

TULARE COUNTY AGREEMENT NO.

30271

**COUNTY OF TULARE
SERVICES AGREEMENT
INSURANCE CONSULTING SERVICES**

THIS AGREEMENT ("Agreement") is entered into as of July 1, 2021, between the **COUNTY OF TULARE**, a political subdivision of the State of California ("COUNTY"), and Alliant Employee Benefits, a division of Alliant Insurance Services, Inc. ("CONTRACTOR"). COUNTY and CONTRACTOR are each a "Party" and together are the "Parties" to this Agreement, which is made with reference to the following:

- A. CONTRACTOR will provide consultation services for COUNTY-provided benefit plans including, medical, dental, vision, life, and long-term disability insurance, employee assistance program, flexible spending accounts, and certain voluntary products.
- B. COUNTY will provide CONTRACTOR with all records and information as deemed necessary to perform the services required.

THE PARTIES AGREE AS FOLLOWS:

- 1. **TERM:** This Agreement becomes effective as of July 1, 2021 and expires at 11:59 PM on June 30, 2024 unless earlier terminated as provided below, or unless the Parties extend the term by a written amendment to this Agreement.
- 2. **SERVICES:** CONTRACTOR shall provide COUNTY with the services shown on the attached **Exhibits A, A-1**.
- 3. **PAYMENT FOR SERVICES:** As consideration for the services provided by CONTRACTOR hereunder, COUNTY shall pay CONTRACTOR in accordance with the attached **Exhibits B**.
- 4. **INSURANCE:** Before approval of this Agreement by COUNTY, CONTRACTOR must file with the Clerk of the Board of Supervisors evidence of the required insurance as set forth in the attached **Exhibit C**.
- 5. **GENERAL AGREEMENT TERMS AND CONDITIONS:** COUNTY'S "General Agreement Terms and Conditions (Form revision approved as of 01/01/2021)" are hereby incorporated by reference and made a part of this Agreement as if fully set forth herein. COUNTY'S "General Agreement Terms and Conditions" can be viewed at <http://tularecountycounsel.org/default/index.cfm/public-information/>
- 6. **ADDITIONAL EXHIBITS:** CONTRACTOR shall comply with the terms and conditions of the Exhibits listed below and identified with a checked box, which are by this reference made a part of this Agreement.

<input type="checkbox"/>	Exhibit D	Additional terms and conditions for federally-funded contracts. This Exhibit can be viewed at http://tularecountycounsel.org/default/index.cfm/public-information/
--------------------------	------------------	---

- 7. **NOTICES:** (a). Except as may be otherwise required by law, any notice to be given must be written and must be either personally delivered, sent by facsimile transmission or sent by first class mail, postage prepaid and addressed as follows:

**COUNTY OF TULARE
SERVICES AGREEMENT
INSURANCE CONSULTING SERVICES**

COUNTY:

Human Resources & Development
Lupe Garza, Human Resources Director
2500 W. Burrel Ave.
Visalia, CA 93291
Phone No.: (559) 636-4900
Fax No.: (559) 730-2597

With a Copy to:

COUNTY ADMINISTRATIVE OFFICER
2800 W. Burrel Ave.
Visalia, CA 93291
Phone No.: 559-636-5005
Fax No.: 559- 733-6318

CONTRACTOR:

Alliant Employee Benefits
100 Pine Street, 11th Floor
San Francisco, CA 94111
Phone No.: (415) 403-1400
Fax No.: (415) 403-1465

(b). Notice personally delivered is effective when delivered. Notice sent by facsimile transmission is deemed to be received upon successful transmission. Notice sent by first class mail will be deemed received on the fifth calendar day after the date of mailing. Either Party may change the above address by giving written notice under this section.

8. AUTHORITY: CONTRACTOR represents and warrants to COUNTY that the individual(s) signing this Agreement on its behalf are duly authorized and have legal capacity to sign this Agreement and bind CONTRACTOR to its terms. CONTRACTOR acknowledges that COUNTY has relied upon this representation and warranty in entering into this Agreement.

9. COUNTERPARTS: The Parties may sign this Agreement in counterparts, each of which shall be deemed an original and all of which taken together form one and the same agreement. A signed copy or signed counterpart of this Agreement delivered by facsimile, email, or other means of electronic transmission shall be deemed to have the same legal effect as delivery of a signed original or signed copy of this Agreement.

10. MANUAL OR ELECTRONIC SIGNATURES: The Parties may sign this Agreement by means of manual or electronic signatures. The Parties agree that the electronic signature of a Party, whether digital or encrypted, is intended to authenticate this Agreement and to have the same force and effect as a manual signature. For purposes of this Agreement, the term "electronic signature" means any electronic sound, symbol, or process attached to or logically associated with this Agreement and executed and adopted by a Party with the intent to sign this Agreement, including facsimile, portable document format, or email electronic signatures, pursuant to the California Uniform Electronic Transactions Act (Cal. Civ. Code §§ 1633.1 to 1633.17), as it may be amended from time to time.

[THIS SPACE LEFT BLANK INTENTIONALLY; SIGNATURES FOLLOW ON NEXT PAGE]

COUNTY OF TULARE
SERVICES AGREEMENT
INSURANCE CONSULTING SERVICES

THE PARTIES, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

ALLIANT INSURANCE SERVICES, INC.

Date: 6-21-21

By [Signature]

Print Name TITOMAS SHER

Title SENIOR VICE PRESIDENT

Date: 6-21-21

By [Signature]

Print Name ERIK M. TITOMAS

Title Vice President

[Pursuant to Corporations Code section 313, County policy requires that contracts with a Corporation be signed by both (1) the chairman of the Board of Directors, the president or any vice-president (or another officer having general, operational responsibilities), and (2) the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer (or another officer having recordkeeping or financial responsibilities), unless the contract is accompanied by a certified copy of a resolution of the corporation's Board of Directors authorizing the execution of the contract. Similarly, pursuant to California Corporations Code section 17703.01, County policy requires that contracts with a Limited Liability Company be signed by at least two managers, unless the contract is accompanied by a certified copy of the articles of organization stating that the LLC is managed by only one manager.]

COUNTY OF TULARE

Date: 6/29/2021

By [Signature]
Chair, Board of Supervisors

ATTEST: JASON T. BRITT
County Administrative Officer/Clerk of the Board
of Supervisors of the County of Tulare

By [Signature]
Deputy Clerk

Approved as to Form
COUNTY COUNSEL

By _____
Deputy

Matter # _____



EXHIBIT A

CONTRACTOR shall perform consultation services for each of the County-provided benefit plans (medical, dental and vision plans; life insurance; long-term disability insurance; employee assistance program, flexible spending accounts; and certain voluntary products) as follows:

1. Marketing, Securing Competitive Bids and Negotiating Contracts.

The CONTRACTOR will be responsible for obtaining and analyzing competitive bids/proposals for various insurance benefits. The County of Tulare expects the CONTRACTOR to identify all potential carriers and or administrators that could provide cost effective delivery of the various benefits. The CONTRACTOR will be expected to seek, receive and review proposals/bids to identify differences between existing plans and the respective proposals, and provide sound recommendations for renewing coverage, changing carriers or modifying plan design. In the event a carrier change is made it is expected the CONTRACTOR will provide assistance during such a transition. It is further expected that the CONTRACTOR will provide assistance with administrative and claims issues with respect to each line of coverage during the term of the agreement.

2. Plan Rates and Documents.

The CONTRACTOR will be expected to prepare and present the quarterly reports for the self-funded plans and analyze the plan rate structures and all associated plan documents including, but not limited to, provider contracts, evidence of coverage booklets, or any other plan document including the IRS Section 125 Plan. Upon completion of the analysis, the CONTRACTOR will be expected to provide a written report that demonstrates the review has been completed and identifies any and all rate and plan document recommendations in recognition of plan experience and trend. Any recommendations will include plan modeling that demonstrates the differences and provides justification for the recommendations. In addition, the CONTRACTOR will be expected to ensure the accuracy of the plan documents and rate information.

3. Reports.

The CONTRACTOR will be expected to provide analytical reports on a quarterly basis regarding State and Federal legislation, rulemaking or trends that may impact any of the employee benefits offered by the County of Tulare. These reports are to identify the applicable legislation and/or rule, provide a discussion of the impact and a recommendation for meeting any associated obligations. The CONTRACTOR shall also prepare and transmit a monthly report of activity that outlines the work performed on behalf of or at the request of the County of Tulare along with utilization reports for each line of coverage. On an annual basis the CONTRACTOR will also prepare an analysis of year to year health plan performance to identify if intended objectives were achieved consistent with the recommendations provided by the CONTRACTOR and to confirm the CONTRACTOR has performed consistent with the terms of the agreement.

4. Consultation.

The CONTRACTOR shall provide consultation services for the full range of benefit plans that the County of Tulare offers to its employees, retirees and employees of special districts

EXHIBIT A

whether or not such plans are administered by the County of Tulare or by third parties and such other benefits as the County of Tulare may request. As the CONTRACTOR to the County of Tulare regarding benefit matters the CONTRACTOR will act as a liaison between the County of Tulare and benefit plan administrators/carriers. The CONTRACTOR will assist with the development and design of benefit communication materials and meet with various County of Tulare staff upon request of the County of Tulare. Additionally, the CONTRACTOR shall keep the County of Tulare apprised of legal requirements and necessary actions relating to benefit plans offered or being considered by the County of Tulare including, but not limited to, Federal and State tax laws plan interpretation.

5. Audits.

The CONTRACTOR shall review the administrative services of all providers to ensure compliance with signed agreements and report results to the County of Tulare with recommendations, if any. The CONTRACTOR will also arrange for any audits to ensure compliance with contract specifications and will take remedial action where necessary. The Audit will include, but not be limited to, the following:

- A detailed operation review of the third party claims administrator, which includes, but is not limited to,
- Claims payment system;
- Claims procedure and office work flow;
- Forms and communication process;
- Training programs and employee evaluation process;
- Exception processing;
- Cost containment procedures;
- Quality and quantity of procedural manuals provided to claims processing, customer service, etc.
- Internal audit system;
- Mail receipt and tracking;
- Evaluation of the security of records and data;
- Evaluation of customer service, including communication of the Plans' benefits, policies and procedures; and
- Security and override procedures relating to approval of claims and access to records.
- A comprehensive, objective review of the received and processed claims to determine whether the claims are adjudicated according to contractual performance standards, appropriate benefits, and industry standards which includes, but is not limited to,
 - A statistically valid stratified random sample that achieves a minimum 95% confidence level or greater relative to claims processing accuracy;

EXHIBIT A

- On-site review of transactions processed by the third party claims administrator, including the reprocessing of claims to evaluate the third party claims administrators process and systems relating to such areas as: eligibility, coding, pricing including proper application of allowable charge and discount arrangements, deductible accumulators, identification of duplicate bills, application of Plan benefits, COB, medical necessity, ineligible/eligible charges, compliance with the Plans' Master Plan Document, timeliness of processing, interaction with other vendors, and file documentation;
6. Availability. The CONTRACTOR will be expected to be available to consult in person, by phone, e-mail or other electronic media with the County of Tulare and its various employee groups during regular business hours as necessary. The CONTRACTOR will be expected to attend the County of Tulare's Health Plan Advisory Group (HPAG) meetings and the SJVIA Board Meetings. The CONTRACTOR will be expected to be accessible during regular business hours and will respond to all contacts within 24 hours if not sooner.

Primary Services

1. Prepare and release specifications for proposed benefit plans; analyze proposals for same; and recommend to the County appropriate action regarding the proposals and related analysis, including selection of service providers.
2. Review and analyze rates and premium structures for all providers and report results and make recommendation to County based on actual experience data and benefits trend data when made available.
3. Negotiate contracts with providers upon request and approval of County. "Providers" are defined as insurance plans, third party administrators, and joint powers authorities offering insurance benefits, brokers representing insurance or similar products which the County wishes to offer or similar entities. 'Providers' shall not be deemed to include medical service providers such as doctors, dentists, optometrists, medical practice group, hospitals or similar entities.
4. Review and analyze contracts of all providers for accuracy and cost containment and report results to County.
5. Review service provider contracts, booklets, and amendments for accuracy and content.
6. Secure changes in benefit plan contracts as required.

Secondary Services

1. Recommend alternative plan designs and provide plan modeling to exhibit cost

EXHIBIT A

differentials.

2. Review administrative services of all providers to ensure compliance with signed agreements and report results to the County and recommend and arrange for audits of providers as required.
3. Apprise the County of legal requirements relating to benefit plans offered or being considered by the County inclusive of, but not limited to, federal and state tax laws and plan interpretation.
4. Apprise the County of trends in both health care, public and private health insurance industries, as well as other benefits industries.
5. Apprise the County of new legislation, legislative changes, or pending and proposed legislative changes that will or may impact benefit plan administration.
6. Meet with management staff, employee representatives, and/or confidential employees upon request of the County.
7. Assist with the design of benefit communication materials.

Tertiary Services

1. Provide consultation services for the full range of benefit plans that the County offers to County employees, retirees, and employees of special districts whether or not such plans are administered by the County or by third parties and such other benefits as the County may request.
2. Act as a liaison between the County and respective benefit provider plan administrators.
3. Act as liaison between benefit plan eligible/beneficiaries/members and benefit plan administrators as required to seek resolution of claims or inquiries.

Section II – Scope of Work

1. Marketing, Securing Competitive Bids and Negotiating Contracts

The consultant will be responsible for obtaining and analyzing competitive bids/proposals for various insurance benefits. The County of Tulare expects the consultant to identify all potential carriers and or administrators that could provide cost effective delivery of the various benefits. The consultant will be expected to seek, receive and review proposals/bids to identify differences between existing plans and the respective proposals, and provide sound recommendations for renewing coverage, changing carriers or modifying plan design. In the event a carrier change is made it is expected the consultant will provide assistance during such a transition. It is further expected that the consultant will provide assistance with administrative and claims issues with respect to each line of coverage during the term of the agreement.

Alliant evaluates vendor services through an RFP and due diligence process designed to draw out the best quality services and cost proposals for our clients. Regardless of the service (Medical, Dental, Benefit Administration, Online Eligibility, COBRA, etc.), Alliant will ensure that all vendors are competing on a level playing field through comprehensive RFPs that delineate required services from bells and whistles. We will make vendors compete from a service and pricing perspective to leverage the most competitive proposals from the marketplace. Examples of variables, other than cost and benefit schedules, that are reviewed in the evaluation of bids and bidders include:

- | | |
|---|--|
| + Provider network and disruption analysis; | + Employee educational materials; |
| + Retiree coverage options; | + Wellness tools and capabilities; |
| + Reporting capabilities; | + Online tools and services; |
| + Eligibility maintenance; | + Data integration capabilities; |
| + Rx formulary listings; | + Claim adjudication speed and accuracy. |

Alliant will work closely with the County to build goals and strategies that meet the needs of all parties before the renewal and marketing process begins. Recommendations will be based on these underlying goals and strategies incorporating the most cost effective plan offerings. Alliant understands the importance of maintaining a comprehensive benefit level while minimizing costs for the County and their employees and retirees.

Immediately upon selection, Alliant will meet and work with the County to quickly inventory and understand its current plans, challenges, and future program goals and objectives. Alliant will work with all of the County's current carriers and would request all current contracts, rates, plan designs, claim data, performance guarantees, etc. Alliant will use this information to develop a multi-year annual work plan that includes the County's budget, service needs, goals and objectives. The fundamental structure of Alliant's annual work plan provides a strong foundation from which we can execute a smooth transition for the County.

As part of our proposed services, the County's Alliant team will respond to and expedite resolution of all issues regarding claims handling, contract administration, service provisions, benefits coverage, billing questions, and service delivery in a timely manner.

2. Plan Rates and Documents

The consultant will be expected to prepare and present the quarterly reports for the self-funded plans and analyze the plan rate structures and all associated plan documents including, but not limited to, provider contracts, evidence of coverage booklets, or any other plan document including the IRS Section 125 Plan. Upon completion of the analysis, the consultant will be expected to provide a written report that demonstrates the review has been completed and identifies any and all rate and plan document recommendations in recognition of plan experience and trend. Any recommendations will include plan modeling that demonstrates the differences and provides justification for the recommendations. In addition, the consultant will be expected to ensure the accuracy of the plan documents and rate information.

Clear and concise reporting is essential to understanding the components and cost indicators that drive the performance of your benefit plans. Your Alliant Service Team will work with the County to develop a report format and frequency that will best enable you to easily monitor your plan's actual financial results vs. expected costs. Available claims experience data will be monitored quarterly and reports prepared to keep the County apprised of utilization patterns, claim experience, plan costs, and trends. These comprehensive reports then become the basis of important plan design, renewal strategy, and alternative funding recommendations. We will review rates and documents as needed and recommend changes as appropriate to ensure that the documents accurately reflect the provisions of the plan.

The annual, or semi-annual reporting analysis review is part of our work plan for each self-funded client. We view these meetings as the core driver for identifying future opportunities as well as monitoring existing efforts to manage the health and welfare of the employee (and dependents) population. We have the ability to allocate our expertise to reviewing management reports from each of the health plan vendors, but we often find those reports woefully deficient in information that helps us predict what is likely to happen in the future and prescribe solutions to help achieve goals related to those predictions. To remedy this we have developed Alliant Analytics: a proprietary solution consisting of both technology as well as human expertise to support and continually improve a reporting and analytics engine that provides management reports whose purpose is to go far beyond just describing what has happened.

Alliant Proprietary Data Analytics

Alliant Analytics is our analytics solution for self-funded clients. Alliant Analytics measures morbidity in large populations that improves accuracy in evaluating the performance of the health plan, identifying patients at high risk, forecasting healthcare utilization, and setting equitable payment rates. This approach compiles multiple years of data from various sources (Medical, RX, Wellness, HRA, Lab/Biometrics, Dental, Vision, Disability, etc.) to allow for the examination of cohort populations, compare against benchmark utilization of millions of members, and mine data for deeper meaning on why health conditions appear in the populations and what can be done about them rather than just what conditions are prevalent.

Alliant Analytics also provides our team of clinicians with the opportunity to provide additional services to support your plan, including the following:

- + Care management
- + Case management
- + Disease management
- + High-risk case identification
- + Predictive modeling
- + Provider profiling (performance assessment)
- + Financial analysis
- + Population Profiling

Alliant's best-in-class analytical tools specifically related to benefits/contribution design can help define strategies to meet challenges such as providing the same level of benefits to all offices AND providing affordable healthcare options for dependents coverage.

3. Reports

The consultant will be expected to provide analytical reports on a quarterly basis regarding State and Federal legislation, rule making or trends that may impact any of the employee benefits offered by the County of Tulare. These reports are to identify the applicable legislation and/or rule, provide a discussion of the impact and a recommendation for meeting any associated obligations. The consultant shall also prepare and transmit a monthly report of activity that outlines the work performed on behalf of or at the request of the County of Tulare along with utilization reports for each line of coverage. On an annual basis the consultant will also prepare an analysis of year to year health plan performance to identify if intended objectives were achieved consistent with the recommendations provided by the consultant and to confirm the consultant has performed consistent with the terms of the agreement.

We will provide Compliance reports at least quarterly or more often as needed regarding State and Federal legislation and regulations and regarding rule-making or trends that may impact any of the employee benefits offered by the County of Tulare. These reports will identify the applicable legislation and/or rule and will provide a discussion of the impact and a recommendation for meeting any associated obligations. Alliant has made a powerful effort to offer Compliance support that is as good as or better than any other consulting firm.

Utilization Reporting

Alliant will analyze claims experience to gain an understanding of cost drivers and utilization trends in the County's health plan. We focus on things such as:

- + Service category trends (inpatient, outpatient, physician, etc.);
- + Preventive care benefit utilization rates and trends;
- + Trend drivers: utilization vs. unit cost;
- + Spikes relative to benchmarks: areas of consistently high usage relative to normative data;
- + High and low cost providers;

- + Potentially abused/over-used benefits;
- + Network utilization rates;
- + High cost claimant prevalence and recurring diagnosis;
- + Chronic disease prevalence and benchmarks;
- + Pharmacy utilization patterns for retail vs. mail, generic vs. brand, acute vs. maintenance, etc.;
- + Member cost sharing and plan cost leveraging.

The County's claims experience data will be monitored monthly and reports prepared to keep the County apprised of utilization patterns, claim experience, plan costs, and trends. These comprehensive reports then become the basis of important plan design, renewal strategy, and alternative funding recommendations. We will also compile an annual report.

At Alliant, we are continually engaged in the marketplace and closely monitor developments in the healthcare industry. We believe that informed clients are more empowered to make tough decisions and communicate more effectively with their constituents. Alliant will meet with the County to discuss important issues such as:

- + Medical, Rx, Dental, Vision, Life and Disability Trends
- + National and local cost drivers associated with increased premiums
- + National and statewide enrollment trends
- + Federal and state legislation affecting healthcare
- + Provider networks
- + Survey data

We will also provide information regarding emerging trends in the market such as:

- + Health savings accounts (HSA)
- + Health reimbursement accounts (HRA)
- + Consumer-driven products
- + Vehicles to fund future retiree costs
- + Narrow Networks / EPO
- + Flexible spending accounts
- + Health management and wellness products and strategies
- + Legislative changes
- + Voluntary Benefits

As part of our scope of services, Alliant's service team will utilize our database of public entity clients to provide benchmarking comparisons for the County benefit plan design and cost structure.

Prior to developing the annual work plan, we will conduct a thorough review of the County's current benefit plans, rates, eligibility provisions, etc. After this initial data review, Alliant will evaluate the County's current benefit plans and premium costs to provide a benchmarking analysis that includes a comparison to our public entity benchmark database, as well as other similar-sized private sector entities. Based on these assessments,

Alliant will identify areas where the County's benefit programs are similar to other counties and where it may need improvements or modifications to remain competitive.

As part of our annual work plan that we develop for the County, Alliant will conduct a thorough review of the contracts to ensure that rates, benefits and provisions match what was agreed upon at renewal.

Our review process is outlined below:

- + Review and evaluate coverage drafts and summary plan description for consistency with sold plan designs
- + Assist with drafting plan documents, including Section 125 Plan document
- + Prepare or review plan amendments as needed
- + Coordinate insurance contracts with the County's policies and procedures
- + Review employee and retiree handbook/policies and procedures manual

We will work closely with the County and carriers to coordinate implementation timelines and ensure milestones are achieved in a timely manner. In the event that the errors are discovered in the contracts, Alliant will work with the carrier to have contracts corrected. At the end of this process, Alliant will deliver both electronic and hard copies of the contracts to the County.

The County will have a dedicated Alliant team to manage, track and retain your current plan designs and documents, rate sheets, relevant correspondences and renewal history.

At the end of each year, Alliant will prepare an analysis of year to year health plan performance to identify if intended objectives were achieved consistent with the recommendations provided by Alliant and to confirm that Alliant has performed consistent with the terms of the agreement.

4. Consultation

The consultant shall provide consultation services for the full range of benefit plans that the County of Tulare offers to its employees, retirees and employees of special districts whether or not such plans are administered by the County of Tulare or by third parties and such other benefits as the County of Tulare may request. As the consultant to the County of Tulare regarding benefit matters the consultant will act as a liaison between the County of Tulare and benefit plan administrators/carriers

The consultant will assist with the development and design of benefit communication materials and meet with various County of Tulare staff upon request of the County of Tulare. Additionally, the consultant shall keep the County of Tulare apprised of legal requirements and necessary actions relating to benefit plans offered or being considered by the County of Tulare including, but not limited to, Federal and State tax laws.

The consultant should be an independent entity and not an insurance company. If the majority ownership of a consultant is an insurance company or similar organization, the consultant will be expected to provide consultation services only and not submit any of its own products for consideration by the County of Tulare.

Alliant is an independent entity and is not an insurance company.

For more than 50 years, Alliant has been meeting the unique employee benefits insurance needs of our clients. At Alliant, we have a proven track record of working with more public agencies and JPAs than any other consultant in California. We understand that you have a need to maintain a competitive level of benefits, while providing cost savings for the County and its employees. As the largest Public Entity Benefits Broker and Consultant in California, we use our expertise and experience to create solutions that best fit the needs of public entities.

Alliant will provide consultation services for the full range of benefit plans offered at the County of Tulare. Alliant will be an extension of the County of Tulare Human Resources team, and will act as a liaison between the County and its benefits carriers and vendors. Alliant will provide education and compliance support to the County throughout the year. Below is a summary of how we plan to meet the needs of the County of Tulare:

EMPLOYEE BENEFITS SCOPE OF SERVICES

Alliant will, in collaboration with the County, develop a long-term employee benefits strategy aligned with the County's goal of maintaining quality programs and containing costs. We will work with the County management to understand its current challenges, budget constraints and current benefit program in order to identify a strategy that suits the needs of the County and its employees.

In our first planning meeting, the service team will facilitate a discussion with the County's leadership team (we recommend members from HR, Risk Management, Finance and Labor Relations) that will include the following components:

- + Defining success metrics for various stakeholders within the organization
- + Understanding the organizational strengths, challenges and opportunities relative to the success benchmarks
- + Prioritizing what's most important and identifying obstacles to making progress
- + The results of the discussion will be documented and sent to the County

In our second planning meeting, Alliant will present a draft a multi-year plan with short and long term objectives and corresponding strategies and milestones. The strategic plan will be finalized with the County's feedback and approval and a final copy will be distributed to the County. Ultimately, this plan will provide the leadership team with a greater sense of clarity and confidence on their path forward to overcome obstacles and achieve their goals.

Once we have established a multi-year strategy we will break those goals down into tangible milestones which will be built into an annual work plan for Alliant and the County. This custom management plan will consist of a multi-stage process with clearly defined time lines and will be evaluated each year to ensure it is consistent with the long term goals and changing needs of the County.

In order to formulate and implement goals and manage the scope of work, we follow an annual work plan which is comprised of eight stages:

- + Stage 1 – Strategic Planning
- + Stage 2 – Reporting & Benchmarking
- + Stage 3 – Pre-Renewal Strategy
- + Stage 4 – Analysis, Procurement & Negotiation
- + Stage 5 – Recommendation & Implementation
- + Stage 6 – Communication & Education
- + Stage 7 – Compliance and Contract Review
- + Stage 8 – Ongoing Vendor Management



Stage 1 – Strategic Planning

Alliant takes a very systematic approach when consulting with clients related to current plan offerings and potential recommendations for change. Due to our vast experience in the public sector, we understand the need to reduce cost with minimal impact to employee benefits. This requires a creative approach to benefits strategy that differentiates us from other consultants in the marketplace

In order for Alliant to perform a comprehensive review of the existing Benefit Plans, we will need a clear understanding of the County's objectives and thorough knowledge of the current situation. We will conduct a detailed information gathering process which will include items such as:

- + Medical, Dental, Vision, Life and Disability contracts
- + 2-3 year renewal history for Medical, Stop Loss, Dental, Vision, Life and Disability
- + Complete census with demographic information
- + Employer contributions for employees
- + Claims and utilization data
- + Current procedures for COBRA Administration
- + Active and retiree eligibility
- + Current enrollment procedures

This review will allow us to gain a complete understanding of the County's benefit plans, contract provisions, and plan performance. Based on our findings, we will work with the County to develop our annual goals and objectives to guide us through the annual work plan.

Stage 2 – Reporting & Benchmarking

Clear and concise reporting is essential to understanding the components and cost indicators that drive the performance of your benefit plans. We will work with the County to develop a report format and frequency that will enable you to easily monitor your plan's actual financial results versus expected costs.

In addition, we will also provide the County with customized benchmarking information. With our extensive client base, we are able to provide the County with pertinent information regarding industry trends and comparative cost data. We will compare the County's current benefit plans, premium costs and cost sharing strategy with that of our benchmark data. After our benchmark review, we will deliver the results of our findings to the County and may suggest additional changes or enhancements that will have a positive effect on plan performance and utilization behaviors.

Our approach is highly flexible and customized to your needs. Benchmarking data is extremely valuable, but most single approaches do not provide an accurate representation of your specific peer group. Because of this, we approach benchmarking from multiple directions and often cross-reference various sources to present the most relevant information.

We will work closely with the County to evaluate both industry specific & geographically relevant benchmark data to ensure that the value of benefit offerings are up the standards that employees have come to expect.

Stage 3 – Pre-Renewal Strategy

We begin the renewal process at least 6-8 months prior to the effective date with our preliminary renewal meeting (Strategy Meeting) so that we understand the County's budget requirements, expected growth and other anticipated needs. We will discuss the following information at the pre-renewal strategic planning meeting:

- + Post Mortem from Open Enrollment
- + Provide market trends analysis by plan
- + Introduce new product innovation and point solutions
- + Review insurance carrier performance
- + Identify areas of cost containment
- + Provide renewal estimates
- + Provide large claim and experience analysis

This strategy provides us with ample time to evaluate options, secure the most favorable contractual terms, and to provide scenarios that meet budget guidelines.

Stage 4 – Analysis, Procurement, & Negotiation

As part of the renewal process, we will provide analysis and tools to help the County understand alternative plan design and cost reduction options for each line of coverage and how potential changes will affect overall premium and employee out-of-pocket costs. Some of the analysis and decision-making tools that we provide include evaluation and renewal negotiation and analysis of funding options, benefit plan design options and cost impact, and alternative cost control approaches. We will ensure the analysis is presented in a clear and concise report including side by side comparisons of the plans and carriers. Our team will represent the County in all renewal negotiations with insurance providers, third party administrators, networks, vendors, etc. Our Underwriting unit will play a key role in the negotiation of renewal premiums and plan design options.

Marketing

Alliant evaluates vendor services through an RFP and due diligence process designed to draw out the best quality services and cost proposals for our clients. Regardless of the service (Medical, Dental, Life/Disability, Benefit Administration, Online Eligibility, COBRA, etc.), Alliant will ensure that all vendors are competing on a level playing field through comprehensive RFPs that delineate required services from bells and whistles. We will ensure vendors compete from a service and pricing perspective to leverage the most competitive proposals from the marketplace.

Alliant understands that while changing carriers is undesirable for team members and employees, it is periodically necessary to market lines of coverage to other insurance carriers to ensure the County is receiving the most cost effective and comprehensive coverage available. The Alliant team will evaluate many variables in the renewal and marketing process in order to determine qualified bids and carriers. Examples of variables, other than cost and benefit schedules, that are reviewed in the evaluation of bids and bidders include:

- + Network Size and Disruption Analysis
- + Reporting Capabilities
- + Administrative Efficiencies
- + Eligibility Maintenance
- + Fee Structure
- + Rx Formulary Listing
- + Employee Educational Materials
- + Data Integration Capabilities
- + Continuity of Care Provisions
- + Claim Adjudication Speed & Accuracy

Alliant takes a very interactive approach with our clients in developing bid requests and often tailors the process and design to fit their specific needs. We assume the lead role throughout the entire process and provide clear guidance on strategy through design into bid management.

Note: We will develop and recommend insurance carriers based on the carriers financial stability. Alliant uses 1-4 financial rating agencies to provide insurer solvency reporting to our clients. A.M. Best is the gold standard which we follow; however, depending on what we are marketing, we may utilize all of the four ratings. The ratings are reported to our clients in the marketing results section of our market analysis report.

Stage 5 – Recommendation & Implementation

Once we have finalized renewal negotiations and narrowed the field of potential carriers or potential plan opportunities based on initial cost, benefit and network analysis, we provide several additional decision making tools to assist the County in its evaluation such as carrier interviews, performance guarantees and rate caps.

Implementation of goals and strategies will be coordinated between the County, Alliant and vendors in order to achieve the best results. Alliant will frequently communicate with the County to ensure milestones are achieved in a timely manner. Alliant has developed an implementation process that will enable clients to measure each step of the process.

Our implementation support will include the following:

- + Manage implementation timeline
- + Coordinate implementation calls with new and existing carriers as needed
- + Completion of implementation paperwork
- + Assistance reviewing and completing master application paperwork
- + Review of current and new carrier summaries, SBCs, and contracts for comparison purposes
- + Establish enrollment methodology
- + Provide data to a benefits administration system if applicable
- + Development of communication materials
- + Audit enrollment results
- + Assist in all transitional issues

- ID cards
- Access to care
- Escalated service issues (claims/billing/eligibility)

STAGE 6 – COMMUNICATION & EDUCATION

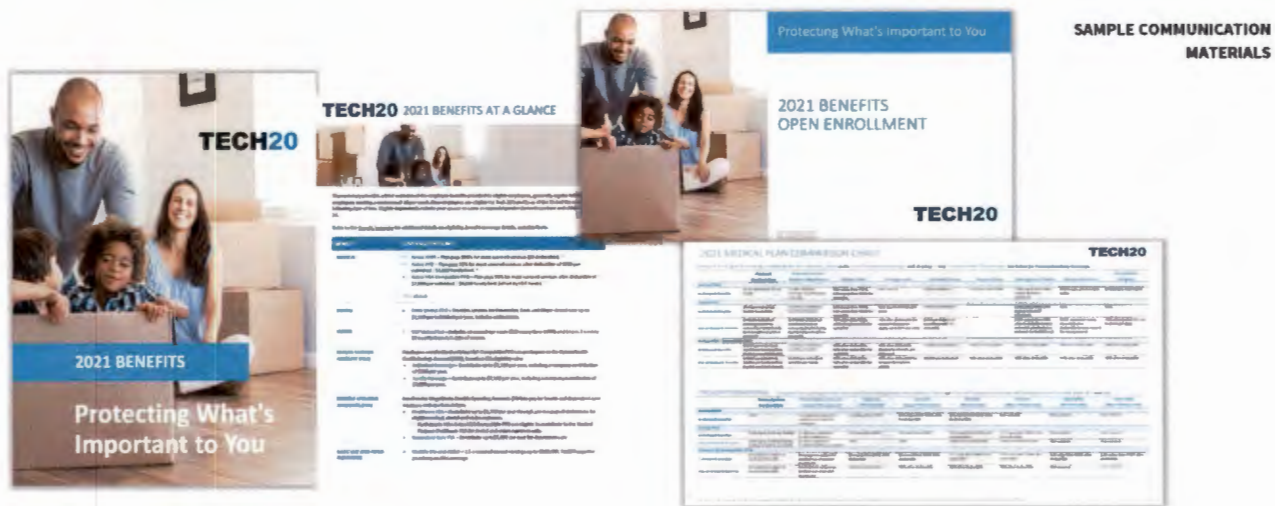
Alliant will be actively involved in the County's annual open enrollment. We will request and review all carrier materials including benefit summaries and SBCs. We will assist in planning, facilitating, and conducting any meetings whether they are in-person or via webinar. We will also assist in designing, creating and reviewing communication materials as needed.

We believe that effective communications are essential to a fully functioning benefits program. Alliant has a standard employee communication package that includes a full spectrum of open enrollment resources, as described below. This proprietary program, Alliant CampaignBuilder™, enables customization of your open enrollment materials to match your company's brand, culture, and benefits theme. Core materials include:

- + **Benefits Summary** – A simple design and standard text that can be customized for various employee groups/locations. The benefits summary includes key benefit plan information and required compliance notices, and can also incorporate optional health literacy content. This brochure may be distributed as a PDF, online flipbook, and/or printed and distributed.
- + **Open Enrollment Email Announcements** – We prepare a series of emails leading up to open enrollment, communicating benefit changes, employee action steps, meeting schedules, other communications materials, and anything else that employees need to know to complete enrollment.
- + **Open Enrollment Presentation** – For your open enrollment meetings, we prepare an engaging open enrollment presentation summarizing the benefit changes for the coming year and highlighting any benefits that you want employees to focus on. If you would like to record your presentation, we use the Brainshark platform that enables either your Alliant team, one of your Benefits/HR staff or a professional voiceover artist to bring your presentation to life. Employees can access the presentation from any computer or mobile device, regardless of platform.
- + **Educational Videos** – Short, engaging videos help employees grasp benefits concepts such as key insurance terms; features of and differences between HDHP, HMO and PPO plans; primary care vs. urgent care vs. ER; and prescription drug coverage and cost saving tips. These videos are available at no cost. Several topics are available in both English and Spanish.

We can also provide additional open enrollment communications pieces such as:

- + Open Enrollment Kickoff Video
- + Benefits-at-a-glance
- + Postcard Mailers and/or Digital Postcards
- + Posters



Our team will provide a dedicated open enrollment communications timeline in order to keep track of deliverables and ensure key milestones are met.

Along with our printed materials we also offer several digital and interactive means of communicating your open enrollment and new hire information to your employees. Some examples are below:

MyBenefits.Life™ Benefits Portal and Smartphone Application

MyBenefits.Life, your new go-to resource, provides the County employees (and their families) with benefits information from one convenient spot instead of through each individual service provider you contract with. Whether their preferred method is via computer, tablet or smart phone (iOS or Android), or via a phone call with one of our benefit advocates — access to information is simple and effortless.

MyBenefits.Life makes communicating benefits and related HR-information easy for you through broad messaging and custom web pages. Use it as your HR portal to provide information about updates or changes to benefits, perks or open enrollment, tips for new hires, and more. It's an effective solution that helps your employees increase their understanding and usage of the benefits offered at the County.

MyBenefits.Life makes getting the information they want uncomplicated. Whether they're at home or on-the-go, they get immediate access to benefit plan details, plan contacts, important documents, announcements and enrollment information, educational tools (informative articles, videos, glossary, etc.) Please visit <https://vimeo.com/379896362> for a quick video. You can also access a demo site by going to tech20.mybenefits.life and entering Employer Key: tech20.

Brainshark

Our recorded presentations have been the most effective part of digital communications strategy as they reduce the administrative burden from HR teams who have to conduct new hire benefit presentations regularly.

In addition, for your open enrollment meetings, we prepare an engaging open enrollment presentation summarizing the benefit changes for the coming year and highlighting any benefits that you want employees to focus on. The presentations can be loaded into the Brainshark platform which enables either your Alliant team or your staff to bring your presentation to life and allows viewers to easily navigate through slides using an interactive table of contents. Employees can access the presentation from any computer or mobile device at a time that is convenient to them. We can also require employees to view the presentation in its entirety and ask them to sign a guestbook as a confirmation that they've watched it. Please visit the following link for a sample professionally recorded presentation: <https://www.brainshark.com/alliant/demo-oe-2019>.

FlippingBook

FlippingBook is another platform that has been very effective in communicating and educating employees digitally. We can convert PDFs and store open enrollment and new hire benefit overview booklets online. The simple design and standard text that can be customized for various employee groups/locations.

Some of the service's key features include:

- + Compatibility with any device (desktop, laptop, tablets, smart phones)
- + Hyperlinks - Internal, external and email links are supported
- + Video – Can be played directly from the flipbook
- + Interactive Table of Contents - Automatically imports PDF bookmark as table of contents, or, we can create and modify the table of content for your flipbook
- + Searchable Contents - Texts in PDF are converted as searchable texts in flash, employees can easily search and locate the page that contains the string they are looking for
- + Re-upload – Ability to re-upload a PDF if there are any changes without changing original link

Once the PDF is uploaded and successfully published, we provide a Link to your publication, so the direct URL can be shared via your website, emails, etc. Please visit the follow link for a sample FlippingBook:

<https://alliantbenefits.cld.bz/Tech20-Benefit-Summary-Demo>.

Kick-off Videos

Get employee's attention with a 2-minute video summarizing the important points to remember about Open Enrollment—important dates and actionable items. Playable on any computer or mobile device. The similar new hire benefits video provides a short overview of benefit plans offered by the employer, including health & welfare, retirement and perks. Visit the following link for a sample Kick-off Video:

<https://www.brainshark.com/1/player/en/alliant?pi=zH4zBiOWUzNLUVz0&dm=1&fb=0>.

Virtual Health Fair

Employers tend to like health fairs because they are a “feel good” experience for employees. However, given the new realities of a post COVID-19 environment, many of our clients have opted to cancel their plans to have health fairs this year. It is for these reasons that the “Virtual Health Fair” solution was created; designed to replace the onsite health fair. The benefits of this resource include:

- + Interactive resource that can be available to employees all year. This means that employees can access resources when they are in need, not only on the date of the health fair
- + Allows for a company to touch all employees, regardless of their working location and/or population disparity
- + Very few community vendors attend health fairs which means that “unhealthy fillers” often find their way into the event (e.g., smoothie bar). The virtual health fair solves for this given it includes valid information from trusted health and wellness resources
- + Minimal effort in creating the “program”

These may be attractive to the populations who tend to shy away from attending health fairs. Please visit the following link for a sample: <https://alliantbenefits.cld.bz/Tech20-Demos/Tech20-VHF-Demo>.

EDUCATION

We are an advocate for both the employer and the employee, and we believe that education and communication are key components to a successful benefits program. We have many training tools for helping employees to understand the value of their benefits program, but we also feel it is important to educate and communicate with the benefits staff on relevant benefits related topics. To that end, we have developed a comprehensive HR webinars. Examples of topics that are covered include:

- + Current Healthcare Trends
- + Health Care Reform
- + COBRA
- + HIPAA
- + Flexible Spending Accounts

Alliant will also coordinate with various carriers and vendors to conduct educational meetings or Lunch and Learn sessions that can cover a variety of topics of interest to you and your employees. Some topics may include:

- + Emergency Preparedness
- + Family Health
- + Heart Disease Prevention
- + Mindfulness and Science of Happiness
- + Women’s Health
- + How to Manage Stress

Alliant Employee Benefits Learning Academy

There is an extraordinary amount of innovation in the employee benefits world and it’s not always possible to cover the variety of trends in the marketplace during our face to face meetings. As a result, we have created the Alliant Employee Benefits Learning Academy which consists of live and virtual educational events throughout the year to keep our clients informed about marketplace trends and solutions that may be relevant for their employee benefit program. Below are a few of the events we have hosted in the past year:

- + The Evolving and Complex World of Paid Leave
- + Digital Behavioral Health Solutions
- + Delivering a Better Healthcare Experience for Your Employees (Healthcare Navigation)
- + Coronavirus Risks & Employee Education

We will continue to host additional events based on feedback from clients on topics they would like to learn about.

Wellness Programs

As healthcare costs continue to escalate, it is increasingly important for employers like the County to develop long term healthcare strategies which will improve quality, reduce costs, and better support participants' needs. Wellness Programs also have value in increasing overall employee engagement. Many clients also enjoy the benefits that Wellness Programs provide related to being viewed as an employer of choice that cares deeply about their associates and their families. We have found that well-constructed Wellness and Disease Management Programs positively impact employee roles in managing their health, healthcare utilization, and ultimately plan costs. Wellness Programs range in scope depending upon the budget, claim experience and culture of each entity. Our philosophy is to design programs that target specific sectors of the employee population.

- + Keeping the healthy – healthy
- + Living with Disease
- + Catastrophic

Our approach with each client is customized; however, Alliant has established a 10 Step Process that helps to ensure the success of the program. Because we have found that over the years most health improvement programs fail to produce the participation and long-term employee commitment that are linchpins for success:

Top 10 Ways to Make Your Wellness Plan Work

- 1) Get management buy-in
- 2) Assess your employees—Health Risk Assessments
- 3) Evaluate group health results
- 4) Create a plan
- 5) Provide tools to succeed
- 6) Educate and motivate employees
- 7) Provide incentives
- 8) Change workplace environment (e.g., vending & soda machines)
- 9) Reward success
- 10) Change your culture

Meetings

The Alliant service team and key personnel will be available to the County's staff throughout the duration of the project. Alliant will work as your advocate to communicate the current state, as well as the future direction, of your benefits program. Your Alliant team will meet and confer with the County personnel as requested. Alliant's

nearly 50 years of public sector expertise enable us to understand the County's constituent groups and determine the most appropriate mode to communicate to each group.

Board of Supervisors: Alliant will work with the County's Board regarding ratification of program changes, understanding market trends, and providing recommendations for meeting budget goals.

County Staff: Alliant encourages "Train the Trainer" sessions that allow us to identify administrative training needs and the appropriate support through education. These sessions include:

- + Benefits understanding
- + Billing
- + Eligibility
- + Adds/deletes
- + COBRA
- + New legislation
- + Other plan administrative issues

STAGE 7 – COMPLIANCE AND CONTRACT REVIEW

Compliance

Alliant provides proactive, efficient, and client-tailored employee benefits compliance support through our in-house Compliance department. The Compliance department is staffed by experienced attorneys and benefits professionals exclusively dedicated to reviewing, researching, and problem-solving the employee benefits compliance needs of Alliant clients, including issues arising under Healthcare Reform, ERISA, COBRA, HIPAA, Cafeteria Plans, Medicare, as well as compliance issues particular to private sector plans.

Our Compliance department remains current with federal and state regulatory agencies, including the Internal Revenue Service (IRS), the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Centers for Medicare and Medicaid Services (CMS).

- + Quarterly Webinars —Count toward CLE credits and are recorded for playback
- + Alerts — As guidance is released, alerts are promptly issued with information about how it impacts employer plans
- + In-person seminars
- + Alliant Insights — In-depth reviews on specific topics that impact plans
- + Weekly Friday Fast Facts

As part of our service the County will have access to our Compliance webinars and seminars. These seminars cover a variety of Compliance related topics of interest. Over the years we have covered many topics of interest. Below is a list of some of the topics covered in 2020 and 2021:



Webinar Date	Title	Topics Covered
4/15/2021	ARPA & the COBRA Subsidy	<ul style="list-style-type: none"> - Eligibility - Involuntary termination - Allowing a lower plan option - Who pays and who receives reimbursement - Length of subsidy eligibility - Notice requirements - Limited increase to DCAP limit - Tax credits for voluntary paid leave
1/4/2021	Road to Recovery: Vaccine Authorization, Now What?	<ul style="list-style-type: none"> - Vaccine efficacy, availability, and distribution - Mandatory vaccine programs - EEOC Guidance - Required accommodations - Best practices and recommendations
9/22/2020	Leaves in the Era of Covid-19: What employers should know as employees manage distance learning, hybrid models, and school closures	<ul style="list-style-type: none"> - Families First Coronavirus Act Leaves - Key state mandates - Local ordinance examples - Employer PTO coordination - Best practices and recommendations
6/11/2020	Road to Recovery: What we know now about return to work	<ul style="list-style-type: none"> - Virus Update - Employer Testing - Offsite/Onsite screening options - Symptom checkers - Temperature checking - Antibody testing - Testing cost - Employee Well-Being - RTW Compliance Landscape - RTW Tools & Resources
05/06/2020	Return to Work Strategies	<p>Join Alliant experts as they discuss return to work strategies for employers.</p> <ul style="list-style-type: none"> - Testing Approaches - Accuracy and availability of testing - Compliance obligations with testing - Necessary policies and procedures - Impact of unemployment insurance on return to work - Vulnerable, scared employees - Creating a safe work environment

COVID-19

In order to keep up with new and ever changing COVID-19 compliance information, Alliant has been rapidly creating content and guidance to share with our clients. We have also assembled a Coronavirus task force to help prioritize our content development and messaging strategies. Some resources include:

- + [COVID-19 Resources Page](#) - your go-to resource for the latest updates and insights on the coronavirus pandemic. Check back frequently for the latest information, helpful insights, and articles that may help you navigate this rapidly evolving situation.
- + [Coronavirus Workplace Playbook](#)
- + [COVID-19 Return to Work Guide](#)
- + Business & Employee Impacts Guide
- + FAQs and Alerts
- + Compliance Webinars
- + [Podcasts](#)

ThinkHR Membership – Educating, Trainings & Resources for County HR Staff & Personnel

We understand how much Human Resources professionals have on their plate. We listened to our clients and in response to their needs, we partnered with ThinkHR to provide assistance with Employment Law and HR challenges. ThinkHR combines the best in live human resource expertise with innovative online technology to deliver trusted HR knowledge solutions that enable organizations to thrive. ThinkHR offers a wide range of courses. Some topics of interest to our clients are:

- + Cybersecurity: Practical Steps to Avoid Risk
- + Active Shooter Preparation
- + Diversity: Managers Guide to Diversity, Inclusion and Accommodation
- + Employment Law: HIPAA Privacy Essentials
- + Ethics: Business Ethics
- + Harassment Prevention: Bullying and Violence in the Workplace
- + Leadership: Being an Effective Team Member
- + Leaves of Absence Management
- + Wellness: Maintaining Your Life Balance

Services also include:

- + ThinkHR Live, a team of HR experts standing by to answer your questions or provide advice. This phone-based support service is available from 8 a.m. to 7 p.m. CT each business day.
- + ThinkHR Comply, a powerful, award-winning online resource center for all of your workforce issues with hundreds of forms, tools and commentary on best practices
- + ThinkHR Learn, which gives you the power to curate, administer, track and report on online employee training programs
- + Compliance Calendar with pre-populated key compliance dates and reminders
- + Convenient Mobile app that gives you access to ThinkHR's complete resource database anywhere, anytime

STAGE 8 – PROGRAM MONITORING & VENDOR MANAGEMENT

Program Monitoring

We understand the importance of an ongoing review of the County's benefits program. In order to maintain the integrity of the program, it is imperative that we ensure that the benefit plans and provisions are operating in line with the County's expectations.

As part of our scope of services, Alliant will review, track and provide recommendations on all of your plan documents, contracts, and benefit booklets on an annual basis to ensure:

- + Policy issue tracking (production and review of contracts, SBCs, Benefit Summaries, EOCs, SPDs and policies)
- + Compliance and legislative requirements are met (i.e., compliance timelines for document delivery, required notices, etc.)
- + Consistency with the County's policies and procedures
- + Comprehensive coverage ensuring significant gaps or exclusions are consistent with the County's understanding of the plan
- + Rates, benefits and provisions match what was agreed upon renewal
- + Creation of appropriate plan documents, wrap documents and SPDs

In the event that errors are discovered in the contracts, Alliant will work with the insurance carrier to have contracts corrected promptly. At the end of this process, Alliant will deliver both electronic and hard copies of the contracts.

Vendor Management

Alliant has been increasingly focused on obtaining longer-term commitments on behalf of our clients.

Integrating wellness solutions with health carriers and managing the data puts a higher importance on the continuity of these relationships. At Alliant we know commitment is a two-way street. If our clients are going to align with a group of vendors for an extended timeframe, then we insist our clients benefit financially from that commitment. Our carrier partners are accustomed to having to concede on multi-year pricing models, wellness subsidies and other benefits and services in exchange for the commitments that our clients make to them.

Audits are often necessary to pinpoint administrative and/or operational shortcomings that can be remedied once they are properly identified.

Performance Measures

Alliant will work with the County in developing, negotiating, and implementing performance standards and guarantees for benefit plan providers. For carriers that have agreed to performance standards for items such as customer service (call abandonment rates and average phone hold times), claims payment (turnaround time and financial accuracy), and implementation (claims system readiness and ID card release), we will monitor the results of each measurement. As part of this evaluation, we will advise the County as to each vendor's performance versus the goals and will work with vendors to improve processes in those areas that fall short of expected results.

Alliant has been the County of Tulare's Benefits Consultant since 2016. Below is a review of successful partnership:

+ 2016

- Alliant was appointed as the County's Benefits Broker and Consultant on July 1, 2016. Below is a high level summary of the accomplishments we have achieved together:
 - Created employee benefits communications campaign
 - Included benefit open enrollment guide
 - Health Fair Support
 - Postcard and Email Support & Review

+ 2016/2017

- Alliant review of SJVIA Program Rating Calculations
 - PPO rates were validated
 - HMO rates were too high
- Proposed eliminating Anthem HMO in 2017
 - Avoid surcharge to PPO for blending with non-County HMO Enrollment
 - Estimated a small reduction in PPO rate increase if HMO was terminated and HMO enrollees move to PPO
 - Avoid subsidizing Fresno County HMO
- Requested stand-alone rates for PPO and HMO
 - Share only fixed costs with the SJVIA program
- Meetings
 - Attended and presented at the County's HPAG meetings
 - Attended Pre-Renewal Planning Meeting & Renewal Meeting
 - Presented to CAO and Management Teams
 - Assisted & Attended County's Health Fair and provided raffle prizes

+ 2017/2018

- Meetings:
 - Attended and presented at County of Tulare's HPAG meetings
 - Presented to County of Tulare's Board of Supervisors (private meeting)
 - Attended and Assisted with the County's Health Fair
 - Provided Raffle Prizes as needed
 - Assisted COT with Open Enrollment with Alliant's Campaign Builder and Ben-IQ (smartphone app)
 - Alliant and COT Bi-Weekly Calls
 - Alliant proposed the following for consideration:
 - No Risk Sharing
 - The County of Tulare has performed much better than County of Fresno. The County of Tulare should not share claims risk at any level with the County of Fresno and All Other participating Entities. In other words, the County of Tulare should be rated on its own claims experience and should also not participate in a pooled claims risk layer with County of Fresno as currently proposed

- No EPO in 2018 for County of Tulare
 - Alliant believed the County would be best served by waiting until 2019 to see if actual savings develop as estimated by Keenan (new SJVIA Consultant)
- Pharmacy
 - Alliant prepared the County to expect more disruption than disclosed by proposed 2018 SJVIA Pharmacy Benefit Manager Change
 - Alliant prepared an Rx overview and financial results for Alliant's PharmacyEvolve program
- Direct Keenan and SJVIA Staff to develop SJVIA policy for allocation of any excess of revenue over expenses developed in 2017 and 2018
 - Who gets paid first, how much and when?
 - What would a loan re-payment plan look like?
- Consider Alternatives to SJVIA
 - Presented for January 2018
 - Presented for January 2019

+ 2018/2019

- Meetings:
 - Attended and presented at County of Tulare's HPAG meetings
 - Attended Pre-Renewal Planning Meeting & Renewal Meeting
 - Attended SJVIA/Keenan call regarding Pharmacy change to EmpiRx
 - Attended and Assisted with the County's Health Fair
 - Provided Raffle Prizes as needed
 - SJVIA Alternatives - As part of our diligence process, Alliant obtained competitive proposals directly from Anthem/Kaiser and CSAC EIA to replace SJVIA
 - Proposals were for the same benefit plan designs and carriers and for all plans offered
 - Anthem direct was not competitive
 - CSAC EIA was an increase of +1.1% or \$319,720 annually vs. the SJVIA renewal of +2.4% or \$720,809
 - CSAC EIA proposed a savings of -\$401,089 compared to SJVIA renewal
 - Onsite Clinics & Telemedicine
 - In order to provide greater access to care for County of Tulare employees, Alliant evaluated onsite clinics and virtual care solutions that are available to the County
 - Alliant issued an RFI and reviewed results from 8 vendors. Alliant presented options to the County and then then coordinated vendor presentations/meetings for both Human Resources and HPAG

+ 2019/2020

- Meetings:
 - Attended and presented at County of Tulare's HPAG meetings
 - Attended Pre-Renewal Planning Meeting & Renewal Meeting

- Board of Supervisors Briefing
- Attended and Assisted with the County's Health Fair
- Bi-weekly calls
- Evaluated SJVIA renewal - +3.6%
 - Reviewed Options outside of SJVIA
 - Direct ASO – Anthem & Kaiser for +2.7%
 - CSAC EIA – Anthem & Kaiser for +0.6%
- Introduced Virtual Primary Care Solutions for the County of Tulare
 - 98point6
 - The County of Tulare implemented 98point6 for the 2020 plan year. After the County of Tulare had such success with the program, the SJVIA adopted the same program in 2021 for all SJVIA members
 - MedLion

+ 2020/2021

- Alliant provided options for 2021 renewal rates by taking into account different scenarios and the differences between Tulare and Fresno Counties in types of plans offered, enrollment and plan design
- Alliant provided an Anthem EAP quote through PRISM with proposed savings of -3.5%

5. Audits

The consultant shall review the administrative services of all providers to ensure compliance with signed agreements and report results to the County of Tulare with recommendations, if any. The consultant will also arrange for any audits to ensure compliance with contract specifications and will take remedial action where necessary. The Audit will include, but not be limited to, the following:

A detailed operation review of the third party claims administrator, which includes, but is not limited to,

- **Claims payment system;**
- **Claims procedure and office work flow;**
- **Forms and communication process;**
- **Training programs and employee evaluation process;**
- **Exception processing;**
- **Cost containment procedures;**
- **Quality and quantity of procedural manuals provided to claims processing, customer service, etc.**
- **Internal audit system;**
- **Mail receipt and tracking;**
- **Evaluation of the security of records and data;**
- **Evaluation of customer service, including communication of the Plans' benefits, policies and procedures; and**
- **Security and override procedures relating to approval of claims and access to records.**
- **A comprehensive, objective review of the received and processed claims to determine whether the claims are adjudicated according to contractual performance standards, appropriate benefits, and industry standards which includes, but is not limited to,**
 - **A statistically valid stratified random sample that achieves a minimum 95% confidence level or greater relative to claims processing accuracy;**
 - **On-site review of transactions processed by the third party claims administrator, including the reprocessing of claims to evaluate the third party claims administrators process and systems relating to such areas as: eligibility, coding, pricing including proper application of allowable charge and discount arrangements, deductible accumulators, identification of duplicate bills, application of Plan benefits, COB, medical necessity, ineligible/eligible charges, compliance with the Plans' Master Plan Document, timeliness of processing, interaction with other vendors, and file documentation;**

As part of our Annual Work Plan that we develop for the County, Alliant will conduct a thorough review of the contracts to ensure that rates, benefits and provisions match what was agreed upon at renewal. Our review process is outlined below:

- + Review and evaluate coverage drafts and summary plan description for consistency with sold plan designs
- + Assist with drafting plan documents, including Section 125 Plan document
- + Prepare or review plan amendments as needed

- + Coordinate insurance contracts with the County's policies and procedures
- + Review employee handbook/policies and procedures manual

Upon request, Alliant will also arrange for audits needed to ensure compliance with contract specifications and will facilitate remedial action where necessary. Alliant assist the County in evaluating vendors who specialize in audits of the services and functions listed above. Our process in arranging for audit services includes:

- + Needs Assessment
- + Identification of vendors specializing in performance of such services
- + Develop and issue RFP, in combination with the County Procurement office as needed
- + Analysis
- + Negotiations and Recommendation
- + Evaluation
- + Implementation support and supervision and guidance throughout the process
- + Meetings with vendor and the County to review results
- + Development of action plan to monitor remedial actions as needed

All of the services listed above are included in our consulting fee. Charges by any third party vendors engaged to perform audit services will be passed on to the County.

6. Availability

The consultant will be expected to be available to consult in person, by phone, e-mail or other electronic media with the County of Tulare and its various employee groups during regular business hours as necessary. The consultant will be expected to attend the County of Tulare's Health Plan Advisory Group (HPAG) meetings and the SJVIA Board Meetings. The consultant will be expected to be accessible during regular business hours and will respond to all contacts within 24 hours.

As part of our proposed services, your Alliant team will respond to and expedite resolution of all issues regarding contract administration, service provisions, benefits coverage, billing questions, and service delivery in a timely manner. Alliant is experienced in working with insurance carriers, providers, and network administrators to resolve claims disputes, eligibility and billing errors, contract discrepancies, and quality of care.

Alliant's team members will ensure that the County receives the highest level of timely and accurate problem-solving satisfaction and will at a minimum:

- + Respond within 24 hours to every inquiry call
- + Research and resolve claim and eligibility issues
- + Monitor service of carrier and third-party administrators
- + Track claim office and member services data to assess and make recommendations for plan changes and employee education needs

In order to ensure the deliverables are provided timely to the County, carrier contracts and other important documents are included and tracked in our annual work plan via a tracking document.

Your team will also track other activities associated with your account. All emails, renewals, carrier discussions and follow up communications are filed within specific Client files. These files are accessible by all Alliant team members. Additionally, we keep an open items log to track any issues, required action, and resolution. This is reviewed with the client on a regular basis to keep all parties updated of progress.

Our administrative support will increase during the renewal and open enrollment period as we will be leading renewals, marketing and implementations as applicable in addition to the typical day-to-day administration discussed above.

Alliant will be as available as much as possible to meet with the County. We will attend the meetings listed above. Ideally, we schedule meetings a minimum of three weeks in advance but try to be as flexible as possible. We will do our best to accommodate the meeting requests of the County.

Alliant works extensively with public agency benefits committees. We have experience in educating, informing and helping clients build consensus in a joint labor management environment. We will assist in the following areas to help gain understanding and consensus:

- + Attend regular meetings
- + Help establish agenda
- + Review reporting packages
- + Establish long term goals
- + Education on market trends (Rx, legislation, tiered networks, etc.)
- + Field questions and suggestions

In addition to meeting with the benefits committee at regularly scheduled times, Alliant believes that education and engagement of all constituent groups is necessary to gain a consensus for plan administration and negotiations. With that in mind, we will assist the County by meeting with specific groups as appropriate.

7. Fees/Commissions

The County of Tulare intends to enter into an agreement with a consultant on a fee basis only. As a result, any insurance contracts will be negotiated or purchased net of commissions.

Broker-Consultant fees are mutually agreed upon with our clients. We are open to discussion about a mutually acceptable fee arrangement with the County. For the Scope of Services described in this RFP and listed above, Alliant proposes to collect an annual flat consulting fee of **\$95,000**. Below is a summary of our proposed consulting services for the County of Tulare:

Strategic Benefit Consulting (as applicable)	
Annual benefit goal/objective setting and development of strategic plan	Included
Annual benefit calendar and Annual Work Plan	Included
Pre-renewal planning guide	Included
Financial Analysis, Reporting and Plan Utilization Analysis (Based on carrier data available)	Included
<ul style="list-style-type: none"> Detailed utilization analysis Plan experience & annual reporting Funding analysis & projections for self-funded plans Alliant Analytics <ul style="list-style-type: none"> PlanIQ iDAP (<i>optional for additional fee</i>) 	Optional
Benefit Design Assistance	Included
<ul style="list-style-type: none"> Provide an initial in-depth review of the County's existing health insurance programs and assist in the development of long-range plans and financial, operational and utilization goals. Provide an annual assessment as to whether long term objectives are being met. Review and analyze vendor documents, including but not limited to contracts, policies, rate documents and coverage booklets, provide interpretations and recommendations. Determine methods of reporting plan performance for the purpose of recommending strategies to lower cost and maintain quality. Recommend wellness and disease management strategy with a focus on measuring the return on investment of such efforts. Provide general guidance on trends in benefits offered and eligibility requirements. 	
Legislative updates and their impact on company plans	Included
<ul style="list-style-type: none"> Monthly compliance update newsletter Compliance alerts as needed with legislation changes throughout the year HIPAA Compliance support Annual Compliance seminar Weekly "Friday Fast Facts" Contract review 	
Introduction to new and progressive benefit concepts, including population health management and applicable point solutions	Included
Communications on employee benefit trends and compliance issues	Included
Benchmarking	Included
<ul style="list-style-type: none"> Specific to the County and it's comparable(s) Industry/population-specific surveys Large national compensation/benefit survey houses 	

Voluntary Benefits - Marketing, Analysis, Recommendation & Implementation <ul style="list-style-type: none"> Access to Alliant's Specialists – The Voluntary Benefits Team 	Included (VB Commissions allowable)
---	-------------------------------------

Annual Renewal Report, Financial Analysis & Vendor Relations	
Data Analysis & Reporting <ul style="list-style-type: none"> Monitor, analyze and report monthly claim experience, identifying trends and changes in large claims activity on a monthly basis Monitor, analyze and report claim utilization data in a format that is clear, concise and actionable 	Included
Underwriting & Fiscal Support <ul style="list-style-type: none"> Provide cost projections for various plan feature changes and improvements Analyze rates developed by the San Joaquin Valley Insurance Authority from an independent perspective Analyze and recommend plan funding alternatives Prepare financial projections from alternative benefit designs and/or employee contributions Annual benefit budget/trend projection Annual benefit budget/trend projection 	Included
Benefit analysis and plan design modeling	Included
Employee contribution strategy development and cost modeling	Included
Vendor/Carrier marketing(s)	Included
Evaluation of contract terms and conditions	Included
Premium rate and service fee negotiation	Included
Annual final accountings (as required for participating insurance contracts/self-funded plans)	Included
Underwriting calculations (as applicable)	Included
Plan cost/claim pattern trending for self-funded plans (as applicable)	Included
Rolling financial history exhibit RFP and Contract Development <ul style="list-style-type: none"> Pre-qualify potential vendors and develop bid specs Development of requests for proposals (RFP) and submitting RFPs to viable medical (including mental health), dental, vision, and prescription providers. Detailed evaluation of plan design, cost and funding alternatives Evaluate financial suitability of carriers & vendors Review and evaluate vendor responses to RFP and present a summary to the County Schedule and coordinate finalist interviews and communicate results to vendors Assist in negotiating fee agreements with selected vendors and provide an executive summary report of results of negotiations and final rates/fees Facilitate the transition to any new vendors and carriers Provide sample RFP's 	Included Included
Vendor Management <ul style="list-style-type: none"> Establish appropriate vendor performance guarantees in collaboration with the County Ensure that vendors are in compliance with the terms of their agreement, including insurance requirements with the county and monitor performance guarantees 	Included

<ul style="list-style-type: none"> ▪ Upon request of County staff or whenever appropriate, act as a liaison between the County and vendors, including but not limited to, participating in problem resolution and strategic planning ▪ Conduct annual strategic sessions with vendors to discuss performance, opportunities and updates ▪ Attend meetings or conference calls with vendors as requested by the County, but no less than once per quarter ▪ Monitor insurance companies for financial solvency where applicable 	
Wellness Program: <ul style="list-style-type: none"> ▪ Alliant's Wellness Readiness Assessment ▪ Facilitate RFP to third party wellness vendor (if applicable) ▪ Work with HR and Vendor on implementation ▪ Ongoing program support from Alliant's Wellness Consultant ▪ Alliant Wellness and Health & Productivity Resources <ul style="list-style-type: none"> ○ Monthly Newsletters – County Logo Can be applied ○ Alliant's Free Wellness Program Resources 	Included
Plan Implementation, Communication & Administrative Support	
Development and management of new vendor implementation plan (enrollment strategy and logistics)	Included
Communications <ul style="list-style-type: none"> ▪ Provide editorial and compliance review of Open Enrollment and other County-produced benefit communications including memos, materials and presentations for employee meetings. ▪ Coordinate with vendors as necessary; leverage availability of vendor communication materials and resources. ▪ Review vendor's plan summaries and other materials for benefit accuracy and basic compliance. ▪ Provide assistance in the development and analysis of surveys to acquire employee feedback on the performance of plans. 	Included
Create/print custom employee communication materials <ul style="list-style-type: none"> ▪ Create branded benefits brochures, posters and announcements ▪ Create branded benefits electronic videos ▪ Review content/edit/final revisions 	Included
MyBenefits.Life – Smartphone App & Website for County	Included
Meeting Attendance & General Availability <ul style="list-style-type: none"> ▪ Attend meetings of the Health Benefits Advisory Group (HBAG) ▪ Attend meetings of the San Joaquin Valley Insurance Authority (SJVA) as needed ▪ The consultant shall assist in the preparation of a variety of materials required for labor negotiations including, but not be limited to, cost estimates for new or upgraded benefit programs, rate calculations, and written material such as analyses, summaries, and graphs/spreadsheets. ▪ Participate in conference calls with County staff 	Included

<ul style="list-style-type: none"> ▪ Meet in person as needed ▪ Provide prompt and effective responses to ad hoc requests from County staff for information or analysis. ▪ Assist County staff with technical issues affecting the administration and processing procedures of the benefit programs as they arise, including plan Document interpretation and eligibility determination. 	
Coordinate/conduct enrollment meetings as needed	Included
Coordinate benefits/health fairs as applicable <ul style="list-style-type: none"> ▪ Alliant to manage vendors ▪ Alliant to produce communication pieces ▪ Alliant to obtain raffle prizes from carriers & vendors 	Included
Provide forms and templates to enable County compliance with COBRA, HIPAA and FMLA	Included
Act as advocate and extension to benefit/HR team	Included
Regular evaluation of service providers	Included
Resolve problems relating to vendor performance	Included
Assist in resolving claim problems or procedures, plan design issues, billing & eligibility problems on-boarding, etc.	Included
Ongoing Educational Webinars & Seminars	Included
Formats include: public event, online webinar, on-site training and train the trainer	
Call Center - Alliant Benefits Advocates (optional for extra fee)	Optional

Legislative Review & Compliance

Federal and state updates and seminars	Included
Legal & Regulatory Compliance Support and Updates <ul style="list-style-type: none"> ▪ Provide advice and interpretation on all local, state, and federal benefit regulations impacting the County health plans, including but not limited to: <ul style="list-style-type: none"> ○ Patient Protection and Affordable Care Act (PPACA) ○ Family and Medical Leave Act (FMLA) ○ California Family Rights Act (CFRA) ○ Consolidated Omnibus Budget Reconciliation Act (COBRA) ○ Health Insurance Portability and Accountability Act (HIPAA) ○ Americans with Disability Act (ADA) ○ Fair Employment and Housing Act (FEHA) ○ Uniformed Services Employment Reemployment Rights Act (USERRA) ▪ Notify the County of necessary steps towards compliance with new legislation impacting County health plans. ▪ Review plan documents and internal County policies to ensure compliance with appropriate laws and regulations and to ensure that the County is adhering to industry best practices. Make recommendations regarding necessary amendments to plan documents or internal policies and assist in their preparation. ▪ On an annual basis, audit the County's current health insurance administration practices (including, but not limited to, forms and communications to participants) to ensure compliance with applicable laws and regulations, as well as applicable plan documents and internal policies. Make recommendations regarding necessary changes to current practices. 	Included

<ul style="list-style-type: none"> Assist in an advisory capacity in reviewing and ruling on appeals from members covered by the County's Cafeteria Plan (includes Health Insurance and Flexible Spending Accounts). 	
ACA Compliance <ul style="list-style-type: none"> Comprehensive audit Ongoing alerts as legislation changes Pay or Play Calculator Assistance in selecting ACA Reporting/Tracking Vendors (if applicable) 	Included
COBRA Compliance <ul style="list-style-type: none"> Sample documents Legislative updates 	Included
HIPAA Compliance <ul style="list-style-type: none"> Review and recommendations with respect to plan set up and HIPAA compliance strategy Sample policies and procedures (insured and self-insured plans) Sample authorizations 	Included
ThinkHR Membership	Included

Documentation & Succession Planning	
Written program objectives	Included
Meeting agendas, notes and follow-up items	Included
Benefit Plan Overview (BPO) / Annual & Multi-Year Strategic Work Plan	Included

Additional Services

Alliant is able to assist the County in evaluating vendors who provide the additional services listed below. In regard to procurement of these additional services, our annual consulting fee includes:

- + Needs Assessment
- + RFP
- + Analysis
- + Negotiations
- + Evaluation
- + Implementation

Alliant is not affiliated with, nor do we own, any vendors who provide the services listed below.

Our philosophy is to assist our clients in evaluating "Best in Class" third party administrators, HRIS, online enrollment, benefits statement, claims audit and third party wellness programs.

Based on our large volume, we have been successful working with "best in class" vendors to negotiate preferential pricing that we pass directly on to our public agency clients. We have had great success in having significant amounts of these pass-through fees absorbed by our clients' health plans and insurers. We have conducted comprehensive analyses of each of their capabilities and fees in order to be able to best recommend

vendors who are able to provide a full array of services and, most importantly, accommodate the needs unique of each client.

Scope of Services <i>(Additional)</i>	Proposed Fee
Online Benefits Eligibility & Enrollment Administration System	<i>Optional</i>
Consolidated Billing	<i>Optional</i>
COBRA, FSA & Transit Administration	<i>Optional</i>
Retiree Billing	<i>Optional</i>
Payroll/HRIS System Integration	<i>Optional</i>
ACA Reporting & Tracking Administrator	<i>Optional</i>
Alliant Benefits Advocates – Employee Call Center	<i>Optional</i>
Third Party Wellness Vendor	<i>Optional</i>
Audit Vendors – Claims, Dependents, etc.	<i>Optional</i>
Data Warehouse – Alliant Analytics (iDAP)	<i>Optional</i>

Services not Otherwise Listed

In our experience, no list of services included or excluded can anticipate all of the possible needs of our clients. It is our intention to offer as much service as possible within the proposed fee quoted across the full spectrum of employee benefits consulting and compliance work. We seldom encounter a client need that we cannot accommodate with our internal resources. Should that situation arise, we would work with the County to reach a mutually acceptable determination of how such a service should be provided and at whose expense.

Service Guarantee

To illustrate our commitment of quality service to the County, Alliant is willing to place 20% of our annual consulting fee at risk. Listed below are the proposed categories of the Service Guarantee:

1. Execution of Scope of Work (10%) – County satisfaction with deliverables in the Scope of Work.
2. Service and Support (10%) - Service and support of County with decision making tools, attendance at meetings, and assistance for any implementation of new benefits/products and transition of carriers.

At any time, the County can invoke the terms of the guarantee. All categories are based solely on client satisfaction level. The categories proposed may be modified by mutual agreement between Alliant and the County.

Transparency and Disclosure

All compensation Alliant receives is fully disclosed and transparent. We will provide the County with an Annual Disclosure letter at the plan renewal and/or upon request.

As an independent consultant and trusted advisor, Alliant provides our clients with the choice of joint purchasing solutions as well as options available in the direct marketplace. Alliant has a separate division within

the firm, Alliant Underwriting Services (AUS) that provides Consulting, Underwriting and Program Management Services to a number of Joint Powers Authorities (JPA) and Joint Purchasing Pools throughout the country; this division is separate from Alliant's Brokerage and Consulting division. AUS receives compensation from carriers for services provided to support the operations and administration of a JPA and/or purchasing pool and is a cost included in the premium. Alliant will disclose any AUS fees associated with a joint purchasing program presented to the County.

EXHIBIT B

Compensation for services:

1. For all services required to be performed under this Agreement and its Exhibits, CONTRACTOR shall be paid Ninety-Five Thousand Dollars (\$95,000) per year for the first three years, and Ninety-Five Thousand Dollars (\$95,000) per year for the two optional one-year extensions, with payments to be made in equal monthly installments. This compensation shall include all staff CONTRACTOR may deem necessary to provide services set forth in this Agreement and its Exhibits.
2. CONTRACTOR shall be given the opportunity to negotiate commissions to be paid by the COUNTY'S providers of non-SJVIA, non-medical group benefit plans, e.g. life and disability, EAP, etc., so long as payment of such commissions to CONTRACTOR does not increase the rates by the COUNTY for these plans. CONTRACTOR understands that not all of the COUNTY'S non-medical plans will be able to pay commissions to CONTRACTOR.
3. CONTRACTOR will submit invoices to COUNTY at the end of each month for the services provided during the previous month. All payments shall be made in accordance with the COUNTY'S normal payment cycle.

EXHIBIT C

INSURANCE REQUIREMENTS PROFESSIONAL SERVICES CONTRACTS INSURANCE REQUIREMENTS

CONTRACTOR shall provide and maintain insurance for the duration of this Agreement against claims for injuries to persons and damage to property which may arise from, or in connection with, performance under the Agreement by the CONTRACTOR, his agents, representatives, employees and subcontractors, if applicable.

A. Minimum Scope & Limits of Insurance

1. Coverage at least as broad as Commercial General Liability, Insurance Services Office Commercial General Liability coverage occurrence form GC 00 01, with limits no less than \$1,000,000 per occurrence including products and completed operations, property damage, bodily injury and personal & advertising injury. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. Insurance Services Office Form Number CA 00 01 covering Automobile Liability of \$1,000,000 per occurrence including any auto or, if the CONTRACTOR has no owned autos, hired and non-owned auto coverage. If an annual aggregate applies it must be no less than \$2,000,000.
3. Workers' Compensation insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. Professional Liability (Errors and Omissions) Insurance appropriate to the Contractor's profession, with limit no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate.

B. Specific Provisions of the Certificate

1. If the required insurance is written on a claims made form, the retroactive date must be before the date of the contract or the beginning of the contract work and must be maintained and evidence of insurance must be provided for at least three (3) years after completion of the contract work.
2. CONTRACTOR must submit endorsements to the General Liability reflecting the following provisions:
 - a. *The COUNTY, its officers, agents, officials, employees and volunteers are to be covered as additional insureds as respects; liability arising out of work or operations performed by or on behalf of the CONTRACTOR including material, parts, or equipment furnished in connection with such work or operations.*

EXHIBIT C

- b. For any claims related to this project, the CONTRACTOR's insurance coverage shall be primary insurance as respects the COUNTY, its officers, agents, officials, employees and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, agents, officials, employees or volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.*
 - c. CONTRACTOR hereby grants to COUNTY a waiver of any right to subrogation which any insurer of CONTRACTOR may acquire against the county by virtue of the payment of any loss under such insurance. CONTRACTOR agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the COUNTY has received a waiver of subrogation endorsement from the insurer.*
 - d. Each insurance policy required by this agreement shall be endorsed to state that coverage shall not be canceled, except after written notice has been provided to the County.*
3. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the COUNTY for all work performed by the CONTRACTOR, its employees, agents and subcontractors. CONTRACTOR waives all rights against the County and its officers, agents, officials, employees and volunteers for recovery of damages to the extent these damages are covered by the workers compensation and employers liability.

C. Deductibles and Self-Insured Retentions

Deductibles and Self-insured retentions must be declared and any deductible or self-insured retention that exceeds \$100,000 will be reviewed by the COUNTY Risk Manager for approval.

D. Acceptability of Insurance

Insurance must be placed with insurers with a current rating given by A.M. Best and Company of no less than A-:VII and a Standard & Poor's Rating (if rated) of at least BBB and from a company approved by the Department of Insurance to conduct business in California. Any waiver of these standards is subject to approval by the County Risk Manager.

E. Verification of Coverage

Prior to approval of this Agreement by the COUNTY, the CONTRACTOR shall file with the submitting department, certificates of insurance with original endorsements effecting coverage in a form acceptable to the COUNTY. Endorsements must be signed by persons authorized to bind coverage on behalf of

EXHIBIT C

the insurer. The COUNTY reserves the right to require certified copies of all required insurance policies at any time.

WAIVERS:

I represent and attest that I am a person authorized to make representations on behalf of the CONTRACTOR, and represent the following:

(Mark X if applicable)

- ☐ Automobile Exemption: I certify that _____ does not own nor use vehicles in the performance of the agreement for which this insurance requirement is attached.
- ☐ Workers' Compensation Exemption: I certify that _____ is not required to carry workers' compensation coverage or has filed an exemption with the State of California as required by law.

I acknowledge and represent that we have met the insurance requirements listed above.

Print Name: _____ Date: _____

Contractor Name: _____

Signature: _____