COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government

FINANCE DEPARTMENT
PURCHASING DIVISION

1111 1st AVENUE – 1ST FLOOR, COLUMBUS, GEORGIA 31901
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340
706-225-4087 | www.columbusga.org

Date: May 20, 2026

REQUEST FOR PROPOSALS: **RFP No. 26-0031**	Qualified firms are requested to submit proposals, subject to conditions and instructions as specified, for the furnishing of: **CONSULTING SERVICES FOR EMPLOYEE BENEFITS PLANS (ANNUAL CONTRACT)**
GENERAL SCOPE	Columbus Consolidated Government is seeking proposals from qualified firms to provide comprehensive consulting and brokerage services for its employee health benefits programs and Health & Wellness Center strategy.
DUE DATE	**JUNE 19, 2026 - 5:00 PM (Eastern)**
SUBMISSION REQUIREMENTS	See **Appendix A** for information and instructions on how to register and submit a proposal through DemandStar.
ADDENDA	The Purchasing Division will post addenda (if any) for this project at https://www.columbusga.gov/finance/Bid-Opportunities. Vendors are responsible for periodically checking the webpage for addenda, before the due date and prior to submitting a response.
NO SUBMITTAL	If you are not interested in this solicitation, complete and return page 3.

Andrea J. McCorvey,
Purchasing Manager

IMPORTANT INFORMATION
E-Notification

The City uses the Georgia Procurement Registry e-notification system. You must register with the Team Georgia Marketplace to receive future procurement notifications at https://doas.ga.gov/state-purchasing/getting-started-supplier.

If you have any questions or encounter any problems while registering, please contact the Team Georgia Marketplace Procurement Helpdesk:

Telephone:	**404-657-6000**
Fax:	**404-657-8444**
Email:	**procurementhelp@doas.ga.gov**

STATEMENT OF "NO PROPOSAL SUBMISSION"

Notify the Purchasing Division if you do not intend to submit a Proposal:

Email: BidOpportunities@ColumbusGa.org
Attn: **Heather Biddle, Buyer**
Mail: Columbus Consolidated Government
Purchasing Division
P. O. Box 1340
Columbus, Georgia 31902-1340

We, the undersigned decline to submit a proposal for **RFP No. 26-0031** for **Consulting Services for Employee Benefits Plans (Annual Contract)** for the following reason(s):

__Specifications are too "tight", i.e., geared towards one brand or manufacturer (explain below)
__There is insufficient time to respond.
__We do not offer this product and/or service.
__We are unable to meet specifications.
__We are unable to meet bond requirements.
__Specifications are unclear (explain below).
__We are unable to meet insurance requirements.
__Other (specify below)

Comments:

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COMPANY NAME:_____

REPRESENTATIVE:_____

DATE:_____

TELEPHONE: _____

EMAIL:_____

PROPOSALS WILL BE EVALUATED IN ACCORDANCE WITH THE PROCEDURES AS OUTLINED BELOW IN SECTION 3-110 OF THE PROCUREMENT ORDINANCE. ALL PROPOSALS WILL BE KEPT CONFIDENTIAL UNTIL AFTER AWARD.

3-110 Competitive Sealed Proposals (Negotiations)

(1) Conditions for Use

When the purchasing manager determines that the use of competitive sealed bidding for any procurement is either not practicable or not advantageous to the city, a contract may be entered into using the competitive sealed proposals (negotiation) method. In addition, the competitive sealed proposal process shall be used for the procurement of professional services, specialized equipment or supplies.

The competitive sealed proposal process may be used for procurements with an estimated total cost less than $50,000.00, if deemed to be in the best interest of the City. If the total cost can be determined, the authority to approve such solicitations will be as prescribed by article 3-104, purchasing limits. If, due to the required services, a total cost cannot be determined then the award recommendation will be approved by Council.

A. Request for Proposals

Proposals shall be solicited through Request for Proposals. The Purchasing Division shall establish the specifications with the using agency and set the date and time to receive proposals. The request for proposal shall include a clear and accurate description of the technical requirements for the service or item to be procured.

B. Public Notice

The public will be given adequate notice of the request for proposals, provided that, adequate notice shall mean at least 15 business days before the due date, which is stated in the request. ***The City reserves the right to seek request for proposals in a shorter period, if necessary, as determined by the Purchasing Manager.***

Notice shall be published in a reasonable time before due date, contain a description of the procurement in general terms, as well as, the place and due date for proposals, and appear in a newspaper(s) of general circulation, specifically the city's legal organ. In addition to publication in newspapers, notice shall also be made by electronic means, including posting on the internet and on the city's government access television channel.

Public works construction projects shall be advertised in accordance with Georgia State Law.

The City reserves the right to mail or e-mail invitations directly to vendors under the following circumstances:

- Solicitations for specialized equipment/supplies.
- Solicitations for specialized services.
- Re-bid of solicitations where normal advertising procedures netted no responses.
- Whenever deemed necessary by the purchasing manager.

C. Receipt of Proposals

Proposals must be received by the deadline date established. No public opening will be held. No proposals shall be handled to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of discussion. A register of proposals shall be prepared as part of the contract file, and shall contain the name of each offeror, the number of modifications received (if any), and a description sufficient to identify the item offered. The register of proposals shall be open for public inspection only after contract award.

D. Evaluation Factors

The request for proposals shall identify the relative importance of cost (when applicable) and other evaluation criteria.

E. Evaluation Process

An odd number of voting members of a Selection or Evaluation Committee shall evaluate all proposals received based upon the criteria stated in the request for proposals. Each voting committee member shall grade each submitted proposal based upon the evaluation criteria.

F. Discussion with Responsible Offerors and Revisions to Proposals

As provided in the Request for Proposals, discussions (negotiations) may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award, to assure full understanding of and conformance to the solicitation requirements. All qualified, responsible offerors shall be given fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or any information derived from proposals submitted by competing offerors. If only one proposal response is received, then the award recommendation shall be to the single offeror, if the offeror meets all requirements.

G. Award

After negotiations, the award recommendation must be presented to Columbus City Council for final approval. Award will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City, taking into consideration total cost (if determined) and all other evaluation factors set forth in the Request for Proposals.

After council approval, a contract based on the negotiations (if negotiations were necessary) will be drawn and signed by all necessary parties. If Council does not approve the award, it may direct that further negotiations may take place with the recommended offeror, or that negotiations begin with the next most qualified offeror. Council may also exercise the option to reject all offers and instruct the Purchasing Manager to begin the procurement process again. The contract file shall contain the basis on which the award is made.

After contract award, the contract file, will be made public. Unsuccessful offerors will be afforded the opportunity to make an appointment with the purchasing division for a debriefing. After the award, the contract file and the unsuccessful proposals will become subject to disclosure under the Georgia Open Records Act.

DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?

COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION.

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION. BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION.

ANY REQUEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

QUESTION/CLARIFICATION FORM

Date: _____

To: Heather Biddle, Buyer
Email: BidOpportunities@ColumbusGA.org

Re: **Consulting Services for Employee Benefits Plans (Annual Contract – RFP No. 26-0031**

Questions and requests for clarification must be submitted at least five (5) business days *before* the due date:

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From:

_____
Company Name Website

_____
Representative Email Address

_____
Complete Address City State Zip

_____
Telephone Number Fax Number

COLUMBUS CONSOLIDATED GOVERNMENT
GENERAL PROVISIONS FOR REQUEST FOR PROPOSALS

Consulting Services for Employee Benefits Plans
(Annual Contract)
RFP No. 26-0031

Columbus Consolidated Government is seeking proposals from qualified firms to provide comprehensive consulting and brokerage services for its employee health benefits programs and Health & Wellness Center strategy.

A. PROPOSAL SUBMITTAL DATE:
PROPOSALS ARE DUE: JUNE 19, 2026, NO LATER THAN 5:00 PM (Eastern). ***Submit one electronic response via DemandStar.***

The City shall not be held liable for any expenses incurred by the respondent in preparing and submitting the proposal and/or attendance at any interviews, final contract negotiations or applicable site visits. **The City reserves the right to award this project or to reject any and all proposals; whichever is in the best interest of the City.**

B. RECEIPT OF PROPOSALS:
Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror. In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

C. SUBCONTRACTING:
Should the offeror intend to subcontract all or any part of the work specified, names and address of subcontractors must be provided in proposal response. The offeror shall be responsible for subcontractors' full compliance with the requirements of the RFP specifications. If awarded the contract, payments will only be made to the offerors submitting the proposal. The Columbus Consolidated Government will not be responsible for payments to subcontractors.

D. QUESTIONS ABOUT THE RFP:
Communication concerning any solicitation currently advertised must take place in writing and addressed to the Purchasing Division. See page titled "Do You Have Questions …" within this proposal package. **Questions and Requests for Clarification will be received until five business days prior to the proposal due date.**

E. PUBLIC INFORMATION:
All information and materials submitted will become the property of the Columbus Consolidated Government, Columbus, Georgia; and shall be subject to the provisions of the Georgia public records law. If awarded the contract, the proposal submission, in its entirety, will be included as part of the contract documents and filed, as public record, with the Clerk of Council.

F. ADDENDA:

The proposer shall include acknowledgment of receipt of addenda (if any) in their sealed proposal. The proposer should include an initialed copy of each addendum in the proposal package. It is the proposer's responsibility to contact the City for copies of addenda if they receive the proposal document from any other source other than the City.

G. CONTRACT:

Each proposal is received with the understanding that an acceptance in writing by the City of the offer to furnish any or all of the services and materials described shall constitute a contract between the proposer and the City. This contract shall bind the proposers to furnish and deliver the services and materials quoted, at the prices stated and in accordance with the condition of said accepted proposal.

It is agreed that the successful respondent will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

H. NON-COLLUSION:

Proposer declares that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities, and that the proposal is bona fide and is in all respects fair and without collusion or fraud.

I. INDEMNITY:

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

J. DISADVANTAGED BUSINESS ENTERPRISE CLAUSE:

Disadvantaged Business Enterprises (minority or women owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, sexual orientation, gender identity or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

K. AFFIRMATIVE ACTION PROGRAM - NON-DISCRIMINATION CLAUSE:

The City has an Affirmative Action Program in connection with Equal Employment Opportunities. The successful vendor will comply with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, and will not discriminate between or among them by reason of race, color, age, religion, sex, sexual orientation, gender identity**,** national origin or physical handicap.

L. SPECIFICATION DESCRIPTIONS:

The specifications detailed herein represent the quality of equipment, goods or services required by the City. Whenever in this invitation any particular process, service or equipment is indicated or specified by patent, proprietary or brand name of manufacturer/developer/inventor, such wording will be deemed to be used for the purpose of facilitating descriptions of the process, service or equipment desired by the City. It is not meant to eliminate offerors or restrict competition in any RFP process. Proposals that are equivalent or surpass stated specifications will be considered. Determination of equivalency shall rest solely with the City.

M. TAXES:

The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

N. DRUG-FREE WORKPLACE:

Per Ordinance No. 93-55, in compliance with Federal and State Drug Free Workplace Acts, the Council of Columbus, Georgia adopted a drug free Workplace Policy. Consequently, any vendor providing goods or services to Columbus Consolidated Government must comply with all applicable Federal and State Drug Free Workplace Acts.

O. FEDERAL, STATE, LOCAL LAWS:

All respondents will comply with all Federal, State and Local laws, ordinances, rules and regulations relative to conducting business in Columbus, Georgia and performing the prescribed service. Ignorance on the part of the respondent shall not, in any way, relieve the respondent from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

P. PROVISIONS OF THE PROCUREMENT ORDINANCE:

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations to respond to Requests for Proposals and is specifically incorporated herein by this reference. The Procurement Ordinance is codified on Section 2-3.03 of the Columbus Code and can be accessed through the City's website at https://library.municode.com/ga/columbus/codes/code_of_ordinances.

Q. INSURANCE:

All respondents shall maintain, and if requested, show proof of insurance applicable for services described in these specifications.

R. HOLD HARMLESS AGREEMENT:

The successful respondent hereby agrees to indemnify, hold free and harmless Columbus Consolidated Government (The City), its agents, servants, employees, officers, directors and elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

S. TERMINATION OF CONTRACT:

1. **Default**: If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Director may notify the contractor in writing of the delay or nonperformance and if not cured within **ten (10) days** or any longer time specified in writing by the Purchasing Division Director, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

   In the event of termination in whole or in part the Purchasing Division Director may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Director. The contractor will continue performance of the contract to the extent it is not terminated and will be liable for excess costs incurred in procuring similar goods or services.

2. **Compensation:** Payment for completed supplies or services delivered and accepted by the City will be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Director deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.

3. **Excuse for Nonperformance or Delayed Performance**. Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the contractor has notified the Purchasing Division Director within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather, If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor was reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

   Upon request of the contractor, the Purchasing Division Director shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by anyone or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

T. TIME FOR CONSIDERATION:
Due to the evaluation process, proposals must remain in effect for at least **180 days** after date of receipt.

U. CONTRACT AWARD:
Award of this contract will be made in the best interest of the City.

V. REQUEST FOR EVALUATION RESULTS:
Per the City's Procurement Ordinance, evaluation results cannot be divulged until after the award of the contract. After contract award, proponents desiring to review documents relevant to the RFP evaluation results shall submit a written request to the Purchasing Division.

W. GOVERNING LAW:
The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

X. FINAL CONTRACT DOCUMENTS:
It is understood that the final contract shall include the following: **1)** The RFP; **2)** Addenda; **3)** Awarded Vendors(s) response; **4)** Awarded Vendor(s) Clarifications; **5)** Negotiated Components; and **6)** Awarded Vendor(s) Business Requirements.

After award of the contract by Columbus Council, awarded vendor will be notified to provide one identical hard copy of submitted proposal with original signatures. The awarded vendor will receive a digital copy of the executed contract.

Y. PAYMENT DEDUCTIONS:

The City reserves the right to deduct, from payments to awarded vendor(s), any amount owed to the City for various fees, to include, but not limited to: False Alarm fees, Ambulance fees, Occupation License Fees, Landfill fees, etc.

Z. PAYMENT TERMS:

The City's standard payment term is usually net 30 days, after successful receipt of goods or services. Payment may take longer if invoice is not properly documented or not easily identifiable, goods/services are not acceptable, or invoice is in dispute.

AA. RIGHT TO PROTEST:

A. Right of Protest. Any actual or prospective bidder offeror, or contractor who is aggrieved in connection with a solicitation or award of a contract may protest to the Purchasing Manager initially. All protests shall be filed in the manner prescribed herein. Protests that do not comply with the following rules shall be deemed invalid and of no effect.

B. The protest must be in writing, executed by a company officer that is authorized to execute agreements on behalf of the bidder or offeror or provided by an authorized legal representative of the protestor.

C. A protest with respect to an invitation for Bids or Request for Proposals shall be submitted in writing no less than five (5) business days prior to the opening of bids or the closing date of proposals or qualification statements.

D. Stay of Procurement During Protests. If there is a timely protest submitted as described above, the Purchasing Manager shall not proceed further with the solicitation or award of the contract until all administrative remedies have been exhausted or until the City Council, Mayor, or City Manager makes a determination on the record that the award of the contract without delay is necessary to protect substantial interests of the City.

NOTICE TO VENDORS

Sec. 2-3.05. - Submitting bids to Consolidated Government, etc.—By mayor or councilmembers.
Neither the mayor nor any member of the Columbus Council shall submit any bid to the consolidated government, nor shall the mayor or any member of the Columbus Council own or have a substantial pecuniary interest in any business that submits a bid to the consolidated government. (Ord. No. 92-60, 6-23-92)

Sec. 2-3.06. - Same—By members of boards, authorities, commissions.
No member of any board or authority or commission or other independent or subordinate entity of the consolidated government shall submit any bid to the consolidated government or have a substantial pecuniary interest in any business that submits a bid to the consolidated government if such bid pertains to the board or authority or commission on which such person holds such membership. (Ord. No. 92-61, 6-23-92)

GENERAL SPECIFICATIONS
Consulting Services for Employee Benefits Plans
(Annual Contract)
RFP No. 26-0031

I. SCOPE

Columbus Consolidated Government is seeking proposals from qualified firms to provide comprehensive consulting and brokerage services for its employee health benefits programs and Health & Wellness Center strategy.

Detailed specifications begin on page 21.

Information about the current basic, optional and voluntary plans is included in Attachment 1, beginning on page 48.

II. TERM OF CONTRACT

A. The initial term of the contract will be for two (2) years, with the option to renew for three (3) additional twelve-month periods. Contract renewal shall be contingent upon the mutual agreement of the City and the Contractor.

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Manager, normally sixty days before the expiration date of the current contract period.

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program approvals have been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approval has been denied.

B. Termination for Convenience:
For the protection of both parties, either party giving ninety (90) days prior notice, in writing, to the other party, may cancel this contract.

III. PRICE ADJUSTMENT CLAUSE

Contract pricing shall remain fixed for the initial one-year term of the contract. After the initial term, Contractor may request a price escalation by submitting a fully documented request for a review of the pricing. Such escalation shall not exceed a 5% increase. Price escalation requests must be submitted by January 30th so as to allow Departments to factor the increases into their budgets for the next fiscal year, which will begin July 1.

The using agencies and Purchasing Manager will review the request and shall approve or disapprove the increases based on budget constraints and other price comparisons**. <u>If approved, the price increase shall not commence until the next fiscal year, which will begin July 1</u>.**

IV. INDEMNITY CLAUSE

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

V. ERRORS AND OMISSIONS

If, due to an error or omission in the scope of work, a particular requirement is not specifically included but is necessary to provide the City with required services, then said requirement is considered to be included in the scope of work just as if it had been listed in detail herein.

VI. E-VERIFY AFFIDAVIT

Pursuant to O.C.G.A. § 13-10-91, a public employer shall not enter into a contract for the performance of services unless the contractor registers and participates in the federal work authorization program. If a supplier is providing services under a contract with a total compensation amount of $2,500 or greater, (even if such services will be performed outside of the State of Georgia), Columbus Consolidated Government requires a notarized affidavit from the supplier attesting to the following:

(A) The affiant has registered with, is authorized to use, and uses the federal work authorization program;

(B) The user identification number and date of authorization for the affiant;

(C) The affiant will continue to use the federal work authorization program throughout the contract period; and

(D) The affiant will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the same information required by subparagraphs (A), (B), and (C) of this paragraph.

Additional information regarding the State's E-Verify requirements can be found at https://www.audits2.ga.gov/wp-content/uploads/2021/10/13-10-91.pdf. **A completed, notarized E-Verify Affidavit must be included with proposal; failure to do so will render the firm's or individual's proposal non-responsive and ineligible for award consideration.**

VII. INSURANCE

The vendors shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division**,** evidence showing the insurance coverage to be in force throughout the term of the contract.

Insurance requirements are listed on the attached **Insurance Checklist. The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response**. **Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will name Columbus Consolidated Government as an additional insured, **as well as list the applicable project or annual contract name, and/or Solicitation name and number.** The Certificate of Insurance will be included with the contract documents prior to signing.

VIII. PROPOSAL PREPARATION AND SUBMISSION

See Appendix A for information and instructions on how to register and submit proposals through DemandStar.

A. *With the exception of the E-Verify Affidavit, the form titled "Communication Concerning This Solicitation", and the Conflict of Interest Affidavit,* the City reserves the right to request any omitted information. Firms shall be notified, in writing, and shall have two (2) days, after notification, to submit the omitted information. If the omitted information is not received within two (2) days, the firm shall be deemed non-responsive, and the proposal will not receive further consideration.

B. Proposals shall be as thorough and detailed as possible so that the Columbus Consolidated Government may properly evaluate the proposer's capabilities to provide the required services.

C. Proposals shall be prepared simply, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

D. Offerors shall submit the following items as a complete proposal:

Submit the information in the order listed below; include a header for each item, e.g., Section 1, Item A, Section 1, Item B, etc.

Section 1: Transmittal Letter

The transmittal letter shall:

A. Introduce the business; describe the ownership; include complete address, phone, and fax numbers (if applicable), and include the name and email address(es) of contact person(s) during this proposal process.

B. List the complete address, telephone number and fax number for the corporate office as well as for the office/branch that will administer the contract.

C. Include a statement to the effect that the proposal is binding for at least **180 days** from the proposal date. An authorized agent of the business must sign the transmittal letter.

Section 2: E-Verify Affidavit *(Form 1)*

A properly completed, notarized E-Verify Affidavit must be included with proposal**.** **Failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.**

Additional information regarding the State's E-Verify requirements can be found at: https://www.audits2.ga.gov/wp-content/uploads/2021/10/13-10-91.pdf.

Section 3: **Communication Concerning This Solicitation *(Form 2)***

Form 2 must be signed and returned with the vendor's proposal. **Failure to include the form will automatically render vendor's response non-responsive and ineligible for further consideration.**

Section 4: **Conflict of Interest Affidavit *(Form 3)***

Form 4 must be signed and returned with the vendor's proposal. **Failure to include the form will automatically render vendor's response non-responsive and ineligible for further consideration.**

Section 5: **Federal Compliance**

Complete the form titled *Federal Compliance* ***(Form 4)***

Section 6: **Addenda Acknowledgement *(Form 5)***

Use form to acknowledge receipt for all addenda (if any). The Purchasing Division will post addenda (if any) for this project at https://www.columbusga.gov/finance/Bid-Opportunities. Vendors are responsible for periodically visiting the web page for addenda, before the due date and prior to submitting a response.

Section 7: **Exceptions to RFP**

A. List **ANY AND ALL** exceptions to the RFP specifications in this section of proposal submission. Exceptions listed in other areas of the vendor's submission will not be considered. All exceptions will be vetted during the RFP process, and if found unacceptable, the vendor's proposal will be rejected and no longer considered for award. Exceptions shall be considered by the Evaluation Committee. The vendor's proposal may not receive further consideration if exceptions are not acceptable and/or cannot be clarified to the Committee's satisfaction. Vendors shall be notified in writing if exceptions are not acceptable. **PLEASE NOTE: EXCEPTIONS TO THE RFP GENERAL PROVISIONS WILL NOT BE CONSIDERED, AND IF SUBMITTED WILL AUTOMATICALLY RENDER THE RESPONSE NON-RESPONSIVE.**

B. **VENDOR AGREEMENT/CONTRACT FORM: Exceptions also include the terms of any contract or other agreements which the vendor or any subcontractors will require to be executed by the City.**

C. **If there are no exceptions, vendor must include a statement for this Section stating the following: No Exceptions.**

Section 8: **Qualifications and Experience**

A. Provide the history of your firm, particularly your employee benefits division. Describe your organizational structure (please provide an organizational chart).

B. Confirm that you serve as a consultant or broker, independently, and are not affiliated with any insurance company, third-party administrative agency, or provider network.

C. How many employees are there in your company? Generally, what are their job categories (e.g., management, sales, technical, customer service, etc.)? Describe your company's organization, philosophy, and management. How many of your clients

do you currently work with on a broker basis? How many of your clients do you currently work with on a consultant basis? Describe your contractual relationships, if any, with organizations necessary to your proposal's implementation (e.g. actuarial services, data information services, etc.)

D. Provide a count of your existing clients categorized by large (500 or more), medium (100-500), or small (under 100) group. Describe how long your organization has been providing consulting services. How many of them do you work with on a broker basis? How many of them on a consultant basis?

E. Who would be working directly with the CCG on administrative issues, questions or problem solving? Please provide the roles and qualifications of each person. Also include the number of clients each person is expected to handle and categorize these clients by large (500 or more), medium (100-500), or small (less than 100) group. Provide the name(s) of the team who will perform work for Columbus Consolidated Government. Include a biography that highlights areas of expertise and a statement as to why each member is qualified to provide services for Columbus Consolidated Government.

F. Indicate the location of any other office that will handle the Columbus Consolidated Government account, as well as, the service rendered by each such office.

G. Detail your experience in monitoring and your ability to monitor regulatory and legislative developments at both the state and federal level and how this information will be communicated to Columbus Consolidated Government.

H. Outline your ability to provide expertise in the areas of benefit plan analysis and design. Explain the types of analyses you have conducted relative to benefits analysis and design. Explain in detail the types of analyses you have conducted for insurance plans similar to this size.

I. Provide a recent example of the selection and implementation of a new insurer or third-party claims administrator. Detail how your company's experience and expertise benefited the client.

J. What resources do you use to analyze medical and pharmacy claims?

K. Do clients have access to the data for ad hoc claim queries? If so, please describe.

L. Will your organization complete a provider analysis of physicians, clinics and hospitals that treat our plan participants?

M. Will your organization provide a wellness and preventive health analysis of our employees and claims experience?

N. Provide a wellness and preventive health analysis of CCG employees on an annual basis.

O. Provide samples of reports for "yes" answers to questions J, K, and L.

Section 9: Client Work History

A. Use **Form 6** to provide list three (3) agencies for which your firm is *currently*

providing similar services.

B. Use **Form 7** to provide list the *last three* (3) agencies for which similar services have been *terminated*.

Preference will be given to organizations of similar size and public entities.

Section 10: Service Plan

A. Describe in detail your service plan for the Columbus Consolidated Government including how you will address each of our stated purposes and your proposed handling of enrollment and open enrollment services. Include technology-based software solutions for benefits administration and whether your approach will be through a contractual arrangement or if you have proprietary rights to the software solution.

B. Provide an example (without client name) of separate renewal and marketing financial analyses that you have presented to a client.

C. Provide an estimated timeline for this project.

D. Provide sample annual reports for your organization, details on tools and models to be used and a sample of your consultant/broker contract.

E. Provide details on any clinical resources your organization has available to address issues that might include claims management, plan design and wellness.

F. Describe any resources you have available, to include actuarial services, to help CCG manage benefits and outline a benefits strategy consistent with current and future business plans.

G. Describe how you will assist the CCG with the competitive marketing and placement of our plans, including development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for annual renewals.

H. **Describe how you would propose healthcare plan design changes.**

I. Describe your strategy for achieving cost savings and maintaining those savings.

J. Cost Projections: Describe how you develop cost projections tied to the City's fiscal goals. Describe monthly or quarterly reports you will provide that are related to claims activity reports, executive summary reports, annual renewals, financial projections, and other information that may be used for budgetary purposes and alternative funding analyses.

Section 11: Cost Proposal

Outline the services you propose to offer the Columbus Consolidated Government based on this RFP and your proposed form of compensation (i.e., commission, annual flat fee, and

fee-for-service, net of commissions).

A. Please state your preference to be paid a flat rate for your services.

B. State your ability to offset fees with commissions received from vendors. Describe any additional actual or potential compensation that your firm would or could receive via commission-based agreements, such as contingent commissions, overrides, commissions, or fees to or from affiliated firms, etc. Describe how you disclose fees or commissions received to your clients.

C. Describe any revenues not included in the above items A and B.

D. If performance guarantees are routinely included in your service contracts, please provide a detailed description of the same. If you are proposing a flat fee, please include your fee schedule and/or hourly rates. Please disclose your client policy on carrier bonus payments. Provide this information for each service you plan to provide under this RFP.

Section 12: Contract Signature Page *(Form 8)*

Complete form. City officials will sign the copies after Columbus Council approves the contract award with the successful firm *(see note below)*. Per the General Provisions, Page 11, Item X, the final contract shall include the following: 1) The RFP; 2) Addenda; 3) Awarded Vendor(s) response; 4) Awarded Vendor(s) Clarifications; 5) Negotiated Components; and 6) Awarded Vendor(s) Business Requirements.

Please note: After award of the contract by Columbus Council, awarded vendors will be notified to provide one identical hard copy of submitted proposal with original signatures. The awarded vendors will receive a digital copy of the executed contract.

Section 13: Business Requirements

1. Provide Insurance Checklist **(Form 9)** or Certificate of Insurance.

2. **Page 1** of form W-9 (see https://www.irs.gov/pub/irs-pdf/fw9.pdf for the most recently revised form W-9)

3. Provide a current copy of the Business License (Occupation License) that is required to conduct business at your location.

   If awarded the contract, the successful vendor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that City, the contractor will not be required to pay occupation taxes in Columbus, Georgia.

   If you have questions regarding this requirement, please contact the Revenue Division at 706-225-3780.

IX. RFP EVALUATION

A. Proposal Evaluation Timeline

All proposals must be reviewed and scored by an evaluation committee. The evaluation process normally takes approximately three (3) months before a recommendation is provided to Columbus Council for review. The evaluation process may take longer if the required services or products are complex in nature, if negotiations are required, if presentations are required, if demonstrations are required, if site visits are required, etc. If the Purchasing Division determines the evaluation process may exceed the specified Time for Consideration period, the Purchasing Division may request respondents to extend the Time for Consideration period.

During the evaluation process, the Purchasing Division will notify respondents, via email, if clarification or additional information is required regarding proposals.

B. Each submittal will be evaluated to determine the ability of each offeror to provide the required services. The following weighted criteria will be used to evaluate proposals:

Criteria	Weight
A. Qualifications & Experience	45%
B. Service Plan	35
C. Client Work History	15%
D. Cost Proposal *(Subject to negotiations)*	5%
Total	**100%**

Each of the above criteria (**A - D**) will be rated by each voting member of the Evaluation Committee. The ratings are as follows:

Description	Value
Poor = Is not qualified.	**20 Points**
Marginal = Is minimally qualified but one or more area is lacking in some essential aspect.	**40 Points**
Adequate = Is qualified and is generally capable of achieving the objectives of this RFP.	**60 Points**
Good = Is more than qualified and exceeds in some areas.	**80 Points**
Excellent = Is fully qualified and exceeds in several or more areas.	**100 Points**

After the review and rating of proposal(s) by the evaluation committee, individual scores will be averaged and ranked. Offerors will be ranked in descending order of numerical predominance.

TECHNICAL SPECIFICATIONS
Consulting Services for Employee Benefits Plans
(Annual Contract)
RFP No. 26-0031

1. GENERAL OVERVIEW

Columbus Consolidated Government is seeking proposals from qualified firms to provide comprehensive consulting and brokerage services for its employee health benefits programs and Health & Wellness Center strategy.

The selected firm will serve as a strategic advisor to Human Resources, Payroll, and Finance, assisting in the design, marketing, implementation, and ongoing management of a broad portfolio of benefits. These services shall include, but are not limited to, health/medical plans (self-funded and fully insured), Medicare supplement plans, wellness, disease management and preventive care programs, prescription drug plans, medical stop loss coverage, flexible spending account (FSA) administration, Employee Assistance Program (EAP) services, basic life insurance, long-term disability protection, COBRA and HIPAA administration, optional life insurance including portable coverage, voluntary benefits such as life, cancer, dental, vision, long-term care and legal services, and identity theft protection. The selected broker shall support a diverse population of active employees, retirees, and dependents, with a focus on cost containment, plan optimization, regulatory compliance, and improving overall employee health outcomes.

Information about the current basic, optional and voluntary plans is included in Attachment 1, beginning on page 48.

2. CORE BROKER RESPONSIBILITIES

- Act as broker of record and primary benefits consultant
- Provide strategic planning and annual benefits roadmap
- Market and negotiate with:
  - Insurance carriers
  - Third-party administrators (TPAs)
  - Pharmacy benefit managers (PBMs)
- Provide independent, unbiased recommendations
- Assist with RFP development, evaluation, and vendor selection
- Maintain full transparency of:
  - Compensation
  - Commissions
  - Fees

3. HEALTH BENEFITS PLAN MANAGEMENT

Plan Design & Strategy

- Evaluate, design, and recommend benefit programs including:
  - Health/medical plans (self-funded and fully insured)
  - Medicare supplement plans
  - Wellness, disease management, and preventive care programs
  - Prescription drug plans
  - Medical stop loss coverage
  - Flexible spending account (FSA) administration
  - Employee Assistance Program (EAP) services
  - Basic life insurance
  - Long-term disability protection
  - COBRA and HIPAA administration
  - Optional life insurance, including portable coverage
  - Voluntary benefits, including:
    - Life
    - Cancer
    - Dental
    - Vision
    - Long-term care
    - Legal services
  - Identity theft protection services

- Recommend appropriate funding strategies:
  - Self-funded
  - Level-funded
  - Fully insured

- Benchmark all benefit offerings against:
  - Public sector peers
  - Comparable employer groups

- Provide ongoing evaluation of:
  - Plan performance
  - Cost efficiency
  - Employee utilization and engagement

Renewal & Marketing

- Lead annual renewal process:
  - Market analysis
  - Carrier negotiations
  - Cost projections

- Prepare and present renewal recommendations

- Identify alternative funding and vendor opportunities

4. HEALTH & WELLNESS CENTER STRATEGY

- Evaluate effectiveness of the Health & Wellness Center

- Provide recommendations on:
  - Utilization improvement
  - Cost savings opportunities
  - Integration with medical plan

- Analyze:
  - Preventive care utilization
  - Chronic condition management outcomes

- Coordinate with wellness and clinical vendors

- Provide annual wellness strategy and reporting

5. PAYROLL COORDINATION & BILLING ACCURACY

- Coordinate with HR and payroll to ensure:
  - Accurate benefit deductions
  - Proper employer contributions

- Align:
  - Enrollment data
  - Payroll deductions
  - Carrier billing

Monthly Bill Auditing (Required Broker Service)

- Perform monthly auditing of:
  - Carrier invoices vs. eligibility records
  - Payroll deductions vs. premium billing

- Identify and report:
  - Billing discrepancies
  - Eligibility errors
  - Overpayments and underpayments

- Provide detailed reconciliation reports to:
  - Human Resources
  - Finance
  - Payroll

- Assist with correction and recovery of discrepancies
- Provide year-end reconciliation and financial summaries

6. Claims Analysis & Cost Management

- Analyze medical and pharmacy claims data

- Provide reporting on:

- High-cost claimants
- Utilization trends
- Cost drivers

- Support stop-loss strategy and vendor selection
- Provide forecasting and trend analysis
- Recommend cost containment initiatives

7. Compliance & Regulatory Support

- Provide guidance on:
  - ACA requirements
  - COBRA administration
  - HIPAA compliance
- Monitor legislative and regulatory changes
- Assist with required filings, notices, and reporting
- Provide compliance updates and training

8. Service & Employee Support

- Provide dedicated account management team
- Assist employees with:
  - Claims resolution
  - Benefits inquiries
- Support open enrollment:
  - On-site and/or virtual meetings
  - Employee education sessions
- Assist with new hire orientation
- Provide ongoing communication support

9. Reporting & Analytics

- Provide regular reporting:
  - Enrollment
  - Claims and utilization
  - Financial and budget
  - Wellness outcomes
- Deliver executive summaries and strategic insights
- Provide quarterly and annual reports

- Support data-driven decision making

10. Implementation & Transition Support

- Assist with implementation of:
  - New carriers
  - Plan design changes
- Coordinate vendor transitions
- Provide project timelines and oversight
- Ensure minimal disruption to operations

11. Training & Communication

- Provide training for:
  - HR staff
  - Payroll staff
- Develop employee communication materials
- Support ongoing education on benefits and wellness

12. Ongoing Strategy & Performance Review

- Conduct regular strategy meetings
- Provide recommendations for:
  - Plan improvements
  - Cost savings
  - Wellness enhancements
- Monitor vendor performance and service levels
- Evaluate program effectiveness

13. Vendor Proposal Requirements

Firm Overview

- Provide a brief history of your firm including:
  - Size
  - Volume of business
  - Locations
  - Number of years in business
  - Social responsibility policy
- Describe your view of the role of a benefits consultant/broker and what differentiates your company

Strategic Planning & Analytics

- Provide an overview of your approach to strategic planning
- Describe your approach to vendor selection and management
- Describe any additional service options that may be of interest
- Describe capabilities in:
  - Ongoing plan performance monitoring
  - Plan performance forecasting
  - Claims experience analysis
  - Benchmarking
  - Reporting

Account Team

- Provide an overview of your account team including:
  - Roles
  - Responsibilities
- Describe your approach to ongoing training of your staff

Customer Service

- Describe your customer service philosophy and support process
- Describe commitment to quality assurance
- Describe ability to coordinate and conduct effective open enrollment
- Provide contact names and phone numbers of three (3) references

HR & Compliance

- Indicate whether your firm has in-house benefits attorneys
- Describe how legal counsel is provided to clients
- Describe consulting and educational services related to compliance
- Explain how clients are kept informed of legislative changes

Employee Support and Education

- Describe how you will support development of an employee communication strategy
- Identify tools and resources used to tailor and integrate communication plans
- Describe how your firm supports employee wellbeing initiatives

Compensation

- Describe how you expect to be compensated for services outlined

- State your philosophy on compensation disclosure, including:
  - Commissions
  - Fees
  - Incentives

- Disclose any potential conflicts of interest

14. Broker Qualifications

- Demonstrated experience with:
  - Public sector benefits programs
  - Self-funded health plans
  - Health & Wellness Center integration

- Proven expertise in:
  - Claims analysis
  - Billing audits
  - Cost containment strategies

- Provide references from similar organizations

- Disclose all compensation arrangements

FORM 1

E-VERIFY AFFIDAVIT

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

_____

Company ID Number ***(numerical, 4-7 digits)*** *(www.e-verify.gov)* Date of Authorization

_____

Name and Address of Contractor

Consulting Services for Employee Benefits Plans (Annual Contract) – RFP No. 26-0031
Name of Project

Columbus Consolidated Government
Name of Public Employer

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

Executed on _____, ___, 20__ in _____ (city), _____ (state).

_____

Signature of Authorized Officer or Agent

_____

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the ___ day of _____, 20___.

_____

NOTARY PUBLIC

My Commission Expires:

_____

THIS PAGE MUST BE SIGNED, NOTARIZED/STAMPED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.

FORM 2

COMMUNICATION CONCERNING THIS SOLICITATION

THIS PAGE MUST BE SIGNED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION. BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS, INCLUDING NON-CCG EMPLOYEES, CONTRACTED PERSONNEL ASSOCIATED WITH THIS PARTICULAR PROJECT (I.E. ARCHITECTS, ENGINEERS, CONSULTANTS), OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER. IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION. **QUESTIONS AND REQUESTS FOR CLARIFICATION MUST BE SUBMITTED AT LEAST FIVE (5) *BUSINESS* DAYS BEFORE THE DUE DATE.**

ANY REQUEST/CONCERN/PROTEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

I agree to forward all communication about this solicitation, in writing, to the Purchasing Division. I understand that communication with other persons, other than the Purchasing Division, will render my Bid/Proposal response non-responsive and I will no longer be considered in the solicitation process.

Vendor Name: _____

Print Name of Authorized Agent: _____

Signature of Authorized Agent: _____

FORM 3

CONFLICT OF INTEREST AFFIDAVIT:

THIS PAGE MUST BE SIGNED, NOTARIZED/STAMPED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.

Pursuant to Columbus Georgia Code Part I – Charter, Appendix Two Code of Ethics and Prohibited Practices:

I hereby declare that any person(s) employed by the City of Columbus, who has direct or indirect personal or financial interest in this solicitation, has been identified and the interest disclosed below. (Please include in your disclosure any interest which you know of).

An example of a direct interest would be a City of Columbus employee, City of Columbus City Council Member, who would be paid to perform services if awarded the contract.

An example of indirect interest would be a City of Columbus employee who is related to any officers, employees, principal, or shareholders of your firm or to you. (If in doubt as to status or interest, please disclose to the extent known).

CONFLICT OF INTEREST: ☐ **YES** ☐ **NO**

Disclosed Conflict of Interests:

_____

_____

_____

I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g., pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

Executed on _____, _____, 20 ___ in _____ (city), _____ (state).

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

_____

Signature of Authorized Officer or Agent

_____

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the _____ day of _____, 20___.

_____

NOTARY PUBLIC

My Commission Expires:

_____

FORM 4

FEDERAL COMPLIANCE

In the event a procurement under this contract is federally funded, the Contractor agrees to comply with all federal statutes relating to nondiscrimination, labor standards, and environmental compliance. The Contractor will be notified if the procurement is federally funded.

With regards to **"Rights to Inventions Made Under a Contract or Agreement,"** If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

Contractor agrees to be wholly compliant with the provisions of **2 CFR 200, Appendix II**. Additionally, for work to be performed under the Agreement or subcontract thereof, including procurement of materials or leases of equipment.

Contractor shall comply and shall notify each potential subcontractor or supplier of the Contractor's federal compliance obligations. These may include, but are not limited to:

(a) **Title VII of the Civil Rights Act of 1964 (P.L. 88-352)** which prohibits discrimination on the basis of race, color or national origin;
(b) **Title IX of the Education Amendments of 1972**, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
(c) the **Fair Labor Standards Act of 1938 (29 USC 676 et. seq.**),
(d) **Section 504 of the Rehabilitation Act of 1973, as implemented by Executive Orders 11914 and 11250)**, which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act of 1990;
(e) the **Age Discrimination in Employment Act of 1967 (29 USC 621 et. seq.)** and the Age Discrimination Act of 1974, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
(f) the **Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255)**, as amended, relating to nondiscrimination on the basis of drug abuse;
(g) the **Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616)**, as amended, relating to the nondiscrimination on the basis of alcohol abuse or alcoholism;
(h) **§§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3)**, as amended, relating to confidentiality of alcohol and drug abuse patient records;
(i) **Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.)**, as amended, relating to nondiscrimination in the sale, rental or financing of housing;
(j) any other nondiscrimination provisions in any specific statute(s) applicable to any Federal funding for this Agreement;
(k) the requirements of any other nondiscrimination statute(s) which may apply to this Agreement;
(l) applicable provisions of the **Clean Air Act (42 U.S.C. §7401 et seq.)**, the **Federal Water Pollution Control Act, as amended (33 U.S.C. §1251 et seq.)**, **Section 508 of the Clean Water Act (33 U.S.C. 1368),** Permits required by **Section 404 of the Clean Water Act**, **Executive Order 11738**, **Endangered Species Act (P.L. 93-205)**, and the **Environmental Protection Agency regulations at 40 CPR Part 15**;
(m) **DBE requirements** found at **40 CFR Part 33**, **Executive Order 11246**, and **Equal Employment Opportunity** regulations at **41 CFR § 60-4**;
(n) applicable provisions of the **Davis-Bacon Act (40 U.S.C. 276a - 276a-7**) as it relates to cleanup activities, the **Copeland Act (40 U.S.C. 276c)**, the **Anti-Kickback Act (40 USC § 3145)**, the **OSHA Worker Health & Safety Standard (29 CFR § 1910.120)**, and the **Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333)**, as set forth in Department of Labor Regulations at 20 CPR 5.5a;
(o) applicable provisions of **Uniform Relocation Act (40 USC § 61)** and the **National Historic Preservation Act (16 USC § 470)**;
(p) the mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the **Energy Policy and Conservation Act (P.L. 94-163).**
(q) the Buy America sourcing requirements in the **Build America, Buy America Act (41 U.S.C. § 8301-8305);**
(r) the general provisions of **Section 3** offering economic opportunities for low-income persons **(12 U.S.C. 1701u).**

To demonstrate acknowledgement and understanding of the above listed Federal Requirements, vendor is required to sign below and return with bid response:

Vendor Name:_____

Signature of Authorized Agent: _____

Print Name and Title of above Agent: _____

FORM 5

ADDENDA ACKNOWLEDGEMENT
Consulting Services for Employee Benefits Plans
(Annual Contract)
RFP No. 26-0031

The Purchasing Division will post addenda (if any) on the Bid Opportunities page: https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm. It is the vendors' responsibility to periodically visit the page to check for addenda, ***both before the due date and prior to submitting a response in DemandStar.***

IF ADDENDA WERE ISSUED:
By signing below, I acknowledge 1) I have received the addenda (if any) as indicated below, 2) my submittal reflects the changes to the specifications, and 3) my submittal includes the most recently revised forms:

Addendum No. ____ dated _____ Addendum No. ____ dated _____

Addendum No. ____ dated _____ Addendum No. ____ dated _____

Addendum No. ____ dated _____ Addendum No. ____ dated _____

Addendum No. ____ dated _____ Addendum No. ____ dated _____

Addendum No. ____ dated _____ Addendum No. ____ dated _____

IF NO ADDENDA WERE ISSUED:
By signing below, I acknowledge that I reviewed the Bid Opportunities page referenced above on _____ and did not see any addenda listed for this solicitation.

(date)

Business Name **Date**

Authorized Signature **Print Name**

FORM 6

CURRENT CLIENT WORK HISTORY

Consulting Services for Employee Benefits Plans
RFP No. 26-0031

List three (3) agencies for which your firm is *currently* providing similar services. Preference will be give to firms that list public entities of similar size to Columbus Consolidated Government.

Client Name: Contact Name:	Contract Begin Date: Contract End Date:
Address:	Telephone:
	E-Mail:
Description of Services:	

Client Name: Contact Name:	Contract Begin Date: Contract End Date:
Address:	Telephone:
	E-Mail:
Description of Services:	

Client Name: Contact Name:	Contract Begin Date: Contract End Date:
Address:	Telephone:
	E-Mail:
Description of Services:	

Company Name **Authorized Signature** **Print Name of Signatory** **Date**

FORM 7

TERMINATED CLIENT WORK HISTORY

Consulting Services for Employee Benefits Plans (Annual Contract)
RFP No. 26-0031

List the *last* three (3) agencies for which contracts, for similar services have, *terminated*. Preference will be given to firms that list public entities of similar size to Columbus Consolidated Government.

Client Name: Contact Name:	Contract Begin Date: Contract End Date:
Address:	Telephone:
	E-Mail:
Description of Services:	

Client Name: Contact Name:	Contract Begin Date: Contract End Date:
Address:	Telephone:
	E-Mail:
Description of Services:	

Client Name: Contact Name:	Contract Begin Date: Contract End Date:
Address:	Telephone:
	E-Mail:
Description of Services:	

Company Name **Authorized Signature** **Print Name of Signatory** **Date**

FORM 8

CONTRACT SIGNATURE PAGE
Consulting Services for Employee Benefits Plans
(Annual Contract)
RFP No. 26-0031

THE UNDERSIGNED HEREBY DECLARES THAT HE HAS/THEY HAVE CAREFULLY EXAMINED THE SPECIFICATIONS HEREIN REFERRED TO AND WILL PROVIDE ALL EQUIPMENT, TERMS AND SERVICES TO THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA.

Company Name	Signature of Authorized Representative Date
Title of Authorized Representative	Print Name of Authorized Signatory

(Corporate seal, if applicable)

Company Street Address	***Company Payment Address***
Contact:	Contact:
Email:	Email:
Telephone:	Telephone:

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this___ day of _____20____

APPROVED AS TO LEGAL FORM:

B.H. "Skip" Henderson, III, Mayor

Clifton C. Fay, City Attorney

ATTEST:

Lindsey G. McLemore, Clerk of Council

FORM 9

INSURANCE CHECKLIST
Consulting Services for Employee Benefits Plans
(Annual Contract)
RFP No. 26-0031

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS INDICATED BY "X"

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	**STATUTORY REQUIREMENTS**	
	Comprehensive General Liability		
X	2. General Liability Premises/Operations	$1 Million CSL BI/PD each occurrence, $1 Million annual aggregate	
X	3. Independent Contractors and Sub - Contractors	$1 Million CSL BI/PD each occurrence, $1 Million annual aggregate	
	4. Products Liability	$1 Million CSL BI/PD each occurrence, $1 Million annual aggregate	
	5. Completed Operations	$1 Million CSL BI/PD each occurrence, $1 Million annual aggregate	
	6. Contractual Liability (Must be shown on Certificate)	$ 1 Million CSL BI/PD each occurrence, $1 Million annual aggregate	
	Automobile Liability		
X	7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership	$1 Million BI/PD each Accident, Uninsured Motorist	
	Others		
X	8. Miscellaneous Errors and Omissions	$1 Million per occurrence/claim	
	9. Umbrella/Excess Liability	$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	$1 Million each offense, $1 Million annual aggregate	
X	11. Professional Liability	$1 Million per occurrence/claim	
	12. Architects and Engineers	$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	$2 Million per occurrence/claim	
	14. Medical Malpractice	$1 Million per occurrence/claim	
	15. Medical Professional Liability	$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. **The City shall be named Additional Insured on all policies**		
X	25. Certificate of Insurance shall show **Solicitation Number** (***RFP No. 26-0031***) and **Solicitation Title** (***Consulting Services for Employee Benefits Plans)*** in box: ***Description of Operations***		
	26. Pollution:	$2 Million per occurrence/claim	

*****If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

VENDOR'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements and provide the required certificate(s).

Company Name	Signature of Authorized Agent Date
Title of Authorized Agent	Print Name of Authorized Agent

APPENDIX A

DEMANDSTAR SUBMISSION INFORMATION

Responses must be submitted via DemandStar. See the following pages for Submission Requirements Checklist, Registering for DemandStar and Responding to an Electronic Bid in DemandStar.

There is no cost to submit responses electronically through DemandStar; you will only incur a fee if you opt to receive e-notifications directly from DemandStar. You must select "Columbus Consolidated Government" as your free agency (see registration instructions). Solicitations may be accessed thru the DemandStar link that is posted at https://www.columbusga.gov/finance/Bid-Opportunities,

Per Georgia HB489, the Purchasing Division will continue to post solicitations on the Georgia Procurement Registry. To receive future procurement notifications, you must register with the Team Georgia Marketplace at https://doas.ga.gov/state-purchasing/getting-started-supplier.

Excluding responses to Requests for Proposals (RFP), a tabulation of responses will be available on DemandStar shortly after the solicitation closes. The Purchasing Division will also continue to post tabulations at: https://columbusga.gov/finance/bid-tabulations

Failure to submit electronic responses, via DemandStar, will result in the rejection of your response. Submittals received via U.S. Postal Service, FedEx, UPS, etc., will be returned unopened at the expense of the sender. The Purchasing Division will not accept hand-delivered submittals and will immediately discard any submittal left in the reception area of the Finance Department.

The Purchasing Division sincerely appreciates your cooperation.

ELECTRONIC SUBMITTAL CHECKLIST

Third-Party Administration Services for the Community Care Program Serving Medically Underserved Persons in Muscogee County
(Annual Contract)

Submit your electronic response as instructed below:

1. Vendors shall submit **only** the required documents listed using the **"Bidder Response ALL Documents"** function.
2. **Zip files with multiple files are not acceptable**; vendors shall submit one PDF file of their submittal.
3. Due to file size limitations, please **do not resend the City's full specifications** as this information is already on file.
4. **In the event DemandStar requires a dollar value for your submittal, enter "0".**

This checklist is for informational purposes only and is not intended to be part of the formal RFP. Refer to the GENERAL SPECIFICATIONS for "Proposal Preparation and Submission" requirements.

- ☐ Section 1 – Transmittal Letter
- ☐ Section 2 – Affidavit for E-Verify/GSICA (**Form 1**) *
- ☐ Section 3 – Communication Concerning This Solicitation (**Form 2**) *
- ☐ Section 4 – Conflict of Interest (**Form 3**) *
- ☐ Section 5 – Federal Compliance (**Form 4**)
- ☐ Section 6 – Addenda Acknowledgement (**Form 5**)
- ☐ Section 7 – Exceptions to the RFP
- ☐ Section 8 – Qualifications and Experience
- ☐ Section 9 – Client Work History (**Form 6** and **Form 7**)
- ☐ Section 10 – Service Plan
- ☐ Section 11 – Cost Proposal
- ☐ Section 12 – Contract Signature Page (**Form 8**)
- ☐ Section 14 – Business Requirements:
  - Insurance Checklist (**Form 9**) or sample certificate
  - **Page 1** of Form W-9 (https://www.irs.gov/pub/irs-pdf/fw9.pdf) -2024 Revision
  - Business License

*** Indicates mandatory submission requirement(s).**

After award of contract by Columbus Council, awarded vendor will be notified to provide one identical hard copy of submitted proposal with original signatures. The awarded vendor will receive a digital copy of the executed contract.

Registering for DemandStar

DEMANDSTAR
Building Communities.

We are pleased to announce our membership in the DemandStar network. DemandStar is an online marketplace that connects our suppliers directly to the bids, quotes and RFPs that matter to them.

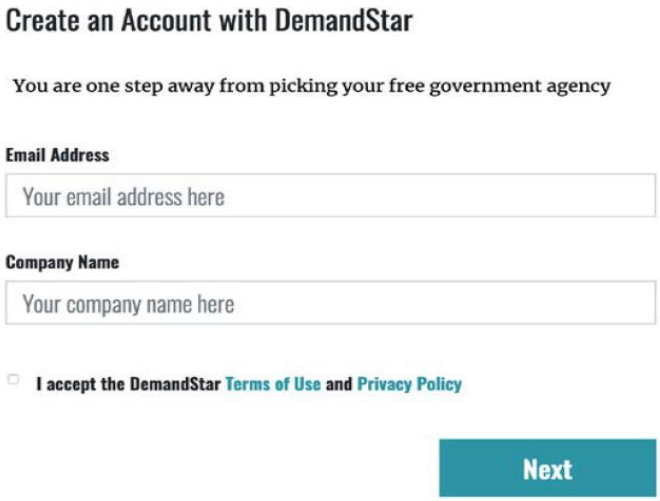
DemandStar is open and accessible to all businesses and provides instant access to our solicitations. By registering for your complimentary DemandStar account, you will receive:

- **Instant** access to bids, quotes and RFPs
- **Automatic** notifications, right to you inbox, of bids that match the commodity codes you select
- The ability to **quickly view** the contractual terms and scope of work
- All the **forms and documents** you need in one place
- Access to **more government bids** in neighboring cities, counties and states

It's EASY! Get started with these 3 easy steps!

1 REGISTER

Go to:
https://www.demandstar.com/registration



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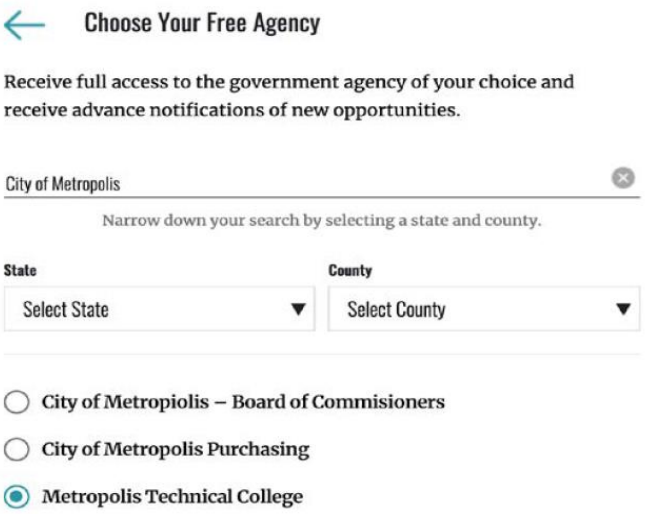
206.940.0305

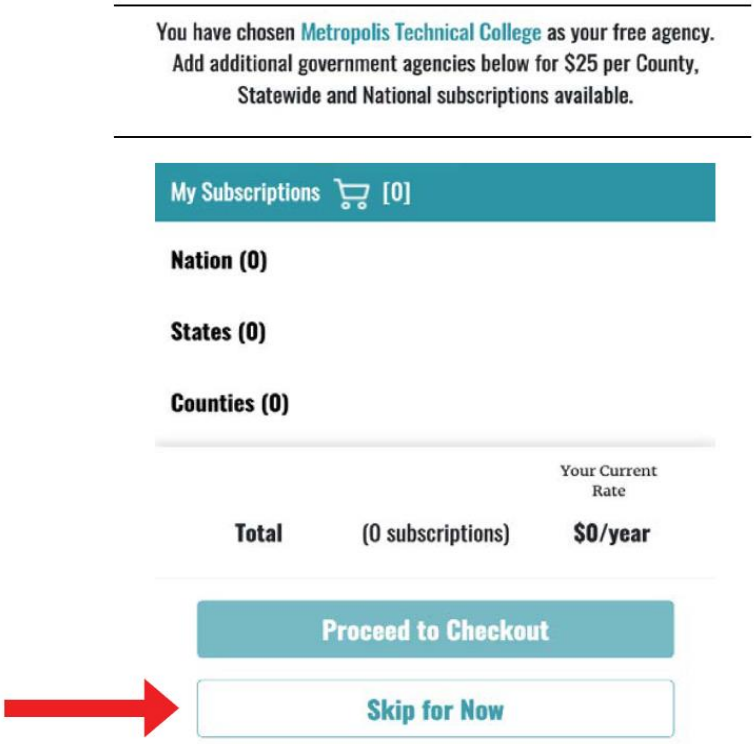
2 CHOOSE YOUR FREE AGENCY

Type in the name of the government agency you'd like to add, for example "City of Metropolis" in the Search Box



3 CHECK OUT

Check out with your **FREE AGENCY** Registration by clicking "Skip for now" on the page where it gives you options to add additional counties and States



SIGN UP

Visit www.demandstar.com

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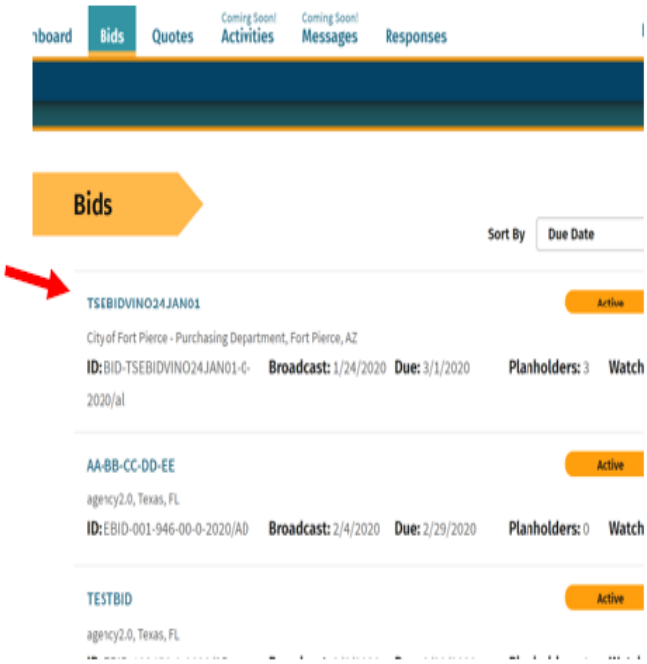
Responding to an Electronic Bid

5 Step Instructions

Step 1

Many governments are moving toward requiring bid responses electronically. Here are the steps to respond to a bid Electronically.

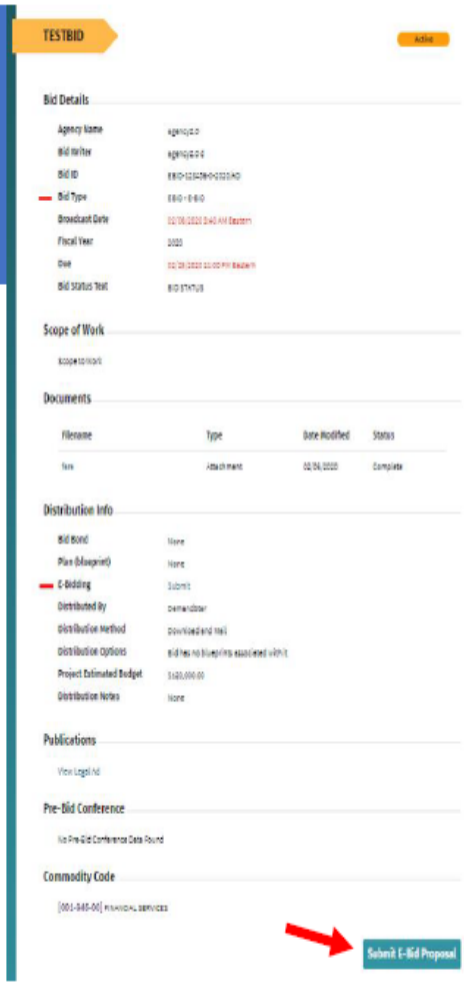
- Click on the solicitation name



Step 2

Once you are in the solicitation, you will see the Bid Details page that is standard for all solicitations

- When you are ready to submit your bid, click on "Submit E-Bid Proposal"

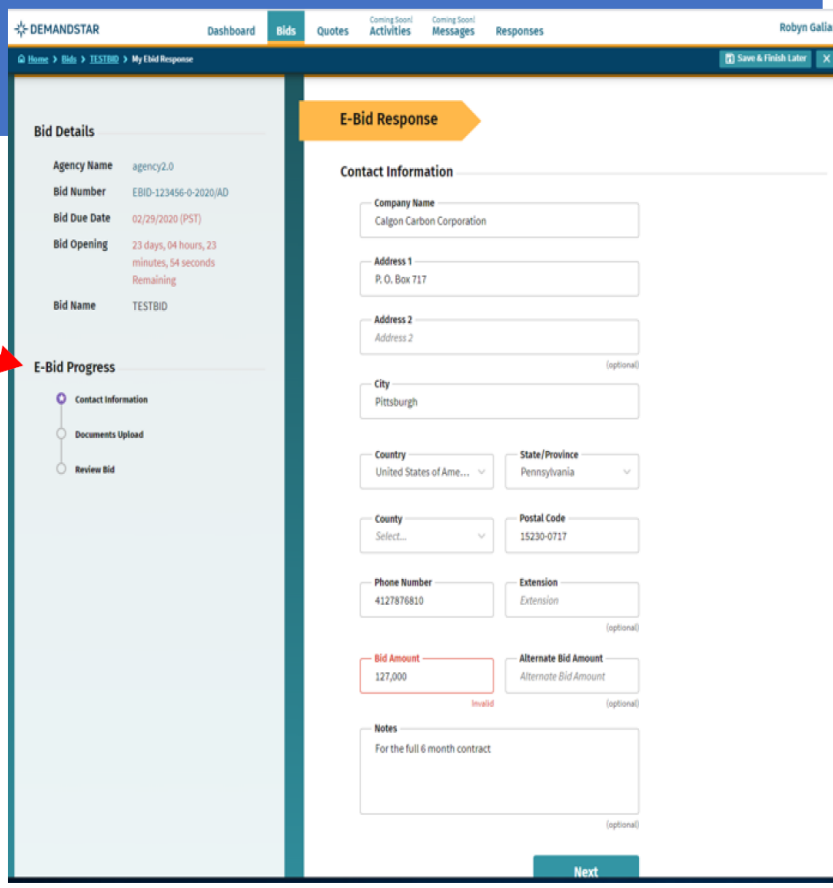


Step 3

Enter information requested page-by-page and you can see what will come next via the menu bar on the left under “E-Bid Progress”

Enter “0” as your bid (proposal) amount.

(As cost proposals remain confidential until after contract award (if any), Columbus Consolidated Government will not consider proposed costs, fees, revenues, etc., that are entered directly into DemandStar.)



Step 4

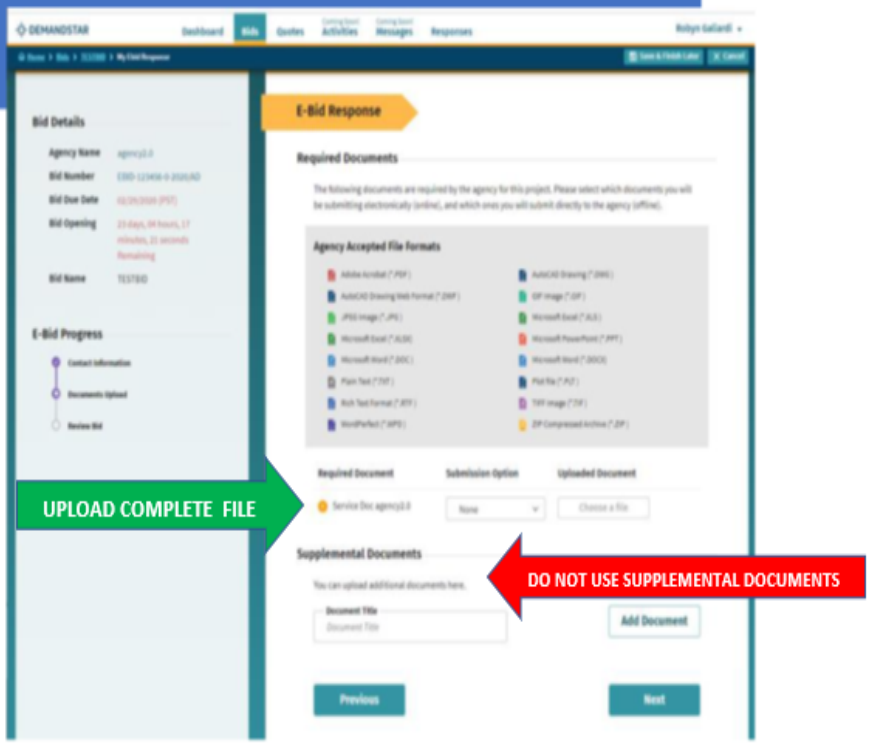
After you click NEXT on the Contract Information page, you will be directed to enter the documents required.

Create one (1) file containing **only** the required documents listed on the "*Electronic Proposal Submission Checklist*" page of the specifications and upload using the "**Bidder Response ALL Documents**" function.

NOTE: Do not enter information using the "Supplemental Documents" function.

Due to file size limitations, please do not include the City's specification document in your uploaded response as this information is already on file. Font and page limitations may also apply.

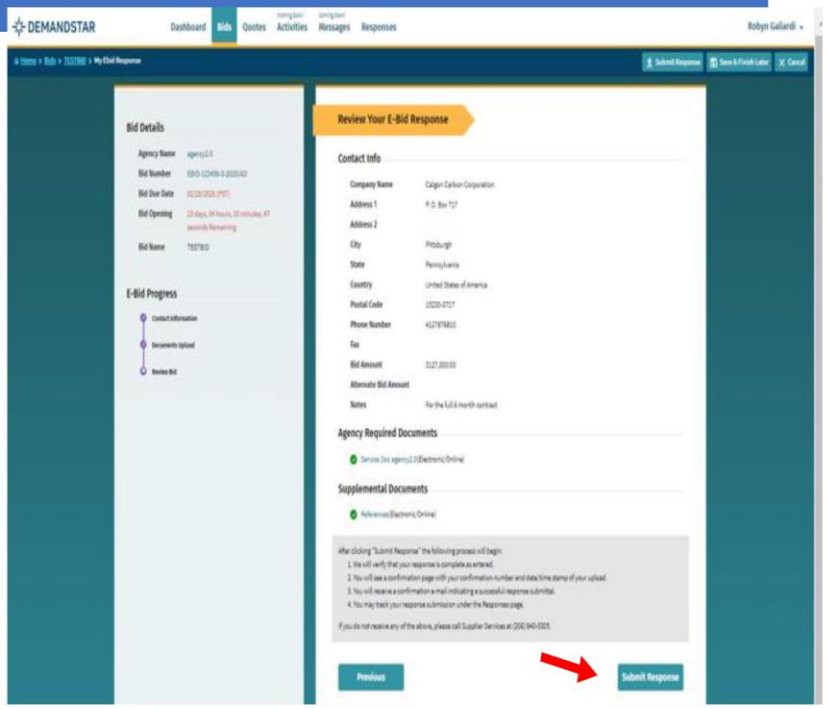
BEST PRACTICE TIP: In some instances, multiple addenda may be issued for a solicitation. To avoid having to re-upload your firm's response file multiple times, it is **recommended** that vendors upload within five (5) business days of the due date. The City posts all documents, to include addenda, on the Finance Department Bid Opportunities web page: https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm.



Step 5

Review Your E-Bid Response, and if everything is correct, then press "Submit Response"

You are done! And the government to which you've submitted this will download your responses and documents and see the day and time upon which you submitted your proposal.



ATTACHMENT 1

Consulting Services for Employee Benefits Plans
(Annual Contract)
RFP No. 26-0031 -

2026
Benefits Brief

January 1 – December 31, 2026

Columbus Georgia
We do amazing.

2026 Benefits Brief

MEDICAL BENEFITS

ANTHEM | BLUE OPEN ACCESS POS

	SILVER PLAN	GOLD PLAN
	In- Network	In- Network
Calendar Year Deductible Per Individual / Family Aggregate	$2,000 / $4,000	$1,000 / $2,000
Out-of-Pocket Maximum Per Individual / Family Aggregate	$6,350 / $12,700	$6,350 / $12,700
Coinsurance (% the plan pays)	80%	90%
Preventive Services	$0	$0
Office Visits Primary Care / Specialist	$40 / $50	$30 / $40
Urgent Care	$60	$60
Emergency Room	$200 + Coinsurance	$150 + Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Pharmacy (retail 30 days) Generic/Brand/Non-Preferred/Specialty/Lifestyle	$15/$40/$60/$150/50%	$15/$40/$60/$150/50%
Mail Order (90 days) Generic/Brand/Non-Preferred	$30/$80/$120	$30/$80/$120
All medications are free when available at the HWC (Health & Wellness Center)		

DENTAL BENEFITS

ANTHEM | BLUE CROSS BLUE SHIELD

	BASE PLAN	BUY-UP PLAN
	In-Network Only	
Calendar Year Deductible For Individual / Family Aggregate	$50 / $150	$50 / $150
Diagnostic & Preventive (Type A)	Covered 100%	Covered 100%
Basic Services (Type B)	70%	80%
Major Services (Type C)	40%	50%
Orthodontic Services (Type D)	N/A	50%
Lifetime Orthodontia Max	N/A	$1,500
Annual Benefit Maximum	$1,000	$1,500

2026 Benefits Brief

VISION BENEFITS

ANTHEM | BLUE VIEW VISION

	VISION PLAN
	In-Network Only
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up *Benefits may be redeemed every 12 months*	$10 copay Standard: $55 allowance Premium: 10% off retail
Frames *Benefits may be redeemed every 24 months*	$250 allowance
Lens Standard / Single Vision Bifocal / Trifocal Lenticular / Standard Progressive	Covered in full after a $10 Copay
Contacts Elective / Medically Necessary *Benefits may be redeemed every 12 months*	$250 allowance / Covered in Full

ADDITIONAL BENEFITS

Basic Life/AD&D – Aflac

Columbus Consolidated Government provides all eligible employees with Basic Life & AD&D Insurance in the amount of 1.5 times their base annual income (not to exceed $250,000) at no cost.

Supplemental Life/AD&D – Aflac

Eligible employees have the option to purchase additional term life insurance and AD&D. Employees can elect up to $500,000 in $10,000 increments. New Hires will have a guaranteed issue amount of $200,000. All amounts over the guaranteed issue amount will require an evidence of insurability form.

Dependent Life/AD&D – Aflac

Eligible employees can purchase term life insurance and AD&D for their Spouse and Dependent Children as well. Spouses can get up to $100,000 in increments of $10,000 (some amounts may require health questions for approval). Children can get $5,000 or $10,000. You must enroll in Supplemental Life for yourself before you are able to cover your dependents.

Flexible Spending Accounts - Medcom

Employees can set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental, or vision expenses. The maximum contribution amount for 2026 is $2,800. The grace-period is 2.5 months; there is no roll-over. Employees will receive a debit card from Medcom as a way of accessing funds. Employees also can set aside pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses.

Employee Assistance Program – Pastoral Institute

As a valued employee, you and your family have access to the EAP, at no cost to you. Through the Pastoral Institute, you and your family members can obtain a range of services, including confidential counseling, information, and personalized referrals to help you through difficult times or stressful situations.

TeleMedicine – NewBenefits

Employees can purchase a benefit discount package that includes Telemedicine. The telemedicine benefit gives employees and their immediate family members with 24/7 access to a board-certified physician by phone or online video consult– anytime, anywhere in the U.S. with no copay. Physicians offer diagnosis, treatment options and prescription if necessary.

Group and Individual Supplemental Benefits – Aflac Whole Life

Employees can purchase Whole Life coverage up to $100,000 for employees, $50,000 for spouses, and $25,000 for children.

Critical Illness

Employees can purchase a Critical Illness policy that pays out a lump sum amount upon diagnosis of a covered critical illness. Employees can elect amounts up to $50,000 for employees and $25,000 for spouses. Children are automatically covered at 25% of the employee benefit amount.

Hospital Indemnity

Employees can purchase a Hospital Indemnity policy that provides employees with financial compensation for covered services based on a schedule of benefits.

2026 Benefits Brief

MEDICAL BENEFITS

CONTRIBUTION RATES	SILVER PLAN NON-WELLNESS	SILVER PLAN W/ WELLNESS INCENTIVE	GOLD PLAN NON-WELLNESS	GOLD PLAN W/ WELLNESS INCENTIVE
Employee Only	$94.05	$73.36	$139.64	$108.92
Employee & Spouse	$176.82	$137.92	$268.69	$209.57
Employee & Child(ren)	$164.62	$128.40	$250.13	$195.10
Employee & Family	$260.44	$203.14	$396.21	$309.05

DENTAL BENEFITS

CONTRIBUTION RATES	BASE PLAN	BUY-UP PLAN
Employee Only	$7.95	$12.24
Employee & Spouse	$15.90	$27.11
Employee & Child(ren)	$15.11	$28.14
Employee & Family	$23.87	$43.44

VISION BENEFITS

CONTRIBUTION RATES	VISION
Employee Only	$3.88
Employee & Spouse	$6.77
Employee & Child(ren)	$7.35
Employee & Family	$11.22

TOBACCO SURCHARGE

Tobacco Surcharge A tobacco surcharge of $75.00 per month or $34.62 biweekly surcharge above the premium rate will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form. Employees can avoid the surcharge by completing the program and providing Human Resources with a certificate of completion. Within one month of providing your certificate of completion to Human Resources, any surcharge premiums you have been deducted since January 1st, 2026, will be refunded. Please visit the Benefit Resource Center to obtain the Tobacco Attestation Form and to access important information regarding the Tobacco Cessation Program: https://shawhankinsbenefits.net/CCG/tobacco-surcharge/.

2026 WELLNESS INCENTIVE

Employees will have the opportunity to participate in the Wellness Incentive to receive no increase to payroll deductions for medical coverage. To complete participation in the Wellness Program, eligible employees must complete a Personal Health Assessment (PHA) and attending coaching sessions (if required). Your need for participation in the health coaching sessions will be determined by the results of your PHA. If you are found to have moderate to high-risk health factors based on the results of your PHA, then you will be required to attend health coaching sessions and remain compliant, as deemed by your health coach, in order for your participation in the Wellness Incentive to be considered complete. If you do not require health coaching your participating in the Wellness Incentive will automatically be considered completed. The deadline for completion of the PHA is October 24th. If you choose not to participate in the Wellness Incentive, you will see a 22% increase to medical payroll deductions. Employees that complete a PHA will also receive a one Wellness Day to be used prior to December 31, 2026.

2026 Benefits Brief

Benefit	Phone Number	Email
Benefit Enrollment Questions NFP Service Center	1-844-505-9158	nfpSEcustomerservice@nfp.com
Retiree Service Center NFP Service Center	1-844-505-9158	nfpSEcustomerservice@nfp.com
Medical Benefits Anthem Blue Cross Blue Shield	1-855-397-9267	www.anthem.com
Pharmacy Benefits OptumRX	1-844-265-1719	www.optumrx.com
Dental Benefits Anthem Blue Cross Blue Shield	1-800-627-0004	www.anthem.com
Vision Benefits Anthem Blue Cross Blue Shield	1-866-723-0515	www.anthem.com
Life and AD&D Benefits Aflac	1-800-206-8826	www.aflacgroupinsurance.com
Whole Life, Critical Illness, & Hospital Indemnity Aflac	1-800-433-3036	www.aflacgroupinsurance.com
Flexible Spending Accounts Medcom	1-800-523-7542	www.medcombenefits.com
NewBenefits Telemedicine Teladoc		www.mybenefitswork.com
Employee Assistance Program Pastoral Institute	1-800-649-6446	www.pastoralinstitute.org
CCG Health and Wellness Center CareATC	706-438-4595	www.patients.careatc.com

2026 Benefits Brief

January 1 – December 31, 2026

Prepared by

NFP
An Aon Company

Dental and Vision Update

2021 Dental Payroll Deductions (24 Pay Periods Per Year)		
COVERAGE TIER	**LOW PLAN**	**HIGH PLAN**
Employee	$8.21	$12.63
Employee + Spouse	$16.41	$27.97
Employee + Child(ren)	$15.59	$29.04
Family	$24.63	$44.83

2022 – Dental Payroll Deductions (26 Pay Periods Per Year)		
COVERAGE TIER	**LOW PLAN**	**HIGH PLAN**
Employee Only	$7.95	$12.24
Employee + Spouse	$15.90	$27.11
Employee + Child(ren)	$15.11	$28.14
Employee + Family	$23.87	$43.44

2021 Vision Payroll Deductions (24 Pay Periods Per Year)	
COVERAGE TIER	**VISION**
Employee	$3.05
Employee + Spouse	$5.33
Employee + Child(ren)	$5.79
Family	$8.84

2022 – Vision Payroll Deductions (26 Pay Periods Per Year)	
COVERAGE TIER	**VISION**
Employee Only	$2.73
Employee + Spouse	$4.77
Employee + Child(ren)	$5.18
Employee + Family	$7.91

Effective 01/01/2022 dental coverage increased by 5% and vision decreased by 3%. Premiums will be payroll deducted for 26 pay periods (biweekly) rather than 24 pay periods (twice a month)

Basic Life/AD&D & Voluntary Life Insurance

Administered by CIGNA

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. Columbus Consolidated Government is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of 1.5 times your base annual income (not to exceed $250,000) at no cost to you.

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. Columbus Consolidated Government is pleased to offer additional Life Insurance coverage options as a solution.

Benefit	Coverage
Employee Voluntary Life/AD&D	You can purchase coverage in increments of $10,000 up to a maximum of $500,000. **New Hires:** You will have a guarantee issue (GI) amount of $210,00 (not to exceed 3x your annual salary). Employee elections over GI will require Evidence of Insurability.
Spouse Voluntary Life/AD&D	You can purchase coverage in increments of $2,000 to a maximum of $10,000 **New Hires:** You will have a guarantee issue amount of $10,000.
Child(ren) Voluntary Life	You can purchase coverage in increments of $2,000 to a maximum of $10,000. **New Hires:** You will have a guarantee issue amount of $10,000.
Annual Enrollment	Employee - Current participants are allowed a $10,000 increase to their current coverage amount provided your amount does not exceed the GI. If you are electing coverage for the first time, you can elect $10,000 in coverage without providing evidence of insurability during the annual enrollment period.

Evidence of Insurability (EOI) is required if your election for you or your election for your dependents exceeds the guarantee issue amounts. EOI may also be required at annual enrollment if you elect or increase coverage over the allowable amounts.

Voluntary Life Insurance (cont'd)

Important Terms to Understand

Evidence of Insurability: Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amounts or if you are enrolling after your initial enrollment.

Guarantee Issue: Guarantee Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

The chart shows per pay periods rates per $10,000.

Employee Life/AD&D Pay Period Rates per $10,000	
Age	Rate
<30	0.37
30-34	0.42
35-39	0.51
40-44	0.83
45-49	1.38
50-54	2.31
55-59	3.60
60-64	5.58
65-69	10.02
70-74	16.06
75+	25.38

Steps to Calculate Employee Premium Per Paycheck	
Step 1: Amount of Voluntary Life Insurance	_____ Desired Amount
Step 2: Divide amount of Voluntary Life Insurance in Step 1 by $10,000	_____
Step 3: Insert Rate from table based on age	_____
Step 4: Multiply Step 2 by Step 3	_____ Premium per paycheck

Spouse & Child Life/AD&D Per Pay Period Premium is $0.33 per $2,000 of coverage. (Ex: $10,000 in coverage would cost $1.65 per pay period)

2025

COLUMBUS GEORGIA

We do amazing.

2025 Benefits Enrollment Guide

Welcome to your 2025 Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Columbus Consolidated Government. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings, in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the Columbus Consolidated Government's leave policies and retirement plans. The plan year is in effect from January 1, 2025 to December 31, 2025.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 28 for more details.

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This guide describes the benefit plans available to you as an eligible Employee of Columbus Consolidated Government. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern. Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Columbus Consolidated Government and NFP.

Columbus Consolidated Government will be holding our annual Open Enrollment:
Monday, September 30th, 2024 through Friday, October 18th, 2024

We make every effort to provide employees with choices of quality health care plans that provide competitive benefits and coverage for employees and their families, while at the same time, managing the cost of these plans so they are affordable for both our employees and CCG.

Like most employers, managing healthcare costs and analyzing the future impact of health care reform continue to be great challenges for CCG. While some factors that contribute to our rising health care costs are related to government mandates such as provisions of health care reform, other factors are a direct result of the healthcare choices or decisions that plan members make.

Wellness remains the primary focus, as it relates to benefits, for 2025. Employees who choose to participate in the wellness program by completing a Personal Health Assessment and attending health coaching sessions, if required, will not see an increase to their current payroll deduction for medical coverage for the 2025 plan year. The deadline to complete the Personal Health Assessment is October 18th. By focusing on wellness and managing our health conditions, we are better able to control our medical expenses in the future and stabilize the cost for coverage.

Please remember Open Enrollment is your annual opportunity to:

- Compare plan designs and plan costs and determine which benefit plans will best suit your needs for the upcoming plan year.
- Make changes which includes enrolling in a plan for the first time, adding or dropping dependents, switching health plans, and modifying the nature of your coverage (i.e., adding dental coverage).

The elections you make during Open Enrollment will become effective with the new plan year beginning January 1, 2025.

All employees will have the opportunity to earn a $25 gift card and 1 Wellness Day by completing a Personal Health Assessment which consists of a Health Risk Assessment and Biometric Screening.

Employees will have access to one free tobacco cessation program and can avoid the surcharge by completing the program and providing the certificate of completion to Human Resources.

The Flexible Spending Accounts will continue to be administered by Medcom. The annual maximum in the Flexible Spending Accounts. Contribution limit for the Healthcare FSA has increased for 2025 to $3,200 and the rollover amount is increasing to $640. You must make an election for 2025 to continue participating ants will receive a debit card and all current participants will be awarded any roll over amounts at the end of the run-out period. Please remember your FSA elections do not roll-over each year, so you must re-enroll in that benefit.

Telemedicine will continue to be offered in a benefit discount program through NewBenefits. If you are currently enrolled and do not make changes to your selection, your enrollment will continue for 2025.

Open Enrollment Schedule

An educational webinar will be conducted on Thursday, September 26th, 2024, at 10:00 a.m. The educational webinar will be recorded and can be accessed at any time by visiting the Benefit Resource Center located on the Human Resources homepage.

If you would like assistance with making a change to your benefits, help with reviewing your current benefits or you simply have questions, you may sign-up for a telephonic appointment with a NFP benefit counselor. Enrollment Assistance will be available from September 30th through October 18th, 2024. Use the following link to schedule a telephonic appointment: CCG OE Scheduler. In addition, you may contact the NFP Service Center for assistance throughout open enrollment at **1-844-505-9158.**

After scheduling an appointment, using the online appointment scheduler, you will receive a confirmation email. Please place a reminder for your appointment in your phone or on your calendar. You will be sent an email reminder 24 hours in advance of your appointment time and a text reminder 1 hour before your appointment time. When it is time for your appointment, a representative will call you on the number you provide. If you miss your appointment, you will have to reach out to the NFP Contact Center at your convenience.

You can also make your election changes online on your own or with the support of the NFP Service Center.

Employees are highly encouraged to log into bswift to confirm beneficiary information for your Basic Life, Last Pay, Voluntary Life (if applicable) and Pension.

Before You Enroll – Things to Know

You are REQUIRED to **provide the following information/documentation** for all new **dependents/beneficiaries by December 31, 2024:**

- Name
- Date of Birth
- Social Security number
- Address

HOW TO ENROLL ONLINE

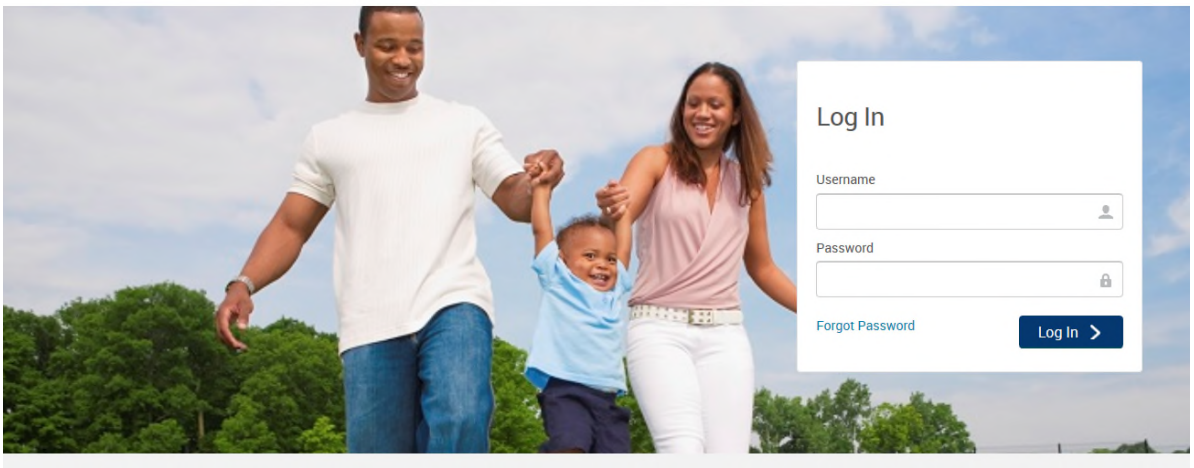
Go to https://columbusga.bswift.com/.

At this time, make sure to disable your pop up blocker.

At the enrollment website enter your Username and Password.

- **Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).**
- **Password is the last 4 digits of your Social Security number (ex. 4567).**

You will then be prompted to create a permanent password.



- Please go online or meet with a NFP benefit counselor to make changes and/or elect or decline coverage by **October 18th**. Please see enrollment schedule.
- Please contact the NFP Service Center at **1-844-505-9158** to speak with a benefit counselor if you need assistance with your enrollment.

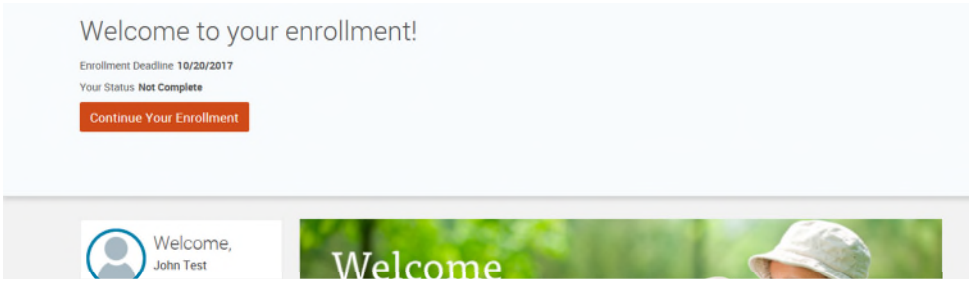
If you make no changes to your 2024 health care coverage, you will continue your current plan and at your current coverage level. ***Exception: Enrollment in a Flexible Spending Account is completely voluntary. You must reenroll each year. Your participation will not automatically carry over from year to year. Your elections during Open Enrollment is effective for the plan year beginning January 1, 2025.***

Failure to enroll during Open Enrollment will result in your current benefits being rolled over into the new plan year with the exception of flexible spending. You must reenroll in flexible spending each year to maintain the benefit.

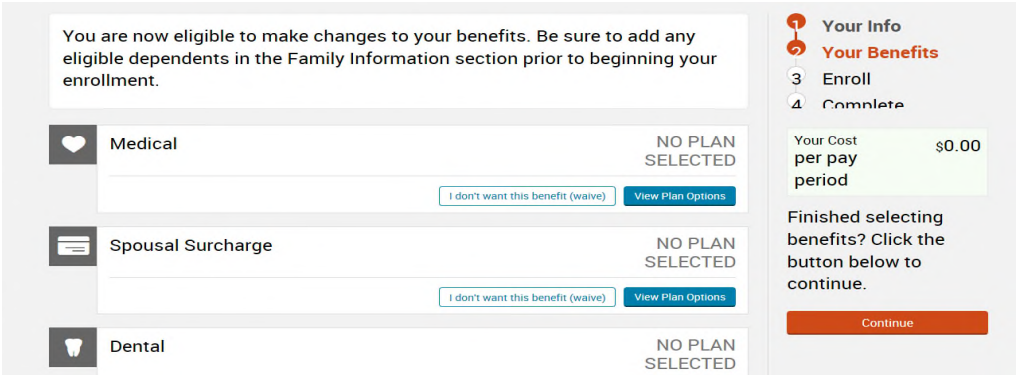
How To Enroll Online

To Begin:

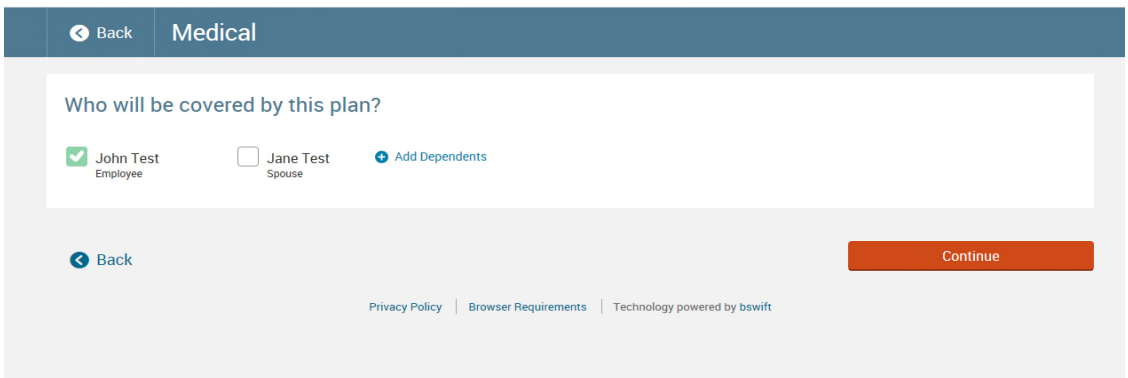
1) From the "Home Page" click on the "Start Your Enrollment" link, to begin the election process. Make sure you go to "My Profile" before you begin the enrollment process to confirm your demographic and dependent information , as well as add any new dependents.



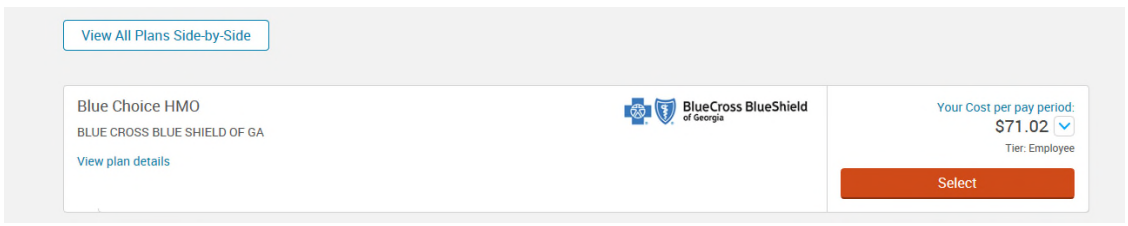
2) To select or change your current election, select the View Plans button for the corresponding benefit.



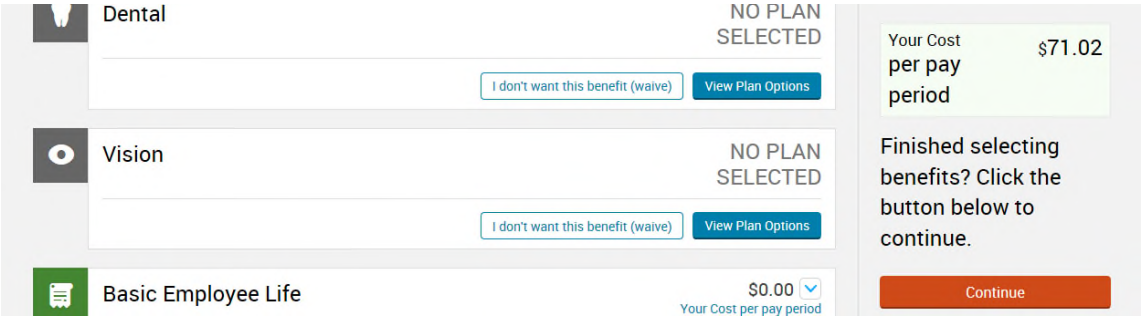
3) Select the dependents you wish to cover under that particular benefit plan. Then click on the Continue button.



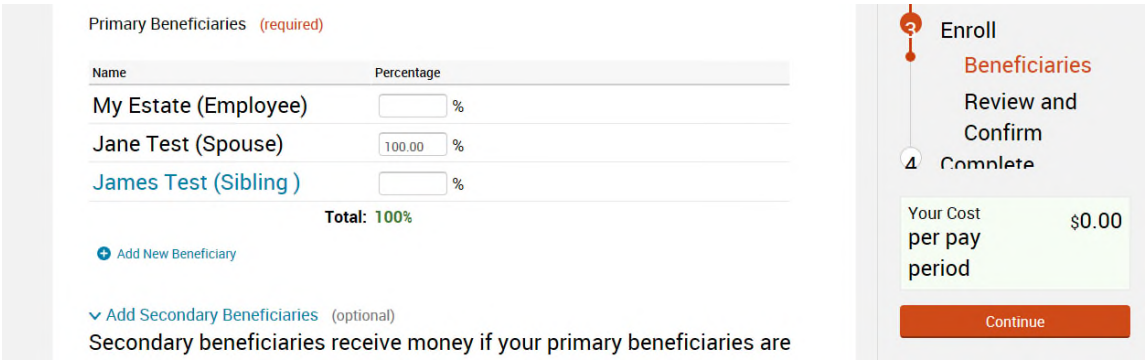
4) Click on View Plan Details to see details for the corresponding plan. After making a decision, choose the appropriate tier using the drop-down menu, then click the Select button under the chosen plan.



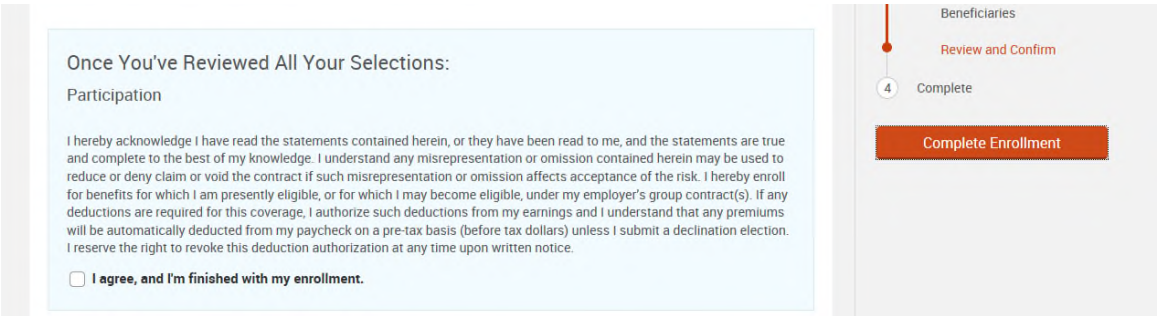
5) Repeat this process for all remaining benefits. Please take note that your per pay period deductions will total on the right-hand side as you continue through the enrollment process. Once you have finished selecting benefits, click the Continue button on the right-hand side.



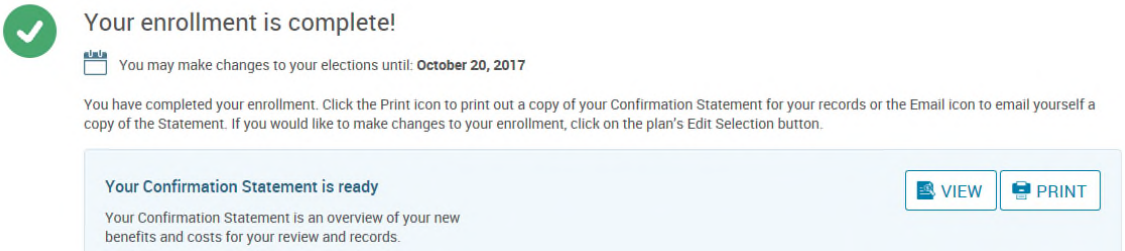
6) Make your beneficiary designations or confirm your current designations, and once finished click on the Continue button.



7) Review all your selections for accuracy. Once you have completed your review, click inside the box next to I agree, and I'm finished with my enrollment. Next click on the Complete Enrollment button.



8) Once you have successfully completed your enrollment, you will see the confirmation above. You will now have the option to view, print, or email your benefit confirmation statement.



Benefit Resource Center

NFP provides the Columbus Consolidated Government Employees a Benefit Resource Center website that gives you access to all of the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains information on the following topics:

- New Hire Enrollment
- Employee Benefits
  - Medical/Prescriptions
  - Tobacco Surcharge
  - Wellness Program
  - Health and Wellness Center
  - Dental
  - Vision
  - Life
  - Voluntary Benefits
  - New Benefits Telemedicine
  - Flexible Spending Accounts
- Qualifying Life Events
- Enrollment
  - NFP Enrollment Portal
  - Enrollment Guide
  - Benefits At A Glance
  - Enrollment Presentation
- Resources
  - Contacts

For easy access we have included important documents and links to your benefit information along with access to the bswift enrollment system on the enrollment page of the website. The Benefit Resource Center also includes videos that will discuss a high-level overview of the benefit plans and ancillary coverages that you have available. Please visit the Benefit Resource Center site by visiting www.columbusga.gov/HR to view documents on each of your benefits. Remember, if you still have questions, please contact the NFP service center at 1-844-505-9158.

Eligibility & Qualifying Events

Eligibility:
Active Full Time Employees and Pre-65 Retirees of the Columbus Consolidated Government are eligible for benefits. If you are a new employee, you are eligible to join the medical plan the 1st day following 30 days of active employment. You are eligible to join the dental and vision plans the 1st day following 60 days of employment. Otherwise, your annual enrollment elections are effective January 1st of each year.

Your spouse and dependent children are also eligible to participate in our benefit plans. Spouse is defined as your legal spouse who resides in the United States. Your dependent children include natural children, legally adopted children, stepchildren and children for whom the employee has been legally appointed as guardian.

» Your child can be covered on the medical, dental, and vision plans to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

» Your child can be covered on the life plans to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Qualifying Events: (refer to your Summary Plan Description - Special Enrollment Rights)
Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to change your benefits elections is restricted by Section 125 of the Internal Revenue Code.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.

- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.

- **You must notify Human Resources, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.**

- Please contact NFP at 844-505-9158 to speak with a benefit consultant regarding enrollment due to a Qualifying Event.

Medical Benefits – Administered by Anthem BCBS

Although we don't plan on getting sick or injured, most of us generally will need some type of medical care or attention. Medical insurance is important to assist in paying for medical expenses, whether they are expected or unexpected.

Columbus Consolidated Government offers the following medical plans as summarized below. This summary is to provide key features for In-Network benefits only.

Plan Provisions	Silver	Gold
Lifetime Maximum	Unlimited	Unlimited
Deductible (Individual / Family)	$2,000 / $4,000	$1,000 / $2,000
Annual Out of Pocket Maximum	$6,350 / $12,700	$6,350 / $12,700
Coinsurance	80%	90%
Preventive Care: Immunizations, Pap Smear, Mammography/Cancer Screenings, Annual Physicals, Well Child Check Ups	100% (no copay)	100% (no copay)
Office Visits:		
Primary Care	$40 copay (free at HWC)	$30 copay (free at HWC)
Specialist	$50 copay	$40 copay
Hospital-Outpatient/Inpatient Services	20% after deductible	10% after deductible
Emergency Room (waived if admitted)	$200 + 20%	$150 + 10%
Urgent Care	$60 copay	$60 copay
Prescription Drugs		
Generic (30-day supply) Mail Order (90-day supply)	$15 copay $30 copay	$15 copay $30 copay
Brand (30-day supply) Mail Order (90-day supply)	$40 copay $80 copay	$40 copay $80 copay
Non-Formulary (30-day supply) Mail Order (90-day supply)	$60 copay $120 copay	$60 copay $120 copay
Specialty (30-day supply) Mail Order (90-day supply)	$150 copay N/A	$150 copay N/A
Lifestyle Drugs (30-day supply) Mail Order (90-day supply)	50% N/A	50% N/A

*All medication is free when available at the HWC (Health & Wellness Center).

Medical Benefits - Continued

RX Notes through OptumRx:

- All members are encouraged to fill any prescriptions prior to December 31, 2024.
- All members are encouraged to view the 2025 OptumRx formulary, located on the Benefit Resource Center Site by visiting www.columbusga.gov/HR, before filling prescriptions in 2025.
- All members are encouraged to sign up for Mail Order by following the directions below.

Locate a Provider:
With Anthem Blue Cross Blue Shield of Georgia, you can choose from a diverse network of Primary Care Physicians (PCP) and other medical providers through their national directory.

Visit www.anthem.com to find a provider near you. Click on "Find a Doctor" to begin your search. Be sure to choose **National Open Access POS** as the "Plan /Network".

Member/Patient Services:
(855) 397-9269

Explanation of Benefits (EOB), claims access and much more such as claim cost estimate tools and health calculators:
Register as a member at **www.anthem.com** to gain access.

Mail Order/Home Delivery Instructions:
Ask your doctor to send an electronic prescription to OptumRx at www.optumrx.com.

Go to www.optumrx.com or the OptumRx app to easily find your medications and set up home delivery in just a few steps or call the toll-free number on your ID card.

Medical Per Pay Period Cost (26 per year)
Rates do not include the tobacco surcharge.

Rates per Pay Period Coverage Tier	Silver Plan Wellness Incentive Included	Silver Plan w/Spousal Surcharge & Wellness Incentive	Silver Plan No Wellness Incentive Included	Silver Plan Wellness vs Non Wellness Difference	Gold Plan Wellness Incentive Included	Silver Plan w/Spousal Surcharge & Wellness Incentive	Gold Plan No Wellness Incentive Included	Gold Plan Wellness vs Non Wellness Difference
Employee	$73.03	N/A	$89.40	$16.37	$104.65	N/A	$128.11	$23.46
Employee + Spouse	$137.29	$302.05	$168.07	$30.78	$196.74	$361.50	$240.84	$44.10
Employee + Children	$127.82	N/A	$156.46	$28.64	$183.16	N/A	$224.20	$41.04
Family	$202.31	$367.07	$247.66	$45.35	$289.90	$454.66	$354.86	$64.96

Anthem

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney℠ Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar **espanol.anthem.com**.

Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.

Scan the QR code to download the Sydney Health app.

You can also set up an account at **anthem.com/register** to access most of the same features from your computer.

Mental health support starts here

Connect to healing. Find hope. Live your best life.

If you or a loved one needs help with a mental health issue, you're not alone. Through your Anthem benefits, you can find expert, compassionate, and confidential care — often at low or no extra cost. Access our wide range of programs and services online, on the phone, in person, or through video — whatever is most convenient for you.

Have a telehealth visit with a mental health professional

LiveHealth Online

Have a private and secure video visit with a therapist, psychologist, or psychiatrist without leaving the privacy and comfort of home. Using your smartphone, tablet, or computer with a camera, you can:

- **Talk with a licensed therapist in seven days or less.**[1] They can help with stress, anxiety, depression, grief, panic attacks, and family issues. Sessions are 45 minutes and cost about the same as an in-office therapy visit.
- **Visit a board-certified psychiatrist within two weeks.**[1] Psychiatrists provide medication support to help you manage a mental health condition.[2] A session usually costs the same as an in-office psychiatrist visit.

To make an appointment, go through Anthem's Sydney Health℠ mobile app **select CARE, Virtual Visits, LiveHealth Online** or call **888-548-3432**. Appointments are available from 7 a.m. to 11 p.m., seven days a week.

What is CareATC's Tobacco Cessation Program?

Are you ready to quit smoking, but not sure how to quit? This 4-session, self-paced program will guide you through the steps on the journey towards successfully quitting smoking. Each session contains a video guiding you towards the tobacco cessation journey, then followed by a short quiz to complete. Once you have completed all four videos and four quizzes, your credit for completion will automatically be applied.

What do I need to do?

To avoid the tobacco surcharge, you must complete all four videos and all four quizzes.

How do I access the cessation program?

- Visit www.careatc.com/patients and login. If you are new, follow the prompts to verify your identity and set up your account.
- Select the HealthPassport icon to access HealthPassport.
- Scroll down and click on "Tobacco Cessation" (middle box on top row). Click box on right labeled "View Coaching Program"
- Click on Session 1: "Tobacco Cessation Overview Video" to begin and complete task.
- Click on Quiz next to begin and complete task. Continue the same steps to complete sessions 2, 3, and 4.

To promote and support the health and wellness of employees, the Columbus Consolidated Government will impose a **$75.00 per month or $34.62 biweekly surcharge** above the premium rate for all active employees/Pre-65 retirees' premium plans including the Silver and Gold Plan. This surcharge is subject to change annually. The surcharge applies to employees/Pre-65 retirees, who are tobacco users. For purposes of the premium surcharge, "tobacco use" is defined as:

- Using any tobacco product (other than for religious or ceremonial use) including cigarettes, cigars, pipes, electronic cigarettes; tobacco products applied to the gums (e.g., dipping, chewing tobacco, vaping, or snuff);
- Uses tobacco products on average four or more times a week;
- Within no longer than the past six months.

The Columbus Consolidated Government supports its employees' desire to quit; therefore, employees have access to the free tobacco cessation program:

The Health & Wellness Center also offers tobacco cessation medications.

Consequences of False Certification: The penalty for false certification of tobacco product abstinence is the imposition of the tobacco surcharge immediately following the discovery of false certification or positive random nicotine test. ***The $75.00 per month/$34.62 biweekly tobacco surcharge WILL apply.***

Removal of Tobacco Surcharge: The tobacco surcharge may be removed by completing the Tobacco Cessation Program Option offered by CCG. Once you have completed the tobacco cessation program and provided certification (proof) of program completion, the tobacco surcharge will be removed and a retroactive refund of the tobacco surcharge for that year will be issued. When completing the tobacco affidavit on E-forms, the system will not allow you to submit the form until a certificate of completing of all 4 tobacco cessation sessions is attached.

Random Nicotine Testing: Employees must agree to random nicotine testing at the Columbus Consolidated Government's expense for evidence of tobacco product consumption.

Failure to Complete a Tobacco/Smoke Free Affidavit on NeoGov.com (E-Forms): EMPLOYEES WHO FAIL TO COMPLETE A SIGNED TOBACCO AFFIDAVIT ON E-FORMS BY October 18, 2024 WILL BE ENROLLED BY DEFAULT INTO THE TOBACCO SURCHARGE RATE EFFECTIVE JANUARY 2025.

CareATC
THE POWER TO BE WELL.

Show Me The App!

Wellness Program

Employees who are enrolled in one of the healthcare plans can avoid any increase to payroll deductions for medical coverage by participating in the Wellness Incentive option. Employees who complete a Personal Health Assessment (PHA) consisting of a Health Risk Assessment and a biometric screening, and attend health coaching sessions (if required), will avoid any increase to payroll deductions for medical coverage for 2025. (Your required participation in health coaching sessions will be determined by the results of your PHA.)

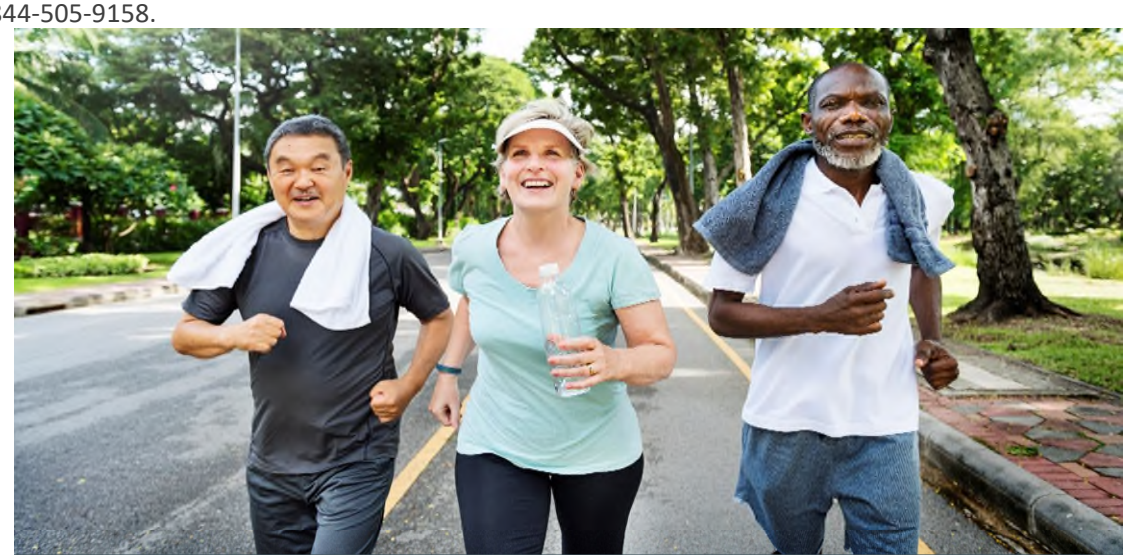
Employees who are found to have moderate to high-risk health factors after completing the PHA will have the opportunity to attend health coaching sessions to complete their participation in the wellness program to avoid the increase to medical payroll deductions. Employees/Pre-65 Retirees who are found to have no moderate to high-risk health factors after completing the PHA will automatically complete their participation in the Wellness Program. If you are required to attend health coaching sessions, your participation in the Wellness Program will be considered complete if you graduate from the health coaching program or attend your health coaching sessions and remain compliant as determined by your health coach.

Employees who do not wish to participate in the Wellness Incentive option will see a 22% increase to payroll deductions for medical coverage. Employees who indicate their willingness to participate in the Wellness Incentive option will have no increase to their payroll deductions for medical coverage. Employees who fail to complete the PHA or who do not remain compliant in the health coaching program will be charged the 22% increase. Employees hired after September 18th, 2024 will be exempt from the increase in premium.

When you complete the Health Risk Assessment and the biometric screening, you will receive a certificate for 1 Wellness Day. Your Wellness Day certificates must be redeemed by December 31st, 2025. You will not be allowed to redeem your certificates after the 2025 calendar year.

The Health Risk Assessment and biometric screening must be completed by Friday, October 18, 2024. You may also choose to have your biometric screening completed by your Primary Care Physician. However, your results must be provided to the CCG Health and Wellness Center by October 18, 2024 to receive the Wellness premium rate and to receive one day of Wellness. Please visit the Benefit Resource Center site by visiting www.columbusga.gov/HR to obtain a copy of the Physician Attestation Form and/or the Physician Recommended Alternative/Waiver Form.

If you have any questions regarding the 2024 Wellness Incentive option, please contact NFP at 844-505-9158.



Health and Wellness Center

Be Healthy: Wellness and Health Care Support

Columbus Consolidated Government cares about your health and the health of your family! That's why we offer comprehensive coverage for wellness benefits and health care support when you need it. Take advantage of these free benefits to keep you and your family healthy throughout the year.

Preventive exams – covered under the health care plans at 100%! Take action and proactively manage your health before a serious medical condition occurs.

Schedule an appointment 24 hours a day- by calling 706-438-4595 or online at **www.careatc.com/patients,** using your patient portal credentials.

Employee Medical Center-

- Primary, urgent and preventive care (for ages 3 and up)
- Laboratory testing
- Flu shots
- Treatment for chronic health conditions

Columbus Consolidated Government Health and Wellness Center:

Location
1124 Broadway, Columbus, GA 31901

Hours of Operation

Mondays:	8:30am-5:30pm
Tuesdays:	7:00am-5:30pm
Wednesdays:	8:30am-5:30pm
Thursdays:	8:30am-5:30pm
Fridays:	7:00am-5:30pm

Clinic is closed from 12:30-1:30 every day.

Schedule an Appointment:
(706) 438-4595

Prescription Refill Hotline:
(706) 438-4595

Types of Services Available:

- Primary, urgent and preventive care (for ages 3 and up)
- Limited onsite pharmacy (dispensary) - requires an appointment and consultation with authorized Wellness Center medical provider.
- Laboratory testing services - requires an appointment and consultation with Wellness Center medical provider.
- Diagnosis and treatment of chronic health conditions (high blood pressure, high cholesterol, diabetes, asthma, etc.)
- Other health and wellness focused programs such as Smoking Cessation and Weight Loss.
- Referral to Columbus Diagnostics Center for diagnostic imaging at no cost for established patients.
- Home delivery of medications, with free shipping, to employees and their dependents. Medications are delivered quickly and conveniently in 5-7 business days.
- Telemedicine services are available to employees 24/7/365.

Dental Benefits – Administered by Anthem BCBS

Maintaining our dental health is a large component in our overall health. While brushing and flossing daily is important, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may help reveal other health issues.

The Columbus Consolidated Government offers dental coverage as summarized below.

Plan Provisions	Low Plan	High Plan
Calendar Year Deductible Single Family Max	 $50 $150	 $50 $150
Annual Benefit Max	$1,000 calendar year	$1,500 calendar year
Diagnostic/Preventive Services *Periodic oral evaluation; Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application (to age 19)*	100% coverage No Deductible	100% coverage No Deductible
Basic Treatment Filling, amalgam, e.g., silver-colored, two surfaces; Other visits and Exams; All Other X-rays	70% coverage (subject to deductible)	80% coverage (subject to deductible)
Major Treatment Oral surgery (e.g., tooth extraction, simple); Endodontics (e.g., root canal, molar); Periodontics (e.g., scaling and root planning, per quadrant); Prosthodontics (e.g.: crown, denture); **Implants**	40% coverage (subject to deductible)	50% coverage (subject to deductible)
Orthodontia (Child Only) *Child(ren) only up to age 19*	Not covered	50% coverage up to lifetime maximum benefit of $1,500

Late Entrant Benefit Waiting Periods: Employees and dependents who did not enroll within 31 days of their initial eligibility, will be subject to the following late entrant waiting periods: 6 months- Oral Surgery, 12 months- all other Major Services, 18 months-Ortho.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. Keep in mind, if your dentist charges more than the Plan's "reasonable and customary" charge, you may be required to pay the extra amount.

Log on to anthem.com and click on **Find Care.**
Click the **Locate Dental Providers** link. Next, choose a specialty from the drop-down menu or select '**no preference**' and then click continue. Enter your search criteria by location or name.

Member/Patient Services:
(855) 397-9269

Coverage Tier	Low Plan	High Plan
Employee Only	$7.95	$12.24
Employee + Spouse	$15.90	$27.11
Employee + Child(ren)	$15.11	$28.14
Employee + Family	$23.87	$43.44

Vision Benefits – Administered by Anthem BCBS

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from Columbus Consolidated Government can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available will enable you to take advantage of substantial savings on your eye care and eyewear needs.

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	$10 copay	Up to $30 allowance	Once every calendar year
Contacts Fitting Standard Premium	Member cost up to $55 10% off retail price	Not covered	Once every calendar year
Contact Lenses *	Allowance	Max Amount	Once every calendar year
Elective Medically Necessary	Up to $130 allowance Covered in full	Up to $105 allowance Up to $210 allowance	
Standard Plastic Lenses	Copayment	Max Amount	Once every calendar year
Single Vision Bifocal Trifocal	Covered in full after a $10 copay	Up to $25 Up to $40 Up to $55	
Frames	Up to $130 allowance; 20% off additional cost	Up to $45 allowance	Once every other calendar year

***Your contact lens allowance must be used at the initial time of service.**
****Please note: This plan covers either contact lenses or lenses for your glasses once every calendar year.**

Coverage Tier	Cost per 26 pay periods
Employee Only	$2.73
Employee + Spouse	$4.77
Employee + Child(ren)	$5.18
Employee + Family	$7.91

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including West Georgia Eye Care, LensCrafters®, Target® Optical, and Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Basic Life/AD&D & Voluntary Life Insurance – Administered by Aflac

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. Columbus Consolidated Government is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of 1.5 times your base annual income (not to exceed $250,000) **at no cost to you**.

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family.

Benefit	Coverage
Employee Voluntary Life/AD&D	You can purchase coverage in increments of $10,000 up to a maximum of $500,000. **New Hires:** You will have a guaranteed issue (GI) amount of $200,000. Employee elections over GI will require Evidence of Insurability.
Spouse Voluntary Life/AD&D	You can purchase coverage in increments of $10,000 to a maximum of $100,000. **New Hires:** You will have a guaranteed issue amount of $20,000.
Child(ren) Voluntary Life	You can purchase $5,000 or $10,000 coverage.
Annual Enrollment	During Open Enrollment for employees already enrolled in Voluntary Term Life employees can increase coverage up to the guaranteed issue amount of $200,000 without completing an Evidence of Insurability form.

Evidence of Insurability (EOI) is required if your election for you or your dependents exceeds the guaranteed issue amounts. EOI is required if you did not elect to enroll in the VTL as a new hire.

Voluntary Life Insurance - Continued

Important Terms to Understand

Evidence of Insurability: Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the Guaranteed issue amounts or if you are enrolling after your initial enrollment.

Guaranteed Issue: Guaranteed Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll later, the entire amount of insurance will be subject to evidence of insurability.

Employee Life/AD&D Pay Period Rates per $10,000 (26 pay periods)	
Age	**Employee Rate**
<30	0.37
30-34	0.42
35-39	0.51
40-44	0.83
45-49	1.38
50-54	2.31
55-59	3.60
60-64	5.58
65-69	10.02
70-74	16.06
75+	25.38

Steps to Calculate Employee Premium Per Paycheck

Step 1: Desired amount of Voluntary Life Insurance _____ Coverage Amount

Step 2: Divide amount of Voluntary Life In Step 1 by $10,000 _____

Step 3: Insert Rate from table based on age _____

Step 4: Multiply Step 2 by Step 3 _____ Premium per paycheck

Spouse & Child Life/AD&D Per Pay Period Premium is $0.33 per $2,000 of coverage. (Ex: $10,000 in coverage would cost $1.66 per pay period).

www.aflacgroupinsurance.com

Customer Service:
(800) 206-8826

Whole Life – Administered by AFLAC

While Term Life Insurance is an important benefit to maintain through your working years, Whole Life Insurance can also provide you with an additional level of Life Insurance coverage for the rest of your life.

Don't leave your family unprotected, provide for them now with whole life insurance.

Many employees choose our whole life insurance products because they offer the flexibility to meet a variety of personal needs. With whole life insurance plans, employees have a choice of benefit and premium amounts that fit their paychecks and lifestyles.

Employees also have access to the cash value accumulated in their plans and may use these savings for loans or withdrawals. And with our voluntary plans, employees own their coverage and can keep them in force even when they retire or change employers.

FLEXIBILITY TO MEET YOUR NEEDS
Employee – Coverage amount: up to $100,000. Spouse – Coverage amount: up to $50,000 (not to exceed employee's coverage). Children (ages 15 days - 24 years) – $10,000 child term life rider covers all your dependent children for only $1.38 per week. A $10,000 or $25,000 certificate is also available for each child.

BUILDS CASH VALUE
In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return. You have access to your cash value and can make loans or withdrawals.

NO MEDICAL EXAMS REQUIRED
Employees and their families may apply for benefit amounts by answering only a few medical questions.

PERMANENT INSURANCE PROTECTION
Once your insurance application has been approved and payroll deductions have started, the coverage is yours to keep by continuing to pay premiums. Your premium will never increase.

PORTABILITY
Take your coverage with you if you leave the company (with certain stipulations).

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, waiting period, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

Group Critical Illness – Administered by AFLAC

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Benefits		
COVERED CRITICAL ILLNESSES:[1]	CANCER (Internal or Invasive) 100% HEART ATTACK (Myocardial Infarction) 100% STROKE (Apoplexy or Cerebral Vascular Accident) 100% MAJOR ORGAN TRANSPLANT 100%	RENAL FAILURE (End-Stage) 100% CARCINOMA IN SITU[2] 25% CORONARY ARTERY BYPASS SURGERY[2] 25%
FIRST-OCCURRENCE BENEFIT	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from $5,000 to $50,000. Spouse coverage is also available in benefit amounts up to $25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.	
ADDITIONAL OCCURRENCE BENEFIT	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.	
RE-OCCURRENCE BENEFIT	If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.	
CHILD COVERAGE AT NO ADDITIONAL COST	Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.	
$50 HEALTH SCREENING BENEFIT (Employee and Spouse only)	After the waiting period (30 days), an insured may receive a maximum of $50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.	
COVERED HEALTH SCREENING TESTS INCLUDE:	• Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing• CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • CEA (blood test for colon cancer)	• Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL

Group Hospital Indemnity – Administered by AFLAC

Having the Aflac group Hospital Indemnity plan means that you could have added financial resources to help with medical costs or ongoing living expenses.

Benefits	
HOSPITAL CONFINEMENT BENEFIT (up to 180 days per confinement) - This benefit is paid when a covered person is confined to a hospital as a resident bed patient because of a covered sickness or as the result of injuries received in a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within six months of the date of the covered accident. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.	**$200** per day
HOSPITAL INTENSIVE CARE BENEFIT (30-day max for any one period of confinement) - This benefit is paid when a covered person is confined in a hospital intensive care unit because of a covered sickness or due to an injury received from a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital intensive care unit within six months of the date of the covered accident. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness. If we pay benefits for confinement in a hospital intensive care unit and a covered person becomes confined to a hospital intensive care unit again within six months because of the same or a related condition, we will treat this confinement as the same period of confinement.	**$200** per day
SURGICAL AND ANESTHESIA BENEFITS - These benefits are paid when a covered person has surgery performed by a physician due to an injury received in a covered accident or because of a covered sickness. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided. Surgical and Anesthesia Benefits are available subject to plan definitions and the Surgical Schedule. (The Anesthesia Benefit will be 25 percent of the Surgical Benefit paid.)	Surgery up to **$2,000;** Anesthesia up to **$500**
OUT-OF-HOSPITAL PRESCRIPTION DRUG BENEFIT - We will pay an indemnity benefit, based on the plan definitions, for each prescription filled for a covered person. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the patient. This benefit is subject to the Out-of-Hospital Prescription Drug Benefit maximum.	**$10** with a 5-prescription maximum per year per covered person
HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT (MEDICAL FEES BENEFIT)- If a covered person is injured in a covered accident or has treatment as the result of a covered sickness, we will pay the benefit as shown for a maximum benefit of $50 based on the following: $50 – Physician (per visit) / X-ray (per visit) $25 – Laboratory fees (per visit) / Injections/medications (per visit) Not to exceed a maximum of $50 per visit.	Up to a maximum of **$50** per visit Maximum $250 per covered person per calendar year Maximum $1,000 per Family per calendar year
WELL BABY CARE BENEFIT - We will pay the Well Baby Care Benefit amount associated with each benefit plan option when an insured baby receives well baby care (four visits per calendar year, per insured baby). For this plan, a baby is a dependent child 12 months of age or younger. This benefit is payable only if coverage is issued with the Dependent Children Benefit Rider.	**$25** per visit

Flexible Spending Accounts – Administered by Medcom

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. The FSA increases your take home pay by reducing your taxable income. Payment with pretax dollars means that you have more money to use on these important expenses. **Some expenses may require receipt substantiation.**

Who is Eligible to Participate?

All full-time benefit eligible employees are able to participate in the flexible spending accounts.

Elections under the Plan

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation;
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

Any change to your election because of a change in family status will be effective on the first day of the month following your election.

Health Care Spending Account

Your Health Care Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Health Care Spending Account cannot exceed $3,200 during the plan year (as of January 1, 2025). You may roll over up to $640 of unused funds at the end of the plan year. Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following examples:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair

All participants in the Health Care Spending Account will receive a debit card that can be used for eligible expenses at the time of purchase.

Dependent Care Spending Account

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to $5,000 a year if married and file income taxes or $2,500 if single or you're married and file separate income tax returns.
- Claims for reimbursement must be made after payment for dependent care expenses are paid.
- Reimbursements can only be made using the funds contributed at the time the claim is submitted.

Once enrolled, you can monitor your Flexible Spending Account balance by registering at **www.medcombenefits.com**.

Employee Assistance Program – Pastoral Institute

Columbus Consolidated Government provides confidential counseling sessions at the Pastoral Institute for you and your family at no cost to you.

With licensed and certified counselors located across the United States, our program gives you easy access to professional help with issues that impact your personal, family and work life. Take advantage of your benefit for any number of issues, including but not limited to, the following.

- Relationships
- Child and elder care
- Stress, anxiety and depression
- Alcohol and drug abuse and other addictions
- Domestic violence and anger
- Divorce, remarriage and step-parenting
- Grief
- Work issues

Frequently Asked Questions:

Q: How can the EAP be free to me?
A: There is no cost to you because Columbus Consolidated Government pays for a specified number of counseling sessions for you and your family.

Q: How do I set up an appointment for counseling?
A: In the Columbus area, call **706-649-6500**. When you call mention the name of your employer (Columbus Consolidated Government) and that you are using your EAP benefit.

Q: What if I don't live in the Columbus area?
A: Call 1-800-649-6446. We will provide you with the names of counselors in your area who meet our standard of care through our Affiliate Provider Network. Then, simply call the counselor's office to make an appointment. Be sure to tell them the name of your employer and that you are using your EAP benefit. Then, call us back with the date of your appointment and counselor's name.

Q: How many EAP sessions do I have?
A: Employees and their families have access to twelve free visits per year.

Q: What happens if I use all of my free EAP counseling sessions, and still need more counseling?
A: You have mental health coverage through your medical insurance. After your EAP sessions end, you access a provider through that coverage in the Columbus area. If your church participates in the Pastoral Institute's Covenant Congregation Program, you may be able to use that service as well.

Q: Will management at my company know I'm going to counseling?
A: No. Neither your name nor SSN is given to Columbus Consolidated Government.

Q: In addition to the employee, which family members are covered by the EAP?
A: Most companies cover your spouse, plus unmarried dependent children, stepchildren, and foster children under the age of 26 living in a parent-child relationship with the employee, including unmarried full-time students under the age of 26.

Q: What do I do if I have an emergency situation when you aren't open?
A: If you are suicidal, tell someone in your family immediately and call the suicide line #988. You may also dial 911 to help get you to a safe place. If you have an existing relationship with a counselor, you may call our Counseling Center at 706-649-6500. The Pastoral Institute and its affiliates have a 24/7 on-call emergency service.

Telemedicine – Administered by New Benefits

This is a discount benefits program offering significant savings on things that matter. All the benefits listed are available to the employee and his/her immediate family.

The membership is simple to use. Employees can search for providers on www.mybenefitswork.com/.

Packages	Benefits	*Per Pay Period Deduction
NFP Advantage	• Teladoc • Online Wellness • Worklife Services • Pharmacy	$3.30

*Deduction shown covers all immediate family members living in your household.

Following your enrollment in the plan, you will receive a packet of information containing an ID card. You will be instructed to go online and register your account and list all eligible family members. Registering before receiving services will greatly reduce the wait time upon initial use.

General Medical
- Doctors offer a diagnosis, treatment options, and prescription, if medically necessary for a $0 visit fee
- Treatment for common medical issues such as colds, flu, poison ivy, respiratory infections, bronchitis, pink eye, sinus problems, allergies, urinary tract infections and ear infections
- Includes spouse and dependents — from children to seniors
- U.S. board-certified doctors with an average 20 years practice experience
- If you are caring for an aging parent or loved

Nutrition
- Registered dietitians help you develop a personalized eating plan or manage health conditions like diabetes or high blood pressure
- $59 per consultation

Dermatology
- Upload images for a quick, convenient, and discreet treatment plan within 2 business days for skin conditions such as rash, acne, psoriasis, suspicious moles, and more
- $75 per consultation, plus one follow-up question

Work Life Services
- Call 24/7 to speak with a Worklife Consultant counselor who handles the heavy lifting of time-consuming, research-heavy tasks so you can stay focused on what's important
- Consultants Counselors review extensive database to determine the best options for your needs, then deliver a comprehensive referral packet within 48 to 72 hours
- Finds information on childcare, summer camps, and school-age programs
- Helps with public, private, and specialty school references from kindergarten through college
- Provides resources for adoption, pregnancy, and disabled and aging loved ones
- Gives referrals for house cleaning, lawn maintenance, pet care, and home and auto repair

NB Rx Pharmacy Services
- Receive discounts on thousands of medications at 60,000+ retail pharmacies nationwide, including Walgreens, Target, CVS, and many other independent, national, and regional chains
- Find the best deal by comparing prescription prices at participating pharmacies with our Rx pricing tool located through your mobile app or web portal; then text or email the prescription price to easily cash in your savings at the pharmacy
- My Medicine Cabinet feature allows you to save your prescription search so you can easily refresh pricing for your next refill
- Even if you have insurance, you can present both cards at the pharmacy or research online to receive the lowest price

Google Play Available on the App Store
Download the My Benefits Work Mobile App
800.800.7616 | MyBenefitsWork.com

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(833) 582-4968

Medicare Information

I'm turning 65 this year and still actively working.

What do I need to do?

If you're turning 65 this year, you'll be getting a Medicare Enrollment kit from CMS, giving you the option to enroll in Medicare Parts A, B as well as Medicare Part D. **You'll be getting the kit 60 to 90 days before your birthday.**

Please read the Medicare materials carefully. It helps to know all you can when you decide about enrolling in Medicare.

If you're an active employee and you get health insurance through Columbus Consolidated Government, this coverage will be your primary insurance. Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. As long as you're enrolled in health coverage through Columbus Consolidated Government as an active employee, you won't be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at:
http://www.medicare.gov or contact the Human Resources Department.

PeachCare Information

PeachCare for Kids offers free to low-cost health insurance to uninsured, eligible children living in Georgia.

Eligibility requirements:

- U.S. citizens, certain qualified legal residents, refugees or asylees who reside in Georgia.
- Age 18 and under (eligible until 19th birthday).
- Uninsured for at least 2 months
- Family income less than or equal to 247% of the federal poverty level, $49,800 for a family of three and $60,024 for a family of four.

Your child may be ineligible if:

Your child is eligible for Medicaid. If your child is potentially eligible for Medicaid, PeachCare for Kids® will forward your application to the Medicaid agency and your child will be enrolled.

If you are determined ineligible for PeachCare for Kids, you may qualify for other health benefit programs with the State of Georgia or with the Health Insurance Marketplace under the Affordable Care Act. Your information may be forwarded to those programs for review.

Changing Eligibility Requirements for Medicaid Enrollment for Children:

In 2014, the Affordable Care Act raised mandatory Medicaid eligibility to:

- 205% of the Federal Poverty Level for children from birth to 12 months of age
- 149% of the Federal Poverty Level for children from age 1 through 5
- 133% of the Federal Poverty Level for children from age 6 through 19th birthday

This means that your child may become eligible for Medicaid. When your next annual review is completed, your child may be transferred to Medicaid. Your child's case will remain with PeachCare for Kids until that time. Your Care Management Organization (CMO) will remain the same after the transfer. You will be notified of the details when this occurs.

PeachCare for Kids® health benefits include:

- Care from a doctor when your child is sick
- Preventive services such as immunizations and regular check-ups
- Specialist care
- Dental care
- Vision care, including vision screenings and eyeglasses
- Hospitalization
- Emergency room services
- Prescription medications
- Mental health care

Each child will have a choice of a Georgia Families Care Management Organization (CMO), a private health plan that is responsible for coordinating your child's health care. You will also be able to choose your child's primary care provider.

How much does it cost?

There is no cost for children under age 6. Currently, the cost per month for PeachCare for Kids® coverage is $0 to $36 for one child and a maximum of $72 for two or more children living in the same household. Once you complete the application, information about paying your premium will be displayed.

If you have any questions, please call toll-free at 877-GA-PEACH (427-3224) or visit **www.peachcare.org.**

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from the Columbus Consolidated Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Columbus Consolidated Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Columbus Consolidated Government has determined that the prescription drug coverage offered by the Anthem BCBS Gold and Silver plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Columbus Consolidated Government coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the **Columbus Consolidated Government** benefit plan during an open enrollment period under the Columbus Consolidated Government benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Columbus Consolidated Government and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Columbus Consolidated Government changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: January 1, 2025 to December 31, 2025

Name of Entity/Sender: Columbus Consolidated Government

Contact Person: Cynthia Holliman

Disclosure Notice - CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health & Human Resources
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext 61564

Disclosure Notice – Continued

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-505-9158.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:
Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:
A change in marital status, or
A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
A change in employment status for myself or my spouse, or
Open enrollment elections for my spouse, or
A change in dependents eligibility, or
A change in residence or worksite.
Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:
The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:
Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.bswift.com/columbusga. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-505-9158. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS*:* On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer, you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.bswift.com/columbusga. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-505-9158. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.bswift.com/columbusga. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-505-9158. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.bswift.com/columbusga. A paper copy is also available, free of charge, by calling your Employer.

Why Would I Contact the NFP Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our service center can help you locate in-network providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short-term and long-term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that your give proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The service center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your service center representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The service center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox, and your call will be returned the next business day.

1-844-505-9158
NFPsecustomerservice@NFP.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	NFP	www.NFP.com	844-505-9158
Retiree Service Center	NFP	www.NFP.com	844-505-9458
Medical Benefits	Anthem BCBS	www.anthem.com	855-397-9267
Pharmacy Benefits	OptumRx	www.optumrx.com	844-265-1719
Dental Benefits	Anthem BCBS	www.anthem.com	800-627-0004
Vision Benefits	Anthem BCBS	www.anthem.com	866-723-0515
Life and AD&D Insurance	AFLAC	www.aflacgroupinsurance.com	800-206-8826
Whole Life, Critical Illness, Hospital Indemnity	AFLAC	www.aflacgroupinsurance.com	800-433-3036
Flexible Spending Accounts	Medcom	www.medcombenefits.com	800-523-7542
Telemedicine	NewBenefits	www.MeMD.me	855-636-3669
Employee Assistance Program (EAP)	Pastoral Institute	www.pastoralinstitute.org	800-649-6446
Know The Costs	Know The Costs	www.knowthecosts.com	833-582-4968
CCG Health and Wellness Center	CareATC	www.patients.careatc.com	706-438-4595

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Notes

NFP.com
1-800-994-7429