calculate the value of the plans. As we look toward potential changes, we project the financial impact of those changes and the likely impact on various demographics profiles. For instance, we may create a cost model with a young utilizer with no known medical conditions, an older utilizer with chronic conditions and a high utilizer to see how the plan changes would impact each group.

Each year our financial modeling is refreshed to reflect any changes in plan provisions, mandated changes or utilization patterns to anticipate any changes in costs.

Strategy Refinement and Planning

Once we have assembled all the data and garnered feedback from employees and key influencers, we then revise the initial short- and long-term goals to reflect the findings.

This 3- to 5- year strategic roadmap is a living document that is tested and refined to support the needs of Rockdale County leadership, staff, and employees. Any changes made to the 2019 strategy also impact the multi-year strategy, so the roadmap would be updated to reflect those changes and incorporate the feedback received during the planning period.

Throughout our working relationship with Rockdale County, we will share our industry trend projections with you and discuss how to best prepare today for changes that will affect your plans in the future. EPIC constantly explores new technology and introduces new tactics for reducing costs, improving administrative workflows and optimizing employee education and satisfaction. EPIC will work with Rockdale County on an appropriate timeline outlining incremental steps to achieve the targeted goals. Progress would be monitored with necessary tweaks to the plan made as needed.

Scope of Services

Monitoring Latest Healthcare Trends

Today's benefits landscape is constantly evolving, and EPIC is committed to not only tracking the latest industry regulations and trends, but also finding ways to communicate these items to our clients and integrate them in our clients' benefits plans where beneficial or appropriate. We pride ourselves on the extremely high level of expertise and experience of our staff and their ability to apply this to our clients' benefit. Our employees have years of industry experience and undergo continuous training. We call ourselves a consulting broker, because our associates are leaders of our industry and regularly apply this knowledge and expertise as they provide services to our clients. Because of this, we have been able to consistently stay on top of industry trends and communicate pertinent information to our clients.

EPIC is constantly vetting and introducing new strategies that add value to our client's benefit strategy and assist in achieving their program goals. We will stay on top of trends in new healthcare delivery models, changes in pharmacy, the latest technology, ROI guaranteed disease management tools, and many more areas to evaluate all possible solutions that fit best with Rockdale County and align with your specific goals, needs, and culture.

Implementing a Strategic Benefit Plan

Once we have developed a comprehensive benefits program strategy, we will work with you to implement and manage that strategy in such a way that matches and supports your unique culture and business needs.

In our opinion, successful implementations have a solid plan, strong project management, and open and honest communication. The combination of these factors leads to successful collaboration, which is of vital importance when considering minimal disruption to County staff and employees.

EPIC has found that defining the current and future state allows us to prepare an effective and proactive blueprint for managing change. Therefore, our team for Rockdale County includes deep technical bench strength as well as strategy and change management consultants who can guide the organization and leadership through changes that the company may not have been able to successfully or fully achieve in the past. Taking into account the size and structure of the County, we view communication to both employees and dependents as vital to the success of the implementation of a new strategic benefits plan.

EPIC's mission will be effective communication focused on the direction and goals of the employee benefits program. We will create targeted, customized communications that set a tone of collaboration and shared goals around the direction of the new strategic plan. We understand that change readiness matters, and we also know that supported change management helps employees evolve more effectively in their work and lives. EPIC's Communications and Engagement team will work to expand its impact with your workforce and effectively capture and communicate the holistic value of Rockdale County's employee experience, including the broader employee value proposition defined by the strategic plan that encompasses wellness strategies and directives, consumer-focused benefit changes, education and empowerment, as well as your emerging organizational culture and brand.

Scope of Services

2. Review and make cost-saving recommendations regarding the modification of plan design, benefit levels, premiums, communications and quality of current employee and retiree benefit plans.

EPIC's Benefit Program Analysis

As the County's broker/consultant, our process will start with a complete look at where your organization has been, where it is today and where it wants to go moving forward.

First, we start with a complete review of the plan and financial data from all lines of coverage. Our experts analyze claims and utilization data from your existing carriers along with performance data from other sources. We collect claims information and pinpoint unusual utilization trends and identify opportunities for cost and quality improvement. We review all existing benefit plans and identify potential gaps or overlaps in coverage, and we will research options to address any gaps or overlaps in coverage we find.

While we assemble this data we ask about your goals, expectations and budget requirements. From financial objectives to employee perceptions, we want to understand every aspect of your organization where benefits are involved.

Once we have collected detailed data and have a deeper understanding of your business goals, we create a multi-year strategy that aligns the benefits program with the County needs and mission. Through this phase, we share our industry insights, benchmarks and trend projections, discussing how to best prepare your organization for changes that might affect it in the future.

Using our long-term strategic plan as a guiding platform, we propose a comprehensive benefits program design to meet the needs of your employees and your organization's operations budget, taking into account the potential for organizational growth or structure changes.

To create this design, we draw on our internal expertise and experience with insurance markets, carriers and service providers, factoring in the results of our analysis and strategic planning as well as incorporating input from County leaders and staff as needed. Further, this highly customized plan includes our suggestions for innovative services, and incorporates the latest technology in administration, reporting and health management.

When the design is presented, we provide detailed financial analysis at both the County and employee level, answering any questions County leaders and employees might have. Using this methodology allows us to have a "plan B" in place if County leaders ask for additional options or express other concerns.

Communications

The communications professionals in EPIC's Communications & Engagement practice will help Rockdale County engage and empower employees. Our goal with employee benefits communications is two-fold:

1. To effectively capture and communicate the holistic value of the employee experience (compensation, benefits, culture, etc.) to recruit and retain the best employees
2. To educate employees on the benefit options available to them to promote successful engagement, adoption, and usage of the benefits offered

Scope of Services

We would begin our interaction by reviewing the current communications materials and having a discussion with the County team about any specific goals the County is hoping to achieve with the communications pieces. With specific consumerism goals and targets, we develop a communication plan to reach or exceed your targets.

A typical communication plan would include these activities:

- Review existing benefits communications
- Create detailed communication plan with success measures
- Assist with planning and facilitation of open enrollment meetings
- Develop employee communication materials, including benefits guides/benefit summaries, wallet cards and payroll stuffers
- Measure communication program effectiveness

First, we would assist Rockdale County in identifying its communications objectives and develop a Communications Timeline. We then tailor the message and media to each target audience. Our goal with your employee communications is to develop clear, effective and easy-to-understand content and materials that will enable people to understand their benefits and use them wisely, adopt program protocols and where appropriate, change behaviors. We will focus on strong design and effective content to drive employees where you need them to go (wellness initiatives, annual enrollment, informed decision making, etc.). We have countless examples of effective communications/programs we have developed for clients.

Quality of Plans

EPIC understands that the cost of benefits, especially health insurance, is a significant component of the financial health of employers in the public sector. Benchmarking the County's plan against others of similar size and industry ensures the County is offering financially competitive, effective, and affordable benefit programs to employees.

Since 2012, EPIC has sponsored an annual benefits benchmarking survey with the Georgia Government Finance Officers Association (GGFOA). This survey consists of data from as many as 70 participating counties, cities, and authorities, including many large metropolitan Atlanta municipalities.

Utilizing these results as well as a number of other benchmarking resources enables us to have a dialog as to how your plan compares to similar entities and if it is performing as you desire. The results from EPIC's comprehensive benchmarking analysis will allow us to make substantive recommendations with regard to plan design and benefit options appropriate to Rockdale County.

3. Recommend appropriate premium rates and rate structures and reserves to maintain the viability of the plans to ensure that quality and cost-effective benefits are provided by the plans.

EPIC's actuarial and underwriting team works hand-in-hand with the client to determine benefit strategy, including plan design, employee contributions strategy, and multi-year planning, to provide direction in recommending and monitoring the most effective funding and financing methods for the current plan year and beyond. The actuarial team will project budgets for the upcoming year, and develop premium-equivalent and COBRA rates. These projections will include factors determined from any strategic decisions regarding plan design or program changes.

Scope of Services

EPIC's in-house Actuarial Team provides several financial management services to assess costs and measure benefit plan performances. EPIC and Rockdale County will agree upon a schedule for delivery of plan utilization reports from the carrier and our analysis, including potential impact on the next renewal. Maintaining viability of the plans and ensuring the County is providing quality, cost-effective benefits will remain our primary goal.

4. Annual estimates of renewal rates and cost trends and assist County staff in budget preparation.

We will provide assistance in determining Rockdale County's annual healthcare budget.

EPIC will work with County staff to set the health benefits budget, including setting employee/retiree contributions, and track costs against the budget throughout the year. EPIC will prepare the underwriting and actuarial calculations necessary to determine the expected plan costs for each annual plan renewal. These calculations, along with insights and assistance from County staff, will help us prepare the budget for the new fiscal and plan years. EPIC will include options showing the value (savings) for any potential plan changes being considered by the County.

Maximizing Value of the Program

EPIC likes to focus on the overall value of the employee benefits program, thus delivering the best benefits that our clients' budget can provide. If you have a multi-year budget projection that you can allocate towards employee benefits we can advise you on adjustments that can be made to accommodate that budget. We can provide multi-year projections based on current plans and closely estimate the value of potential plan changes that may need to be considered in the future.

As part of our actuarial, underwriting and financial management services, our group will calculate the value of the plans. As we look toward potential changes, we project the financial impact of those changes and the likely impact on various demographics profiles. For instance, we may create a cost model with a young utilizer with no known medical conditions, an older utilizer with chronic conditions and a high utilizer to see how the plan changes would impact each group.

Each year our financial modeling is refreshed to reflect any changes in plan provisions, mandated changes or utilization patterns to anticipate any changes in costs.

Analysis of Plan Results Against Budget

As requested, EPIC will provide an analysis of plan results against budget. We can also provide an analysis and explanation for any significant variation to budget. These analyses will include how the plan has trended over time, how you compare to normative data, and will provide early projections for the next renewal period.

5. Conduct thorough and applicable market research in preparation for contract renewals.

With over 45 years of operating history, EPIC has acquired extensive experience with regard to benefit plan design and vendor selection. EPIC, along with most of our clients, believes the marketing and placement of our clients' insurance is at the core of our service model. Because of this, we employ specialists in this area that consistently conduct thorough market research in preparation for our clients' contract renewals.

Scope of Services

6. Representation in all negotiations with providers on various topics, including, but not limited to, premiums, benefit levels and plan design, performance measures and guarantees, contractual terms and conditions, and quality assurance standards.

EPIC will negotiate with all benefits providers on behalf of Rockdale County. We will evaluate and audit contracts, including:

- Confirming and/or negotiating Performance Guarantees to make sure penalties are included should vendor fail to perform. This includes member services, maintaining eligibility, adjudication of claims timely and accurately, delivering promised network discounts, maintaining sufficient numbers of network providers, etc.
- Making sure contract terms aren't overly favorable towards the vendor. This includes potential liability issues that may arise while operating the plan, notice requirements for benefit changes, out clauses for the County should the vendor fail to perform adequately, etc.
- Making sure contract terms are consistent with vendors winning proposal.

EPIC will monitor vendors on an ongoing basis to review carrier service levels and ensure compliance with contract terms and performance guarantees. If any issues should arise, the County will be able to contact their EPIC Account Executive for timely resolution.

Additionally, your EPIC service team will routinely:

- Manage current vendor performance
- Serve as liaison between your team and all insurers/vendors
- Resolve vendor issues
- Provide ongoing management of vendor relationships

7. Make recommendations for items of negotiation with providers, including, but not limited to, benefit levels and plan design, premiums, quality of service, performance measures and guarantees, and return on investment, where applicable.

Your EPIC account team will assess each line of coverage from each provider on multiple aspects to include but not limited to:

- Consistency with RFP requirements (Benefit Levels, Plan Design, Premiums)
- Cost / Benefit Comparison – Determine Relative Value
- Carrier Financial Ratings
- Claims Payment Record
- General Reputation in the Market and Quality of Service
- Service Capabilities / Value Added Deliverables
- Provider Network Depth and Breadth
- Confirming or Negotiating Performance Guarantees

EPIC will represent Rockdale County in all negotiations with current and potential vendors. When practical, we enter the market when conditions are especially competitive, always leveraging EPIC's clout and relationships to negotiate the best terms for our clients from top rated, and top performing carriers. We strive for multi-year guarantees and other favorable financial considerations from health plan providers.

Scope of Services

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

EPIC manages all facets of the carrier marketing process and executes them in a manner consistent with the goals established during the pre-renewal planning meeting. The key to successful marketing is to present the County holistically and its risk factors to the market and to leverage the 'total story' in a way that stimulates carrier interest. We employ powerful claims analysis, underwriting, and actuarial tools to understand your risk factors and present them to insurance markets in the most appealing manner.

When practical, we enter the market when conditions are especially competitive, always leveraging EPIC's clout and relationships to negotiate the best terms for our clients from top rated, and top performing carriers. We strive for multi-year guarantees and other favorable financial considerations from health plan providers.

On the County's behalf, EPIC will prepare bid specifications and solicit proposals from all insurance markets/vendors which specialize in group insurance plans, including both existing carriers and alternate models.

Our process will involve the following steps:

1. EPIC will draft the RFP for review with client. Following mutual agreement, we then submit it to the open market for response.
2. Your EPIC account team will assess each line of coverage from each respondent on multiple aspects to include but not limited to:
 - Consistency with RFP requirements
 - Cost / Benefit Comparison – Determine Relative Value
 - Carrier Financial Ratings
 - Claims Payment Record
 - General Reputation in the Market
 - Service Capabilities / Value Added Deliverables
 - Provider network depth and breadth
3. As part of our bid analysis, we will review proposals for compliance with bid specs and note any deviations in writing for County staff's review. We will also note any current or requested plan benefit provisions that the vendor cannot provide. EPIC will also apply a scoring method to help organize and rank potential winning bids.
4. EPIC negotiates with each carrier to gain concessions and enhancements where possible. This process allows us to glean better underwriting / guarantee issue offers, longer rate guarantees, and other concessions not typically offered.
5. EPIC will present our findings to the County for review, discussion and revision. Findings will be presented in a spreadsheet that includes a comparison of their answers to certain key questions in the RFP, a comparison of the Fixed Costs in their bids, a comparison of our calculations of their expected Claims Costs, and other items desired by County staff to appropriately review and score the proposals. The spreadsheet will incorporate the proposal scoring methodology and summarize the results to identify the top 3 bidders in each category.
6. EPIC will complete final revisions with the carriers, review all contracts, and prepare them for execution.

Scope of Services

9. Review rate proposals to ensure underlying assumptions are appropriate and accurate to the County.

On the County's behalf, EPIC will prepare bid specifications and solicit proposals from all insurance markets/vendors which specialize in group insurance plans, including both existing carriers and alternate models. We will review carrier proposals and make recommendations. The areas of focus for our bid review will focus on, but not be limited to, the following:

- Consistency with RFP requirements
- Bidder's ability to perform the services offered, including any current or request benefit plan provisions that the vendor cannot provide
- Provider network depth and breadth

Any deviations from bid specs will be noted in writing for County staff's review. We will provide our analysis of the significance of any variation, both as it may impact plan participants and how it would impact plan costs.

Vendor evaluation and selection is a collaborative process driven by well-defined product specifications and well-defined selection criteria. We evaluate carrier capabilities with the perspective and experience gleaned from our clients. We come into your organization with an intimate knowledge of the workings and offerings of the best carriers and health plan providers in Georgia. Our day-to-day interaction with the leading carriers provides us the ability to approach your specific situation and design the plan that complies with your financial parameters and really benefits your employees. Rate negotiation and/or the marketing results are combined with the renewal options in a presentation format for client review.

EPIC's vendor selection process will involve but is not limited to the following activities:

- **Discovery:** Identify organizational goals and establish benefit plan strategy parameters specific to the County
- **Plan Assessment and Design Recommendations:** Review current plan configuration and contracts; recommend plan changes or adjustments necessary to align benefit offering with benefit plan strategy
- **Procurement:** Define benefit specifications; prepare RFP for the County's approval and activation as appropriate; participate in pre-bidders conference or vendor site visits
- **Market Analysis and Capability Vetting:** Review and analysis of all submitted bids; prepare and spreadsheet finalist recommendations based on RFP consistency, service capability, provider network depth and breadth (where appropriate) and expected plan costs
- **Vendor Contract Analysis:** Review and analyze vendor contracts to identify unfavorable liability concerns, SPD deviations or gaps in coverage; ensure performance guarantees are adequate and properly defined;
- **Finalist Recommendation and Selection:** After we complete our analysis of the various vendor proposals we will prepare a written document with our results. We will score the proposals based on criteria agreed upon by County staff in advance of the RFP process. Our results will show our scores in each area for each vendor, with accompanying explanation of our methodology and decision process for each scoring category
- **Vendor Negotiation or Plan Modification:** We will negotiate with the County's benefits vendors to assure the best contract terms for the lowest possible cost to the County and your employees
- **Plan Transition and Implementation:** EPIC's service team will facilitate transition to new benefit plan to ensure quality of care standards are maintained and ongoing care concerns are addressed; EPIC will collaborate with the County to formulate enrollment, implementation, and communication plans

Scope of Services

With over 40 years of operating history, EPIC has acquired extensive experience and expertise with regard to benefit plan design and vendor selection. As a result, we are able to provide our clients with proven expertise to include knowledge of the current market and trends, high level of access to insurance providers, and the ability to understand, interpret and deliver comprehensive and cost effective alternatives.

EPIC enjoys the highest level of most major insurers' tier of consultants which affords us special services and an additional level of resources such as dedicated claim representatives and direct access to underwriters. We enter the market when conditions are especially competitive, always leveraging EPIC's clout and relationships to negotiate the best terms for our clients from top rated, and top performing carriers.

EPIC also sits on many national, regional and local advisory boards and maintains active relationships with decision makers of the insurers. In addition to insurers, EPIC will assist Rockdale County on consultations with Clinic Providers, Networks, TPAs and others. With EPIC as your broker, you will feel confident that all opportunities have been identified and analyzed.

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

The communications professionals in EPIC's Communications & Engagement practice will help Rockdale County engage and empower employees. Our goal with employee benefits communications is two-fold:

1. To effectively capture and communicate the holistic value of the employee experience (compensation, benefits, culture, etc.) to recruit and retain the best employees
2. To educate employees on the benefit options available to them to promote successful engagement, adoption, and usage of the benefits offered

We would begin our interaction by reviewing the current communications materials and having a discussion with the County team about any specific goals the County is hoping to achieve with the communications pieces. With specific consumerism goals and targets, we develop a communication plan to reach or exceed your targets.

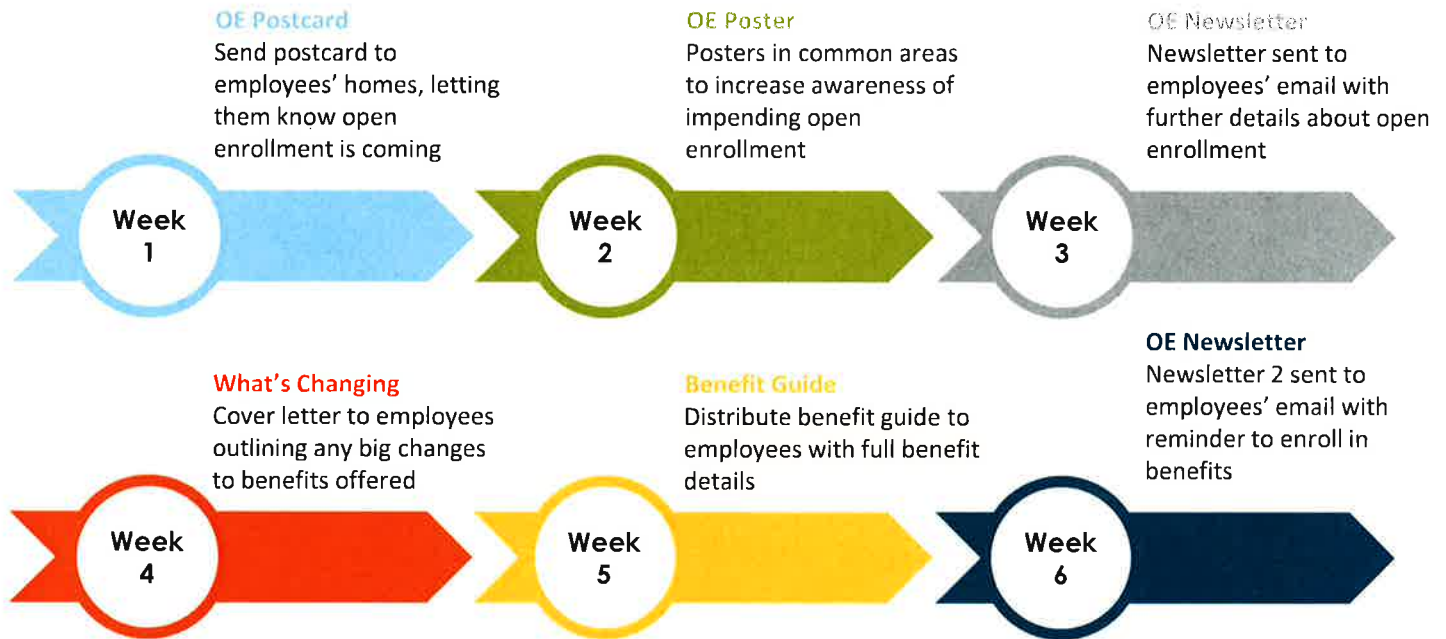
A typical communication plan would include these activities:

- Review existing benefits communications
- Create detailed communication plan with success measures
- Assist with planning and facilitation of open enrollment meetings
- Develop employee communication materials, including benefits guides/benefit summaries, wallet cards and payroll stuffers
- Measure communication program effectiveness

First, we would assist Rockdale County in identifying its communications objectives and develop a Communications Timeline. We then tailor the message and media to each target audience. Our goal with your employee communications is to develop clear, effective and easy-to-understand content and materials that will enable people to understand their benefits and use them wisely, adopt program protocols and where appropriate, change behaviors. We will focus on strong design and effective content to drive employees where you need them to go (wellness initiatives, annual enrollment, informed decision making, etc.). We have countless examples of effective communications/programs we have developed for clients.

Scope of Services

A sample communications timeline is included below. We would customize this timeline with communication pieces and dates that work best for Rockdale County staff and employees.



As communications are part of EPIC's core services, there are no additional fees (aside from printing) for items such as benefit guides, open enrollment materials, newsletters, and wallet cards.

Value-added services to Rockdale County for employee engagement and education include:

- **Employee Benefit Guide:** All employees will receive a Benefit Guide with detailed plan descriptions and benefit offerings. The guide serves as an employee education piece, as we include explanations of all the benefits available to employees to help them truly understand the benefits they have available to them through their employer.
- **Custom Communications:** Our communications professionals can create customized, branded newsletters, posters, email blasts and more to aid in employee awareness and knowledge of their benefit plans.
- **Open Enrollment Communications:** With strategic planning and thorough understanding of your communication and education objectives, we can assist Rockdale County in the design of custom enrollment materials that will help employees understand their plans and the issues influencing their benefits decisions. Well in advance of the effective date, enrollment and implementation planning will begin to ensure ample time is available to communicate plan changes and complete enrollment activities. We can assist the County with creating postcards, posters, newsletters, email blasts, and other materials to help promote participation and increase awareness and engagement of the County benefit offerings.

Scope of Services

- **Resource Library:** Through our online resource library, EPIC can provide links, articles, and resources on a variety of insurance, employee benefits, and human resources topics — including topics such as HIPAA, COBRA, and ACA. We offer a series of flyers and posters that provide your employees insight and information about insurance and employee benefits topics. This information helps employees become more knowledgeable about their benefits, and can serve as a foundation for your ongoing employee communication campaigns.



11. Attendance at, present at, and assistance with, coordination of the annual Benefits Fair and Open Enrollment process and annual benefits enrollment reconciliation and provide ongoing technical support.

EPIC welcomes the opportunity to conduct meetings to review and/or explain all aspects of benefit plan offerings at open enrollment meetings, new employee orientations, or the annual Benefits Fair. The County's EPIC service team can present the plan to the employees face-to-face and assist in the enrollment and education of the new or revised plan.

12. Provide staff to enroll employees in all departments during Open Enrollment, for the entire duration of Open Enrollment.

Working in conjunction with your voluntary benefits vendor, the EPIC team will provide staff and enrollers to assist with employee enrollment during Open Enrollment.

Scope of Services

13. Approve all benefit elections during Open Enrollment through ADP portal at the end of the Open Enrollment appeal process.

If EPIC manages the ADP portal for Rockdale County, we will approve all benefit elections in ADP at the end of the Open Enrollment period.

E. Other Service Requirements

1. Assist in the facilitation and implementation of an employee wellness program to improve employee health and reduce employee and retiree health-care costs, both in the short-term and in the long-term.

EPIC believes wellness and prevention are critical to managing an employer-sponsored medical plan. Wellness and prevention plans that are designed and communicated effectively will reduce risk and cost as well as improve overall employee productivity.

The EPIC Wellness & Health Management team is driven to establish proactive strategies for corporate well-being. Our thought leaders advise clients in developing a tailored and results oriented solution to improve the health of their workforce. Our in-house wellness department connects our clients to programs and resources, and also provides services to support their worksite wellness initiatives.

EPIC views wellness programs as more than just an ancillary offering but rather a critical component of a successful benefits strategy. For clients in search of cost savings and solutions for the rising cost of employer-sponsored healthcare, EPIC can provide guidance around the design and implementation of a population health management plan.

EPIC shines in its flexibility to assist clients to develop wellness strategies that match any population's needs, to create innovative communications, to design compelling incentives that engage employees, and to deploy onsite initiatives that inspire collaboration between senior leaders and worksite champions. We start our consulting practice with a discovery meeting to best understand your goals and intended outcomes (and help you develop them if you haven't already), conduct a thorough evaluation of current resources and make recommendations for any gaps we see impeding your intended outcome. Our recommendations can vary from community resources to choosing specialized wellness service provider(s). Our consultants then assist you throughout the project plan of your initiatives and review benchmarks and data utilized to evaluate your program.

Key EPIC Wellness Consulting Practices:

- We don't SELL wellness.
- We don't believe any single vendor is best for every client.
- We believe that successful programs require commitment from senior management (and union groups).
- We believe wellness plans MUST be measured for success – against metrics established at the initial discovery meeting.
- We believe these goals must be based on your organization's unique culture.

Scope of Services

We start our consulting practice with a discovery meeting to best understand your goals and intended outcomes (and help you develop them if you haven't already), do a thorough evaluation of current resources and make recommendations for any gaps we see impeding your intended outcome. The recommendations can vary from community resources, to communications, to choosing specialized wellness service provider(s). Our consultants then assist you throughout the project plan of your initiatives and review benchmarks and data utilized to evaluate your program.

Our wellness services include:

- Initial review of existing wellness program or initiatives
- Client planning meeting using our Wellness Toolkit for guiding the meeting and obtaining key client wellness-related input
- Establish program goals and resources
- Assist with employee communication as part of implementation
- Ongoing measurement of program effectiveness and goal achievement
- Education on wellness programs and federal government requirements (ACA, HIPAA, EEOC)
- Planning and guidance for client prevention events (health fairs, biometric screenings)

Additionally, we work to ensure that we assist in promoting a client's wellness initiatives through a deliberate campaign using a wide array of targeted communications.

- Monthly EPIC Way2Wellness newsletters
- On-site challenge support
- Quarterly education webinars
- Wellness champion guidance and support
- Goal-setting protocol

Based on the needs of Rockdale County's employees, EPIC's Wellness Consultant can provide more in-depth approaches for clients in developing a long-term wellness strategy and in creating branded wellness communications.

2. Assist in the development and/or purchasing of web site technologies to support on-line enrollments, changes and employee education to assist employees/retirees in self- management of benefits, and to reduce the related administrative demands on County staff.

EPIC's Human Resources Technology Solutions team provides consulting expertise to employers on how best to integrate and utilize modern technology solutions to enhance and optimize HR infrastructure and operations. This is primarily done through the sourcing, evaluation, implementation, optimization and governance of technology-enabled solutions in support of all facets of Human Resources, including core HR, benefits, payroll, time and labor, and talent management including recruiting, onboarding and performance.

EPIC's Benefits Technology Specialists will provide an overview of benefit technology solutions available to the County, should this be an area of interest. EPIC can assist the County with finding the best provider to fit their technology needs, but the County will be responsible for the purchasing of the system. Should the County need assistance with implementation and ongoing maintenance of the portal, EPIC has specialists on staff that can help the County in an ongoing capacity.

Scope of Services

Core Services and Deliverables

- Sourcing and consulting expertise for benefits technology solutions
 - New/replacement systems review
 - Online enrollment/administration
 - Transparency tools/mobile apps

Specialized Tools and Resources

- System implementation guidance, ongoing project management
- Management of benefits technology service provider performance and delivery
- Analysis and optimization of client benefits resources and processes
- Carrier/vendor systems coordination on integration and testing
- Project oversight and implementation of employee/plan member technology tools
 - Education/communication portal
 - Plan modeling/decision support
 - Confirmation and total compensation statements

3. Provide and facilitate Retiree Administration Program, including retiree premium payments, setting up coverage for retiree and dependents, resolving any claims or issues that may arise, and running monthly reports to show when retirees are to be termed from one plan and moved to Medicare advantage plan.

EPIC's benefits administration outsourcing team provides similar services to several of our clients. We understand and agree to this scope item.

4. Provide and facilitate COBRA administration Program including COBRA premium payments.

Outsourcing is the best solution for COBRA Administration. Third Party Vendors are structured for indemnification in the occurrence of violation of COBRA timeframes or laws. EPIC agrees to arrange, manage, and cover the cost of this service during our term as broker.

5. Provide administrative fees for FSA vendor.

To the extent allowed by law, EPIC agrees to provide this during our term as broker.

Scope of Services

6. Recommend and help develop enhancements and improvements for communications specific to the needs of the County's employees and retirees, including, but not limited to, brochures, pamphlets, matrices, comparison charts, summaries, electronic communications, forms, employee handbooks and employee orientation.

At EPIC, we recognize the value of a well-educated employee who understands the benefits available to them and how to get the most out of the plans offered. To support education and engagement among our clients' employees, we offer a variety of solutions to enhance the employee communications program that will lead to a higher level of knowledge and satisfaction. The C&E team will work to effectively capture the holistic value of Rockdale County's employee experience, including the broader employee value proposition that encompasses benefits, wellness strategies and directives, consumer-focused education, and empowerment.

We will focus on strong design, effective content and clear messaging to drive your employees where you need them to go, such as wellness initiatives, open enrollment, informed decision making, etc. We develop our tailored communication strategies to reach or exceed your key objectives. Our goal with employee benefits communications is two-fold:

1. To effectively communicate the value of the employee experience (compensation, benefits, culture, etc.) to recruit and retain the best employees
2. To educate employees on the benefit options available to them to promote successful engagement, adoption, and usage of the benefits offered

The C&E team will help Rockdale County identify communication goals and objectives, and tailor the message and media – whether online, video, print or social media – to each of your target audiences. We always begin our process with a discovery session, a chance for us to learn more about your organization, demographics, culture and communication needs. We'll discuss questions such as:

- How would you describe Rockdale County's culture?
- What do you want to communicate over the next three years, and to what groups?
- What are the most important messages for us to communicate this year?
- When and how should those messages be delivered?

To achieve a successful outcome, we like to tailor the message and media to each target audience, so a key part of our discussion would include how we could segment your associate population into key categories. Some options would be segmenting by demographics, operational environments, and access to technology. How we decide to segment your associates will determine how we customize content, imagery, and design to best speak to their unique needs.

With specific consumerism goals and targets, we develop a communication plan to reach or exceed your targets. We can provide comprehensive communication programs that include strategic planning, customized branding and design, customized messaging and content development, and multi-media plans including online, print, and mobile solutions and strategies.

Scope of Services

A typical communication plan would include these activities:

- Review existing benefits communications
- Create detailed communication plan with success measures
- Assist with planning and facilitation of open enrollment meetings
- Develop employee communication materials, including benefits guides/benefit summaries, wallet cards and payroll stuffers
- Measure communication program effectiveness

A sample plan is included below:

Step 1: Communications Strategy and Planning	Step 2: OE Communications Development and Delivery	Step 3: Ongoing Benefits and Wellness Communications
• Determine benefit communications and wellness goals and game plan for 2019 • Confirm collective and district operating company goals for benefit communications (messaging and delivery preferences) • Create benefits communications graphic design/branding strategy • Develop benefits communication message, audience, and media matrix (print, online, mobile, video) • Identify specific and unique target audiences e.g. by location, demographics • Deliver and manage benefits communication program calendar	• Pre-enrollment announcement of OE activities (what to expect, where to get information) and key benefit program changes (includes initial manager briefing for advance notification of changes) • Launch benefits/wellness website (common platform with operating company "skins" to support different program offerings and messages) • Development of annual enrollment communications (benefit guide, enrollment video to use with or in lieu of employee meetings) • Promote and launch mobile wallet card (easy access to plan contacts and summary details) to meet needs of multi-generational workforce	• Develop and deliver ongoing benefits and wellness education series via monthly communications (e/print newsletters and web postings) • Reinforce importance of effective benefits program consumerism (best practices guidance on program utilization) • Create high level benefits summary for recruiting purposes • Review benefits-related aspects of new hire orientation; build game plan for program enhancements, streamlining

7. Complete and send out retiree Open Enrollment letters with enrollment forms when applicable.

Rockdale County's EPIC account team will handle the Open Enrollment process for retirees, including sending out letters and enrollment forms when applicable.

Scope of Services

8. Provide timely research and responses to technical questions posed by County staff.

Rockdale County's assigned EPIC Account Executive will be your main point of contact for administrative issues and questions throughout the year. The AE will be the day-to-day contact for Rockdale County staff should a question or issue arise around overall benefit program administration, carrier service, plan performance, and more. As we always strive to maintain a high level of service to client, the Account Executive is assisted by the Account Manager, ensuring timely resolution of all issues and quick response to all questions. Our Account Managers are highly trained and knowledgeable experts who assist clients with billing, claims, and eligibility issues. The Account Manager will also serve as the back-up contact should the County's Account Executive be unavailable.

The County will appreciate the personal level of service we will provide as we respond to questions and resolve issues throughout the year. Normal response time to calls and emails is no more than one business day, but should an issue take longer to resolve, the EPIC account team will keep Rockdale County staff updated until we reach a resolution.

9. Provide regular and timely communications needed for the effective administration of benefit plans.

A key part of a new relationship is determining how a client works, team member roles and responsibilities, the appropriate modes of interaction, and a schedule for interaction. If Rockdale County were to select EPIC as their new broker/consultant, we would begin our relationship by determining how the County wishes to communicate with their EPIC account team and a schedule for communication. As your broker, EPIC would want to have regular in-person meeting with County staff. We would also be available on a daily basis to answer questions, resolve issues, and provide feedback to the County to ensure the effective administration of the benefits plans. Rockdale County's EPIC service team will work cohesively throughout the year to ensure a streamlined administration of all County benefit packages and a high level of service to County staff and employees.

10. Provide guidance and recommendations on items such as, but not limited to, trends in benefits plans, methods for improving cost containment, financial arrangements and administration.

Insight to Emerging Trends and Innovation

Today's benefits landscape is constantly evolving, and EPIC is committed to not only tracking the latest industry regulations and trends, but also finding ways to communicate these items to our clients and integrate them in our clients' benefits plans where beneficial or appropriate. We pride ourselves on the extremely high level of expertise and experience of our staff and their ability to apply this to our clients' benefit. Our employees have years of industry experience and undergo continuous training. We call ourselves a consulting broker, because our associates are leaders of our industry and regularly apply this knowledge and expertise as they provide services to our clients. Because of this, we have been able to consistently stay on top of industry trends and communicate pertinent information to our clients.

Scope of Services

EPIC is constantly vetting and introducing new strategies that add value to our client's benefit strategy and assist in achieving their program goals. The following trends have been vetted and implemented for other EPIC clients, and we will evaluate all possible solutions that fit best with Rockdale County and align with your specific goals and culture.

Cost Containment

Your Broker/Consultant's goal is to help Rockdale County control costs through plan design recommendation and proper implementation and management of your benefits program, tailored specifically to meet your needs.

EPIC likes to focus on the overall value of the employee benefits program, thus delivering the best benefits that our clients' budget can provide. If you have a multi-year budget projection that you can allocate towards employee benefits we can advise you on adjustments that can be made to accommodate that budget. We can provide multi-year projections based on current plans and closely estimate the value of potential plan changes that may need to be considered in the future.

As part of our actuarial, underwriting and financial management services, our group will calculate the value of the plans. As we look toward potential changes, we project the financial impact of those changes and the likely impact on various demographics profiles. For instance, we may create a cost model with a young utilizer with no known medical conditions, an older utilizer with chronic conditions and a high utilizer to see how the plan changes would impact each group.

Each year our financial modeling is refreshed to reflect any changes in plan provisions, mandated changes or utilization patterns to anticipate any changes in costs. We will also review and compare alternative funding methods and processes (i.e. fully-insured vs. self-insured) to ensure the County is in the best financial arrangement for your unique situation.

EPIC's Role Providing Guidance and Recommendations

At its core, EPIC consistently focuses on and strives to have client partnerships grounded in integrity, quality, professionalism and creativity – aligned with clear, open and ongoing communication. We are fiercely committed to holding ourselves to these principles and putting our clients' best interests, satisfaction and return on consulting investment first. As Rockdale County's Broker/Consultant, EPIC will continually provide guidance and recommendations to County staff. County staff should feel that they can bring any issues or perceived areas of improvement to our attention, and we will also proactively review all aspects of plan administration and management to ensure a streamlined administration of all County benefit packages and a high level of service to County staff and employees.

To that end, our partnership philosophy with Rockdale County centers on the goals of the County and how we can provide the best, leading, customized and financially impactful solutions to serve you in the short and long term. Our goal is to have a meaningful and lasting partnership with Rockdale County.

At EPIC, we pride ourselves on being customer focused. We believe that if the customer is central to everything we do, then our business will grow and flourish. We keep our customers top of mind when dealing with all facets of our business. Our passion for customer service drives us to perform at a "do whatever it takes to get the job done" level. We know that we have a primary responsibility to help our clients protect their people, property, products, services and profits from all forms of individual and business risk, and we keep that responsibility at the forefront as we provide service to our clients.

Scope of Services

11. Provide access to published benefit-related survey information.

EPIC understands that the cost of benefits, especially health insurance, is a significant component of the financial health of employers in the public sector. Benchmarking the County's plan against others of similar size and industry ensures the County is offering financially competitive, effective, and affordable benefit programs to employees.

Since 2012, EPIC has sponsored an annual benefits benchmarking survey with the Georgia Government Finance Officers Association (GGFOA). This survey consists of data from as many as 70 participating counties, cities, and authorities, including many large metropolitan Atlanta municipalities.

Utilizing these results as well as a number of other benchmarking resources enables us to have a dialog as to how your plan compares to similar entities and if it is performing as you desire. The results from EPIC's comprehensive benchmarking analysis will allow us to make substantive recommendations with regard to plan design and benefit options appropriate to Rockdale County.

12. Develop and provide additional benefits communications specific to the needs of the County's employees and retirees.

At EPIC, we recognize the value of a well-educated employee and retiree population who understands the benefits available to them and how to get the most out of the plans offered. To support education and engagement among our clients' employees, we offer a variety of solutions to enhance the employee communications program that will lead to a higher level of knowledge and satisfaction.

The C&E team will help Rockdale County identify communication goals and objectives, and tailor the message and media – whether online, video, print or social media – to each of your target audiences. How we decide to segment your associates will determine how we customize content, imagery, and design to best speak to their unique needs. We always begin our process with a discovery session, a chance for us to learn more about your organization, demographics, culture and communication needs.

A typical communication plan would include these activities:

- Review existing benefits communications
- Create detailed communication plan with success measures
- Assist with planning and facilitation of open enrollment meetings
- Develop employee communication materials, including benefits guides/benefit summaries, wallet cards and payroll stuffers
- Measure communication program effectiveness

The C&E team will work with the County to address your unique communication needs and ensure you meet your goals.

Scope of Services

13. Attendance at, and assistance with, meetings with the County Board of Commissioners, County staff and labor groups.

As your Broker, your EPIC service team will want to schedule regular meetings with the County staff. A member of Rockdale County's EPIC service team will be available to meet with the County administrative staff as needed. We can guarantee participation with one week's notice, but should be able to accommodate shorter notice in most cases. With Board of Commissioners meetings, we can take on whatever role the County feels is most appropriate, from leading meetings to participating as needed on the County's benefits program. In-person meetings will be another item we would want to include on the timeline we develop during our first interactions as the County's broker.

14. Recommend when County staff should attend particular consultant-sponsored seminars, benefit events and educational forums that would be beneficial to the County.

EPIC sponsors client seminars and webinars on a routine basis focusing on topics such as: Health Care Reform, Consumer Driven Healthcare, Changes to the Fair Labor Standards Act, FMLA and Absence Management, Mid-Market Healthcare Survey Results, ERISA Compliance, Wellness Programs, and Pharmacy Benefit Management.

We have recently hosted webinars on the following topics:

- Compliance Outlook: Where We've Been and What's Ahead
- ERISA Road Map for Health & Welfare Plans
- ACA Health Coverage Reporting for Employers – Final Forms
- ACA Shared Responsibility – Pay or Play Challenges for Employers
- Getting Ready for Open Enrollment: Strategic and Compliance Communications
- Cafeteria Plan Election Change Rules – What Employers Need to Know
- ACA Health Coverage Reporting for Employers
- HIPAA Privacy & Security – How the Rules Impact Employers
- Health & Welfare Benefits Compliance Obligations – What We Know

Rockdale County staff will be invited to all EPIC-hosted seminars and webinars, and we will also keep the County informed of any other educational opportunities that would be beneficial for County staff.

15. Develop and/or assist in developing and evaluating employee/retiree needs and satisfaction surveys.

We have a few different methods of collecting employee/retiree feedback on benefit plans:

- Customized Surveys: We will work with Rockdale County staff on a custom survey that will help the County determine the level of employee satisfaction with their current benefit plans. Surveys can also be used to collect opinions on new benefits the County might be considering – such as the introduction of a new voluntary product or a new type of medical plan.
- Focus Groups: Your EPIC service team can conduct focus groups with employees and/or retirees not only to gain insight about current satisfaction levels, but to also learn what changes employees would like to see to their benefit plans.

Contractor Affidavit under O.C.G.A. §13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. §13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

348044

Federal Work Authorization User Identification Number

August 3, 2010

Date of Authorization

EPIC Insurance Brokers & Consultants

Name of Contractor

Request for Proposals No. 18-24, Rockdale County, Georgia, Employee Benefits InsuranceName of Project Broker and Consulting ServicesRockdale County Georgia

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on July 24th, 2018, in Duluth (city), GA (state).Christopher Clark
Signature of Authorized Officer or AgentChristopher Clark, Principal & SVP

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 24 DAY OF July, 2018.Audrey L. Wilkes

NOTARY PUBLIC

My Commission Expires:



ROCKDALE COUNTY BOARD OF COMMISSIONERS
NON-COLLUSION AFFIDAVIT OF VENDOR

State of Georgia)

County of Gwinnett)

Christopher Clark, being first duly sworn, deposes and says that:

(1) He is Principal (owner, partner officer, representative, or agent) of EPIC Insurance Brokers & Consultants, the Vendor that has submitted the attached RFP;

(2) He is fully informed respecting the preparation and contents of the attached RFP and of all pertinent circumstances respecting such RFP;

(3) Such RFP is genuine and is not a collusive or sham RFP;

(4) Neither the said Vendor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affidavit, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Vendor, firm or person to submit a collusive or sham RFP in connection with the Contract for which the attached RFP has been submitted or refrain from proposing in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Vendor, firm or person to fix the price or prices in the attached RFP or of any other Vendor, or to fix any overhead, profit or cost element of the proposing price or the proposing price of any other Vendor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Rockdale County or any person interested in the proposed Contract; and

(5) The price or prices quoted in the attached RFP are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Vendor or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

[Signature]
 (Signed)

Principal & Senior Vice President

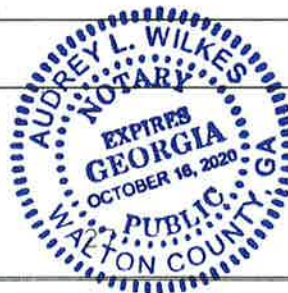
(Title)

Subscribed and Sworn to before me this 24th day of July, 2018

Name Audrey L. Wilkes

Title _____

My commission expires (Date) _____



Affidavit Verifying Status for County Public Benefit Application

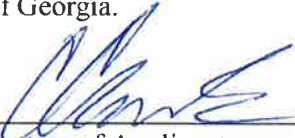
By executing this affidavit under oath, as an applicant for the award of a contract with Rockdale, County Georgia, I Christopher Clark. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity] am stating the following as required by O.C.G.A. Section 50-36-1:

1) X I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.


Signature of Applicant:

July 18, 2018
Date

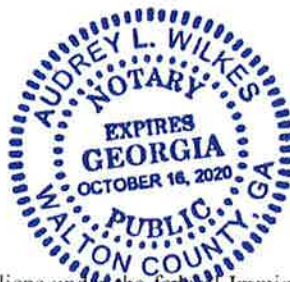
Christopher Clark

Printed Name:

* NA
Alien Registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
24 DAY OF July, 2018.

Audrey L. Wilkes
Notary Public
My commission Expires:



***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

**ROCKDALE COUNTY BOARD OF COMMISSIONERS
NON-COLLUSION AFFIDAVIT OF SUB-CONTRACTOR**

State of Georgia

County of Henry

Michael A. Gassers, being first duly sworn, deposes and says that:

(1) He/~~She~~ is Owner (owner, partner officer, representative, or agent) of The Michael Gassers Agency, Inc., the sub-contractor that has submitted the attached RFP;

(2) He is fully informed respecting the preparation and contents of the attached RFP and of all pertinent circumstances respecting such RFP;

(3) Such RFP is genuine and is not a collusive or sham RFP;

(4) Neither the said sub-contractor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affidavit, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Vendor, firm or person to submit a collusive or sham RFP in connection with the Contract for which the attached RFP has been submitted or refrain from proposing in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Vendor, firm or person to fix the price or prices in the attached RFP or of any other Vendor, or to fix any overhead, profit or cost element of the proposing price or the proposing price of any other Vendor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Rockdale County or any person interested in the proposed Contract; and

(5) The price or prices quoted in the attached RFP are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the sub-contractor or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

Michael A. Gassers
(Signed)

Owner
(Title)

Subscribed and Sworn to before me this 5 day of August, 20 19.

Name Karen S. Stephens

Title April 4, 2023

My commission expires (Date)



Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

348044
Federal Work Authorization User Identification Number
Aug 3, 2010
Date of Authorization
EPIC Insurance Brokers & Consultants
Name of Contractor
Employee Benefits Broker/Consultant
Name of Project
Rockdale County Government
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on Aug 2, 2017 in Duluth (city), GA (state).

[Signature]
Signature of Authorized Officer or Agent

Chris Clark
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 2nd DAY OF August, 2017.

[Signature]
NOTARY PUBLIC

My Commission Expires: 12/7/2020



Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

20-1125906

Federal Work Authorization User Identification Number

5-17-2004

Date of Authorization

The Michael Basses Agency, Inc.

Name of Subcontractor

No 18-24 Employee Benefits Insurance Broker and Consulting Services

Name of Project

Rockdale County

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on August 5, 2018, in McDonough (city), Georgia (state).Michael A. Gasser

Signature of Authorized Officer or Agent

Michael A. Gasser Owner

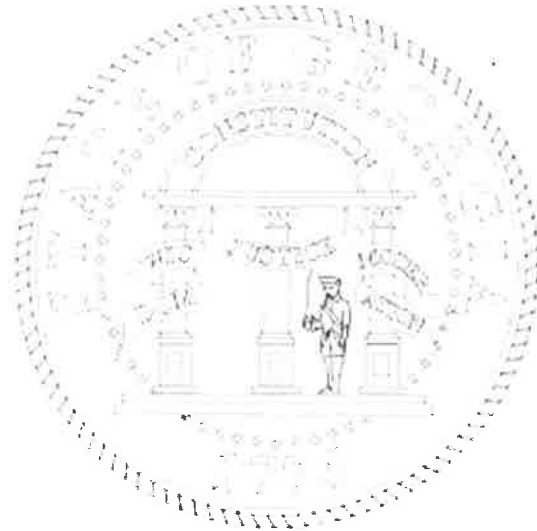
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 5 DAY OF August, 2018.Karen Stephens

NOTARY PUBLIC

My Commission Expires:

April 4, 2023

**Branch Agency - Resident**

Branch Agency - Accident and Sickness, Branch Agency -
Casualty, Branch Agency - Life, Branch Agency - Property

EDGEWOOD PARTNERS INSURANCE CENTER

2405 SATELLITE BLVD

STE 200

DULUTH, GA 30096

is authorized to transact business as described above

License No: 182441

Issue Date: 01-16-2015

Expiration Date: 12-31-2020

Generated by Sircon 178545134

**Georgia Department
of Insurance**

THIS IS TO CERTIFY THAT

**EDGEWOOD PARTNERS INSURANCE
CENTER**

2405 SATELLITE BLVD, STE 200, DULUTH, GA 30096

LICENSE NUMBER: 182441

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

Branch Agency - Resident

Branch Agency - Accident and
Sickness, Branch Agency -
Casualty, Branch Agency - Life,
Branch Agency - Property

Issue Date: 01-16-2015

Expiration Date: 12-31-2020

Generated by Sircon 178545134



Gwinnett County Licensing and Revenue

446 W. Crogan Street - Suite 125
Lawrenceville, GA 30046

2019

**NOT
TRANSFERABLE**

DISPLAY THIS CERTIFICATE AT BUSINESS LOCATION FOR PUBLIC VIEW

Date Issued:	April 8, 2019	Certificate Number:	2019186791
Expires:	March 31, 2020	Fee:	\$2,431.21
Business Name:	EDGEWOOD PARTNERS INSURANCE CENTER		
Description:	Insurance Agencies and Brokerages		

MAIL TO:
EDGEWOOD PARTNERS INSURANCE CENTER
C/O EDGEWOOD PARTNERS INSURANCE CENTER INC
3000 EXECUTIVE PKWY STE 325
SAN RAMON CA 94583-4335

Business Location
2405 SATELLITE BLVD
#200
DULUTH GA 30096

~~Only valid at this location and when location conforms to Gwinnett County Ordinance.~~



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2019

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

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

PRODUCER CA LIC 0B29370 1-925-244-7700
Edgewood Partners Insurance Centers (EPIC)
[San Ramon - Branch ID 14394]
P. O. Box 5003

San Ramon, CA 94583

INSURED
Edgewood Partners Insurance Center

2405 Satellite Blvd Ste 200

Duluth, GA 30096

CONTACT NAME: Certificate Department

PHONE (A/C, No, Ext): (925) 244-7700

FAX (A/C, No): (925) 901-0671

E-MAIL ADDRESS: EPICcerts@EPICBrokers.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: TRAVELERS PROP CAS CO OF AMER

25674

INSURER B: ALLIED WORLD SURPLUS LINES INS CO

24319

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 56897353

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	☒ ☒	6302F961480TIL18	12/01/18	12/01/19	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	☒ ☒	BAIL11104618CAG	12/01/18	12/01/19	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$	☐ OCCUR ☐ CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☒ Y/N ☐ N/A	UB3F01475118	12/01/18	12/01/19	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Insurance Agents E&O		03119540	07/26/19	07/26/20	Ea Clm/Aggregate \$ 10,000,000 \$250,000 Retention Each Claim

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

ADDITIONAL INSURED: Rockdale County Government, its officers, officials, employees and volunteers.

C-2019-121

CERTIFICATE HOLDER

CANCELLATION

Rockdale County Government

Department of Finance
958 Milstead Ave. Ste 300

Conyers, GA 30012

USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brian J. Quinn

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FINANCIAL INSTITUTIONS XTEND ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

GENERAL DESCRIPTION OF COVERAGE – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to this Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- | | |
|---|--|
| A. Reasonable Force Property Damage – Exception To Expected Or Intended Injury Exclusion | J. Blanket Additional Insured – Owners, Managers Or Lessors Of Premises |
| B. Non-Owned Watercraft 50 Feet Long Or Less | K. Blanket Additional Insured – Lessors Of Leased Equipment |
| C. Repossessed Watercraft Less Than 25 Feet | L. Blanket Additional Insured – Persons Or Organizations For Your Ongoing Operations As Required By Written Contract Or Agreement |
| D. Aircraft Chartered With Pilot | M. Who Is An Insured – Liability For Conduct Of Unnamed Partnerships, Joint Ventures Or Limited Liability Companies |
| E. Damage To Premises Rented To You | N. Contractual Liability – Railroads |
| F. Increased Supplementary Payments | O. Knowledge And Notice Of Occurrence Or Offense |
| G. Who Is An Insured – Employees And Volunteer Workers – First Aid | P. Unintentional Omission |
| H. Who Is An Insured – Employees – Supervisory Positions | Q. Blanket Waiver Of Subrogation |
| I. Who Is An Insured – Newly Acquired Or Formed Organizations | |

PROVISIONS

A. REASONABLE FORCE PROPERTY DAMAGE – EXCEPTION TO EXPECTED OR INTENDED INJURY EXCLUSION

The following replaces Exclusion **a.**, **Expected Or Intended Injury**, in Paragraph 2., of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

a. Expected Or Intended Injury Or Damage

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect any person or property.

B. NON-OWNED WATERCRAFT 50 FEET LONG OR LESS

The following replaces Paragraph (2) of Exclusion **g.**, **Aircraft, Auto Or Watercraft**, in Paragraph 2.

of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

(2) A watercraft you do not own that is:

- (a) Fifty feet long or less; and
- (b) Not being used to carry any person or property for a charge.

C. REPOSSESSED WATERCRAFT LESS THAN 25 FEET

The following is added to Exclusion **g.**, **Aircraft, Auto Or Watercraft**, in Paragraph 2. of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

This exclusion does not apply to a watercraft you repossess that is:

- (a) Less than 25 feet long; and
- (b) Ashore on premises you own or rent.

COMMERCIAL GENERAL LIABILITY

D. AIRCRAFT CHARTERED WITH PILOT

The following is added to Exclusion **g.**, **Aircraft, Auto Or Watercraft**, in Paragraph **2.** of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

This exclusion does not apply to an aircraft that is:

- (a) Chartered with a pilot to any insured;
- (b) Not owned by any insured; and
- (c) Not being used to carry any person or property for a charge.

E. DAMAGE TO PREMISES RENTED TO YOU

1. The first paragraph of the exceptions in Exclusion **j.**, **Damage To Property**, in Paragraph **2.** of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is deleted.
2. The following replaces the last paragraph of Paragraph **2.**, **Exclusions**, of **SECTION I – COVERAGES – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

Exclusions **c.**, **g.** and **h.**, and Paragraphs **(1)**, **(3)** and **(4)** of Exclusion **j.**, do not apply to "premises damage". Exclusion **f.(1)(a)** does not apply to "premises damage" caused by fire unless Exclusion **f.** of Section **I – Coverage A – Bodily Injury And Property Damage Liability** is replaced by another endorsement to this Coverage Part that has Exclusion – All Pollution Injury Or Damage or Total Pollution Exclusion in its title. A separate limit of insurance applies to "premises damage" as described in Paragraph **6.** of Section **III – Limits Of Insurance**.

3. The following replaces Paragraph **6.** of **SECTION III – LIMITS OF INSURANCE**:
6. Subject to **5.** above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage **A** for damages because of "premises damage" to any one premises.

The Damage To Premises Rented To You Limit will be:

- a. The amount shown for the Damage To Premises Rented To You Limit on the Declarations of this Coverage Part; or
- b. \$300,000 if no amount is shown for the Damage To Premises Rented To

You Limit on the Declarations of this Coverage Part.

4. The following replaces Paragraph **a.** of the definition of "insured contract" in the **DEFINITIONS** Section:

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for "premises damage" is not an "insured contract";

5. The following is added to the **DEFINITIONS** Section:

"Premises damage" means "property damage" to:

- a. Any premises while rented to you or temporarily occupied by you with permission of the owner; or
- b. The contents of any premises while such premises is rented to you, if you rent such premises for a period of seven or fewer consecutive days.

6. The following replaces Paragraph **4.b.(1)(b)** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

- (b) That is insurance for "premises damage"; or

7. Paragraph **4.b.(1)(c)** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is deleted.

F. INCREASED SUPPLEMENTARY PAYMENTS

1. The following replaces Paragraph **1.b.** of **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** of **SECTION I – COVERAGES**:

- b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

2. The following replaces Paragraph **1.d.** of **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** of **SECTION I – COVERAGES**:

- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$500 a day because of time off from work.

G. WHO IS AN INSURED – EMPLOYEES AND VOLUNTEER WORKERS – FIRST AID

1. The following is added to the definition of "occurrence" in the **DEFINITIONS** Section:

Unless you are in the business or occupation of providing "professional health care services", "occurrence" also means an act or omission committed by any of your "employees" or "volunteer workers", other than an employed or volunteer doctor, in providing or failing to provide first aid or "Good Samaritan services" to a person.

2. The following replaces Paragraph **2.a.(1)(d)** of **SECTION II – WHO IS AN INSURED**:

(d) Arising out of his or her providing or failing to provide "professional health care services".

3. The following is added to Paragraph **2.a.(1)** of **SECTION II – WHO IS AN INSURED**:

Unless you are in the business or occupation of providing "professional health care services", Paragraphs **(1)(a)**, **(b)**, **(c)** and **(d)** above do not apply to "bodily injury" arising out of providing or failing to provide first aid or "Good Samaritan services" by any of your "employees" or "volunteer workers", other than an employed or volunteer doctor. Any of your "employees" or "volunteer workers" providing or failing to provide first aid or "Good Samaritan services" during their work hours for you will be deemed to be acting within the scope of their employment by you or performing duties related to the conduct of your business.

3. The following is added to Paragraph **5.** of **SECTION III – LIMITS OF INSURANCE**:

For the purposes of determining the applicable Each Occurrence Limit, all related acts or omissions committed by any of your "employees" or "volunteer workers" in providing or failing to provide first aid or "Good Samaritan services" to any one person will be deemed to be one "occurrence".

4. The following is added to the **DEFINITIONS** Section:

"Good Samaritan services" means any emergency medical services for which no compensation is demanded or received.

"Professional health care services" includes:

- a. Any medical, surgical, dental, x-ray or nursing services, treatment, advice or in-

struction, or the related furnishing of food or beverages;

- b. The furnishing or dispensing of drugs or medical, dental or surgical supplies or appliances;
- c. The handling or treatment of corpses, including autopsies, organ donations and other postmortem procedures;
- d. Any health or therapeutic service, treatment, advice or instruction;
- e. Any service, treatment, advice or instruction for the purpose of appearance or skin enhancement, hair removal or replacement or personal grooming;
- f. Any psychiatric, psychological or emotional counseling service, treatment, advice or instruction; and
- g. The service by any person as a member of a formal accreditation, standards review, peer review or equivalent professional board or committee or member of any professional organization or committee.

H. WHO IS AN INSURED – EMPLOYEES – SUPERVISORY POSITIONS

The following is added to Paragraph **2.a.(1)** of **SECTION II – WHO IS AN INSURED**:

Paragraphs **(1)(a)**, **(b)** and **(c)** above do not apply to "bodily injury" or "personal injury" to a co-"employee" in the course of the co-"employee's" employment by you arising out of work by any of your "employees" who hold a supervisory position.

I. WHO IS AN INSURED – NEWLY ACQUIRED OR FORMED ORGANIZATIONS

The following replaces Paragraph **4.** of **SECTION II – WHO IS AN INSURED**:

4. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, of which you are the sole owner or in which you maintain the majority ownership interest, will qualify as a Named Insured if there is no other insurance which provides similar coverage to that organization. However:
 - a. Coverage under this provision is afforded only:
 - (1) Until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier, if you do not

COMMERCIAL GENERAL LIABILITY

report such organization in writing to us within 180 days after you acquire or form it; or

- (2) Until the end of the policy period, when that date is later than 180 days after you acquire or form such organization, if you report such organization in writing to us within 180 days after you acquire or form it, and we agree in writing that it will continue to be a Named Insured until the end of the policy period;

- b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
- c. Coverage **B** does not apply to "personal injury" or "advertising injury" arising out of an offense committed before you acquired or formed the organization.

J. BLANKET ADDITIONAL INSURED – OWNERS, MANAGERS OR LESSORS OF PREMISES

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that is a premises owner, manager or lessor and that you have agreed in a written contract or agreement to include as an insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" that:

- a. Is "bodily injury" or "property damage" caused by an "occurrence" that takes place, or is "personal injury" or "advertising injury" caused by an offense that is committed, after you have signed and executed that contract or agreement; and
- b. Arises out of the ownership, maintenance or use of that part of any premises leased to you.

The insurance provided to such premises owner, manager or lessor is subject to the following provisions:

- a. The limits of insurance provided to such premises owner, manager or lessor will be the limits which you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.

- b. The insurance provided to such premises owner, manager or lessor does not apply to:

- (1) Any "bodily injury" or "property damage" caused by an "occurrence" that takes place, or "personal injury" or "advertising injury" caused by an offense that is committed, after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such premises owner, manager or lessor.

K. BLANKET ADDITIONAL INSURED – LESSORS OF LEASED EQUIPMENT

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that is an equipment lessor and that you have agreed in a written contract or agreement to include as an insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" that:

- a. Is "bodily injury" or "property damage" caused by an "occurrence" that takes place, or is "personal injury" or "advertising injury" caused by an offense that is committed, after you have signed and executed that contract or agreement; and
- b. Is caused, in whole or in part, by your acts or omissions in the maintenance, operation or use by you of equipment leased to you by such equipment lessor.

The insurance provided to such equipment lessor is subject to the following provisions:

- a. The limits of insurance provided to such equipment lessor will be the limits which you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.
- b. The insurance provided to such equipment lessor does not apply to any "bodily injury" or "property damage" caused by an "occurrence" that takes place, or "personal injury" or "advertising injury" caused by an offense that is committed, after the equipment lease expires.

L. BLANKET ADDITIONAL INSURED – PERSONS OR ORGANIZATIONS FOR YOUR ONGOING OPERATIONS AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization that is not otherwise an insured under this Coverage Part and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" that:

- a. Is "bodily injury" or "property damage" caused by an "occurrence" that takes place, or is "personal injury" or "advertising injury" caused by an offense that is committed, after you have signed and executed that contract or agreement; and
- b. Is caused, in whole or in part, by your acts or omissions in the performance of your ongoing operations to which that contract or agreement applies or the acts or omissions of any person or organization performing such operations on your behalf.

The limits of insurance provided to such insured will be the limits which you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.

M. WHO IS AN INSURED – LIABILITY FOR CONDUCT OF UNNAMED PARTNERSHIPS, JOINT VENTURES OR LIMITED LIABILITY COMPANIES

The following replaces the last paragraph of **SECTION II – WHO IS AN INSURED**:

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations. This paragraph does not apply to any such partnership, joint venture or limited liability company that otherwise qualifies as an insured under **Section II – Who Is An Insured**.

N. CONTRACTUAL LIABILITY – RAILROADS

1. The following replaces Paragraph **c.** of the definition of "insured contract" in the **DEFINITIONS** Section:
 - c. Any easement or license agreement;
2. Paragraph **f.(1)** of the definition of "insured contract" in the **DEFINITIONS** Section is deleted.

O. KNOWLEDGE AND NOTICE OF OCCURRENCE OR OFFENSE

The following is added to Paragraph **2.**, **Duties In The Event of Occurrence, Offense, Claim or Suit**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

- e. The following provisions apply to Paragraph **a.** above, but only for the purposes of the insurance provided under this Coverage Part to you or any insured listed in Paragraph **1.** or **2.** of **Section II – Who Is An Insured**:

- (1) Notice to us of such "occurrence" or offense must be given as soon as practicable only after the "occurrence" or offense is known to you (if you are an individual), any of your partners or members who is an individual (if you are a partnership or joint venture), any of your managers who is an individual (if you are a limited liability company), any of your "executive officers" or directors (if you are an organization other than a partnership, joint venture or limited liability company) or any "employee" authorized by you to give notice of an "occurrence" or offense.
- (2) If you are a partnership, joint venture or limited liability company, and none of your partners, joint venture members or managers are individuals, notice to us of such "occurrence" or offense must be given as soon as practicable only after the "occurrence" or offense is known by:
 - (a) Any individual who is:
 - (i) A partner or member of any partnership or joint venture;
 - (ii) A manager of any limited liability company; or
 - (iii) An executive officer or director of any other organization;
 that is your partner, joint venture member or manager; or
 - (b) Any "employee" authorized by such partnership, joint venture, limited liability company or other organization to give notice of an "occurrence" or offense.
- (3) Notice to us of such "occurrence" or offense will be deemed to be given as soon as practicable if it is given in good faith as soon as practicable to your workers' compensation insurer. This applies only if you subsequently give notice to us of the "occurrence" or offense as soon as practicable after any of the persons described in Paragraphs **e. (1)** or **(2)** above discovers that the "occurrence" or offense may result in sums to which the insurance provided under this Coverage Part may apply.

COMMERCIAL GENERAL LIABILITY

However, if this policy includes an endorsement that provides limited coverage for "bodily injury" or "property damage" or pollution costs arising out of a discharge, release or escape of "pollutants" which contains a requirement that the discharge, release or escape of "pollutants" must be reported to us within a specific number of days after its abrupt commencement, this Paragraph e. does not affect that requirement.

P. UNINTENTIONAL OMISSION

The following is added to Paragraph 6., **Representations**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

The unintentional omission of, or unintentional error in, any information provided by you which we relied upon in issuing this policy will not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or to exercise our rights of

cancellation or nonrenewal in accordance with applicable insurance laws or regulations.

Q. BLANKET WAIVER OF SUBROGATION

The following is added to Paragraph 8., **Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

If the insured has agreed in a contract or agreement to waive that insured's right of recovery against any person or organization, we waive our right of recovery against such person or organization, but only for payments we make because of:

- a. "Bodily injury" or "property damage" caused by an "occurrence" that takes place; or
- b. "Personal injury" or "advertising injury" caused by an offense that is committed;

subsequent to the execution of the contract or agreement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OTHER INSURANCE – ADDITIONAL INSUREDS –
PRIMARY AND NON-CONTRIBUTORY WITH RESPECT TO
CERTAIN OTHER INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to Paragraph 4. a., **Primary Insurance**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

However, if you specifically agree in a written contract or agreement that the insurance afforded to an additional insured under this Coverage Part must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with that other insurance, provided that:

- (1) The "bodily injury" or "property damage" for which coverage is sought is caused by an "occurrence" that takes place; and
- (2) The "personal injury" or "advertising injury" for which coverage is sought arises out of an offense that is committed;

subsequent to the signing and execution of that contract or agreement by you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GENERAL DESCRIPTION OF COVERAGE – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to the Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- | | |
|---|---|
| A. BROAD FORM NAMED INSURED | H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT |
| B. BLANKET ADDITIONAL INSURED | I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT |
| C. EMPLOYEE HIRED AUTO | J. PERSONAL PROPERTY |
| D. EMPLOYEES AS INSURED | K. AIRBAGS |
| E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS | L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS |
| F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS | M. BLANKET WAIVER OF SUBROGATION |
| G. WAIVER OF DEDUCTIBLE – GLASS | N. UNINTENTIONAL ERRORS OR OMISSIONS |

PROVISIONS

A. BROAD FORM NAMED INSURED

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any organization you newly acquire or form during the policy period over which you maintain 50% or more ownership interest and that is not separately insured for Business Auto Coverage. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

B. BLANKET ADDITIONAL INSURED

The following is added to Paragraph **c. in A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Covered Autos Liability Coverage, but only for damages to which

this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

C. EMPLOYEE HIRED AUTO

1. The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

2. The following replaces Paragraph **b. in B.5., Other Insurance**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

- b.** For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1) Any covered "auto" you lease, hire, rent or borrow; and
- (2) Any covered "auto" hired or rented by your "employee" under a contract in an "employee's" name, with your

COMMERCIAL AUTO

permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

D. EMPLOYEES AS INSURED

The following is added to Paragraph **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS

1. The following replaces Paragraph **A.2.a.(2)**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

2. The following replaces Paragraph **A.2.a.(4)**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS

The following replaces Subparagraph (5) in Paragraph **B.7., Policy Period, Coverage Territory**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

(5) Anywhere in the world, except any country or jurisdiction while any trade sanction, embargo, or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction, for Covered Autos Liability Coverage for any covered "auto" that you lease, hire, rent or borrow without a driver for a period of 30 days or less and that is not an "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

(a) With respect to any claim made or "suit" brought outside the United States of America, the territories and possessions of the United States of America, Puerto Rico and Canada:

(i) You must arrange to defend the "insured" against, and investigate or settle any such claim or "suit" and keep us advised of all proceedings and actions.

(ii) Neither you nor any other involved "insured" will make any settlement without our consent.

(iii) We may, at our discretion, participate in defending the "insured" against, or in the settlement of, any claim or "suit".

(iv) We will reimburse the "insured" for sums that the "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, that the "insured" pays with our consent, but only up to the limit described in Paragraph **C., Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**.

(v) We will reimburse the "insured" for the reasonable expenses incurred with our consent for your investigation of such claims and your defense of the "insured" against any such "suit", but only up to and included within the limit described in Paragraph **C., Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**, and not in addition to such limit. Our duty to make such payments ends when we have used up the applicable limit of insurance in payments for damages, settlements or defense expenses.

(b) This insurance is excess over any valid and collectible other insurance available to the "insured" whether primary, excess, contingent or on any other basis.

(c) This insurance is not a substitute for required or compulsory insurance in any country outside the United States, its territories and possessions, Puerto Rico and Canada.

You agree to maintain all required or compulsory insurance in any such country up to the minimum limits required by local law. Your failure to comply with compulsory insurance requirements will not invalidate the coverage afforded by this policy, but we will only be liable to the same extent we would have been liable had you complied with the compulsory insurance requirements.

- (d) It is understood that we are not an admitted or authorized insurer outside the United States of America, its territories and possessions, Puerto Rico and Canada. We assume no responsibility for the furnishing of certificates of insurance, or for compliance in any way with the laws of other countries relating to insurance.

G. WAIVER OF DEDUCTIBLE – GLASS

The following is added to Paragraph D., **Deductible**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

No deductible for a covered "auto" will apply to glass damage if the glass is repaired rather than replaced.

H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT

The following replaces the last sentence of Paragraph A.4.b., **Loss Of Use Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

However, the most we will pay for any expenses for loss of use is \$65 per day, to a maximum of \$750 for any one "accident".

I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT

The following replaces the first sentence in Paragraph A.4.a., **Transportation Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type.

J. PERSONAL PROPERTY

The following is added to Paragraph A.4., **Coverage Extensions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

Personal Property

We will pay up to \$400 for "loss" to wearing apparel and other personal property which is:

- (1) Owned by an "insured"; and

- (2) In or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto".

No deductibles apply to this Personal Property coverage.

K. AIRBAGS

The following is added to Paragraph B.3., **Exclusions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

Exclusion 3.a. does not apply to "loss" to one or more airbags in a covered "auto" you own that inflate due to a cause other than a cause of "loss" set forth in Paragraphs A.1.b. and A.1.c., but only:

- a. If that "auto" is a covered "auto" for Comprehensive Coverage under this policy;
- b. The airbags are not covered under any warranty; and
- c. The airbags were not intentionally inflated.

We will pay up to a maximum of \$1,000 for any one "loss".

L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS

The following is added to Paragraph A.2.a., of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

- (a) You (if you are an individual);
- (b) A partner (if you are a partnership);
- (c) A member (if you are a limited liability company);
- (d) An executive officer, director or insurance manager (if you are a corporation or other organization); or
- (e) Any "employee" authorized by you to give notice of the "accident" or "loss".

M. BLANKET WAIVER OF SUBROGATION

The following replaces Paragraph A.5., **Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract signed and executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by

COMMERCIAL AUTO

such contract. The waiver applies only to the person or organization designated in such contract.

N. UNINTENTIONAL ERRORS OR OMISSIONS

The following is added to Paragraph **B.2., Concealment, Misrepresentation, Or Fraud**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.



ONE TOWER SQUARE
HARTFORD, CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 03 13 (00)-01

POLICY NUMBER: UB3F01475118

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS
AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO
FURNISH THIS WAIVER

DESIGNATED ORGANIZATION:

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED
BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS
WAIVER.

RECEIVED

MAY 26 2022

BY: *Purchase*

**Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form**

Type of contract: 1 year ☐ Multi-year ☒ Single Event ☐		Contract #: C-2019-121-C01 BOC Approval Date:
☐ Submission Information Contact Name: Toni Holmes Department: Talent Management Project Title: Insurance Broker Contract Amendment/Renewal Funding Account Number: Contract amount: Contract Type: Goods () Services (X) Labor () Contract Action: New () Renewal (X) Change Order () Original Contract Number: C-2019-121		☐ Vendor Information Vendor Name: EDGEWOOD PARTNERS INSURANCE CENTER, INC. (EPIC) AND THE MIKE GASSES AGENCY, INC Address: 2405 Satellite Blvd Address: Duluth, GA 30096 Email: chris.clark@epicbrokers.com Phone #: 678-205-1511 Contact: Christopher B. Clark Term of contract: August 1, 2022 - August 1, 2024
☐ Submission Information Contact Name: Toni Holmes Department: Talent Management Project Title: Insurance Broker Contract Amendment/Renewal Funding Account Number: Contract amount: Contract Type: Goods () Services (X) Labor () Contract Action: New () Renewal (X) Change Order () Original Contract Number: C-2019-121		☐ Vendor Information Vendor Name: EDGEWOOD PARTNERS INSURANCE CENTER, INC. (EPIC) AND THE MIKE GASSES AGENCY, INC Address: 2405 Satellite Blvd Address: Duluth, GA 30096 Email: chris.clark@epicbrokers.com Phone #: 678-205-1511 Contact: Christopher B. Clark Term of contract: August 1, 2022 - August 1, 2024
Finance Director Signature I have reviewed the attached contract, and the amount is approved for processing. Signature: <i>[Signature]</i> Date: 6/14/2022		Procurement Manager Signature I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County. Signature: <i>[Signature]</i> Date: 5/26/22

Detailed Summary of Contract:

This is an amendment to the previously agreed contract between Rockdale County BOC and Edgewood Partners Insurance Center, Inc and The Mike Gasses Agency. The amendment is extending the new term starting August 1, 2022 by two additional one-year periods. The original terms and conditions will remain in effect from the July 23, 2019 service agreement.

Term: 8/1/22 - 7/31/23 with option to renew two additional one year periods.

Department Head/Elected Official Signature:

Date:

**CONTRACT AMENDMENT NO. 1 to the
Insurance Broker-Consultant Services Agreement dated July 23, 2019**

This AMENDMENT, made and entered into by and between ROCKDALE COUNTY, GEORGIA, hereinafter called the "County", and EDGEWOOD PARTNERS INSURANCE CENTER, INC. (EPIC) AND THE MIKE GASSES AGENCY, INC., hereinafter called the "Contractor", shall be incorporated into and become a part of the original Agreement cited immediately above.

WHEREAS, the parties previously agreed, pursuant to the Agreement to amend the contract as needed, and;

WHEREAS, a need to amend the contract has arisen.

NOW, THEREFORE, for and in consideration of the covenants and promises to be carried out by each party herein and in the original Agreement cited above, it is agreed by and between the parties as follows:

Paragraph 4, Term & Termination. A., delete and replace with the following:

The term of this Agreement is being extended and the new term shall commence on August 1, 2022 and may be renewed two (2) additional one-year periods.

All other terms and conditions remain in effect in accordance with the Agreement referenced in this Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this Contract Amendment on this 28th day of June, 2022.

**Edgewood Partners Insurance Center (EPIC)
& The Mike Gasses Agency**

By: 
Christopher Clark
Name (Typed or Printed)

Principal & SVP
Title

Witness:



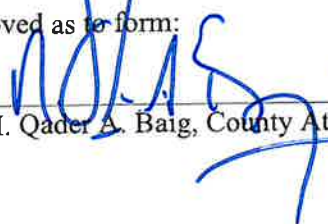
Rockdale County, Georgia

By: 
Osborn Nesbitt, Sr., Chairman

Attest:


Jennifer O. Rutledge, Executive
Director/County Clerk

Approved as to form:


M. Qader A. Baig, County Attorney