

EXHIBIT 4.8.1 – SIGNATURE PAGE

Firm Information	
Firm Name: The Horton Group	
Branch Office: Orland Park, IL Address: 10320 Orland Parkway Orland Park, IL 60467	National Office: Orland Park, IL Address: 10320 Orland Parkway Orland Park, IL 60467
List Prior Names of Business if changes have been made: The Horton Group, Inc. became incorporated on August 30 th , of 1989.	
Telephone Number 708-845-3000 Branch: 708-845-3000 National: 708-845-3000	FAX Number 708-845-3001 Branch: 708-845-3001 National: 708-845-3001
Number of years in business: The Horton Group was founded in 1971 and has been conducting business as a full insurance brokerage for 50 years. Branch: 50 National: 50	
<p>Provide Brief history of your firm, and your firm’s overall capabilities. Elaborate on experience with public entities:</p> <p>Founded in 1971 and headquartered in Orland Park, IL, The Horton Group is one of the top 50 insurance brokers in the United States. We are an employee benefits, insurance, and risk advisory brokerage and consulting firm. Our mission is to lead clients with complex needs and limited resources to achieve a higher level of performance. We believe in knowing our clients challenges and goals. With that in mind, Horton created specialty industry verticals, called practice groups, within which we operate. Public Sector is one of our specialties where we represent 23 municipal and county employers with over 5,000 insured employees represented by as many as 5 Collective Bargaining Agreements. We have successfully executed our mission in the Public Sector for over 25 years.</p> <p>Horton currently employs 378 professionals between its core divisions of Horton Benefit Solutions, Horton Risk Advisory Solutions, Horton Personal Insurance, and Horton Consulting Solutions. Of those, fourteen specializing in Public Sector benefit plans would engage with the Town of Normal. Horton’s workforce resides across the Midwest with offices in five states, including Illinois, Indiana, Wisconsin, Michigan, and Minnesota. Our corporate headquarters are located at 10320 Orland Parkway, Orland Park, IL 60467.</p>	

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Committees: we believe committees play a very large role in achieve best outcomes and encourage the Town to continue their Insurance and Wellness committee(s) involving all related departments. This group is given comprehensive data to help them understand the need for changes to sustain a quality benefit program. These members often act as Champions for the message, serving as a liaison between the key stakeholders and

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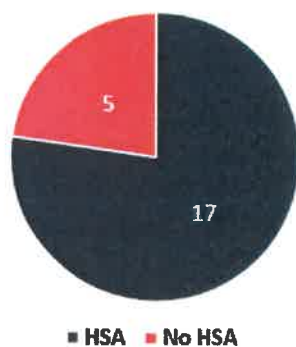
Direct Provider Contracting, Value Provider Network:

A Rand Hospital Study showed Hospitals are paid on average 247% of Medicare rates on commercial, employer based plans. This is not sustainable. For groups that have a high concentration of members in one geography, we have been successful in negotiating direct contract with Hospitals at a form of Medicare rates. As Carle Bromenn Medical Center accounts for roughly 70% of The Town's in Hospital claims, we would approach them to explore this possibility. Rates have been negotiated based on a sliding scale of Medicare rates.

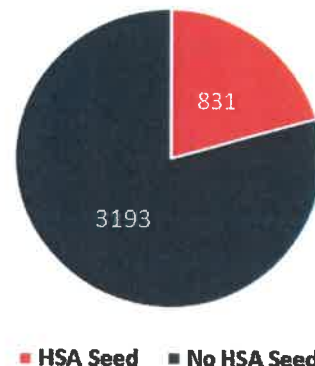
Value Provider Network: An alternative to Direct Contracting is contracting a network through a carrier for High Performance or Value Based Care seeking: Appropriateness of Care, Best Practice Adherence, Health Management and Best Outcomes. Several large carriers are adopting networks under this model on a national basis.

Consumer-Driven High Deductible Health Plans: HDHP's provide immense advantages to per-member-per-year costs. Introducing personal choice at the member-level also provides for increased engagement and aligns well with a health-based initiative. Our sincere belief is that these plans control cost best by the member taking control of cost through choices they make through their HDHP plan. With the IRS' recent expansion of HSA preventative services and prescriptions, this removes the barrier to care for members' chronic conditions, which was once a concern with high out of pocket expenses. Therefore, creating more interest in this plan design We also see Transparency growing with the new Hospital Transparency law effective 1/1/2021. This is a favorite for many of our municipal accounts. We expect more benefits come to this program in the near future including a provision to allow Direct Primary Care on a first dollar basis which is being considered in Washington D.C. now.

HSA Implementation by Municipality

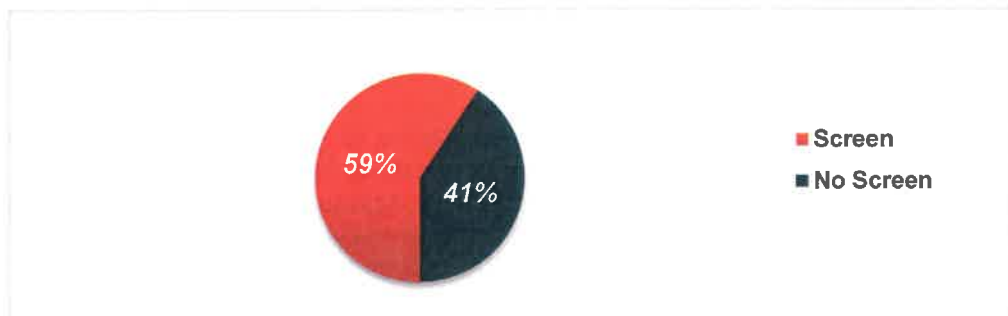


HSA Seed Utilization by Employee



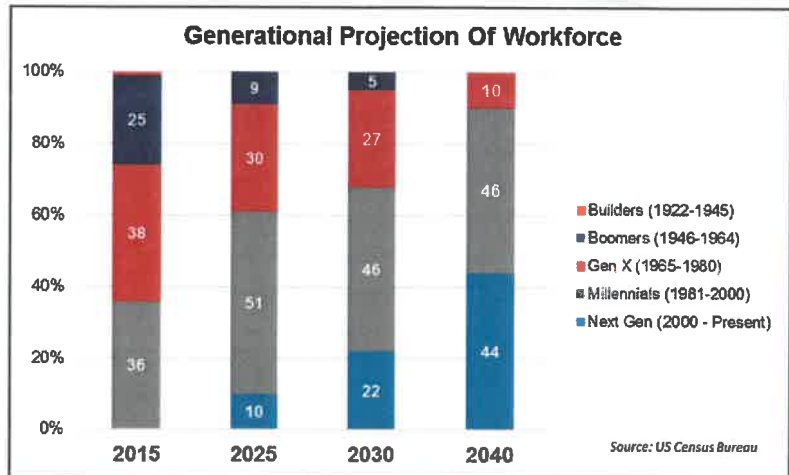
Worksite Wellness: Robust Wellness Programs are beneficial in controlling costs early and establishing a Well-Being Culture. They work best when the majority of plan members participate including Employees and Spouses, including retirees. Most of the results come

from Horton Wellness specialists' combined effort and a wellness committee that help champion the established program. In most cases, heavy participation comes because of a premium cost differential negotiated in the respective CBA. We realize the EEOC has weighed in recently with some new guidelines and will review them as approved. Near 60% of our Public Sector Groups have wellness plans offering comprehensive Wellness screening.



Pharmaceutical Strategies: Pharmacy costs continue to rise due to new specialty drugs and inflation of pricing on name brand categories. Each carrier has pharmacy options to control cost. We see preferred formularies offering the most optimally priced and effective drugs for all categories having major impacts. There are also strategies for enhanced use of generic drugs and specialty drugs to lower your overall cost. A more recent trend we've adopted for infusion specialty drugs redirects site of care to physician offices or home health care, saving between 200-300% vs. a hospital. Recent studies have shown the cost of gene therapy drugs can range as high as \$1M - \$3M for one-time use, life-saving treatments. Horton's goal is to prepare your overall pharmacy plan to potentially absorb such a large claim. We would typically conduct a Pharmacy PBM RFP on the Town's behalf to potentially carve-out the program to a more suitable vendor. Outside PBM's are allowed on Blue Cross Plans with over 500 employees. A recent Rand study showed name brand drugs in the U.S. cost as much as 344% more than peer countries. With that in mind we have introduced International name brand drug importation to our clients including Public Sector members on a voluntary basis with cost savings as much as 70% on name brand drugs.

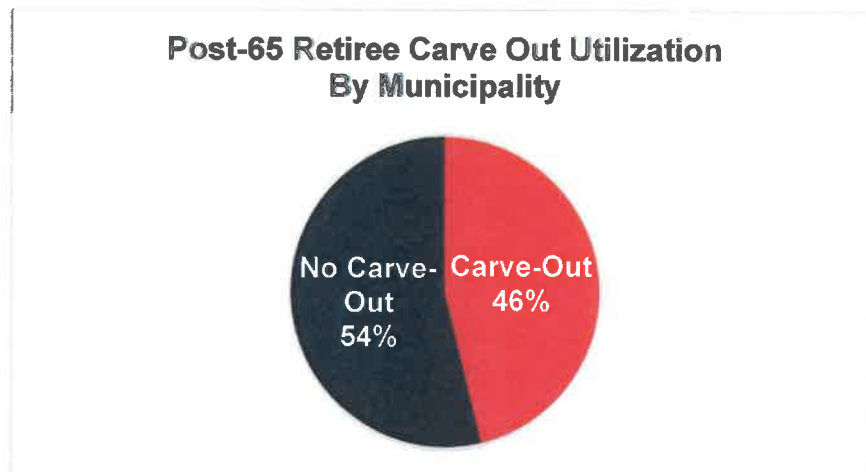
Generational Planning: We are in the midst of generational changes as Millennials and now Generation-Z account for an increasingly large percentage of the working population including Public Sector. Plan choice becomes a relevant factor. Studies also show that the feel of plan customization is a desired feature to attract and retain this population. We conduct a generational study to determine your exposure in this area and to make appropriate recommendations of plan designs and other benefit offerings. We've also found 4-tier rate structures (employee, employee/spouse, employee/children, and family) to be welcomed by these generations and many to allow for personal customization to their family needs. CBA negotiations are involved.



Eligibility Management: Retiree Carve-Out

A good part of high-risk claimants is attributable to retirees. Retiree costs are 2 to 3 times the per capita cost as active employees. Even Medicare-eligible members, where Medicare is primary, can be more costly due to pharmacy expenses. As a result, we work with our clients to minimize their risk by implementing Post 65 Retiree Carve-Out Programs with 100% participation. We implemented such program for the Town of Normal which helped control costs, especially in the area of Pharmacy. We have explored implementing Pre 65 Retiree Opt-Out Incentive Programs in the form of Health Reimbursement Arrangements to incent members off the plan.

This program is a bit more difficult to meet individual retiree geographic needs as individual plans are not accessible everywhere. Both complying with state statutes for Retirees.



Spousal Incentive Health Reimbursement Arrangement (SIHRA):

As Public Sector employers usually have high family content participating on their plans, many are exploring options to incent working spouses and children off the plans. The SIHRA is an economical way, rather than incentives which are paid immediately and taxable, the SIHRA offers to cover the member's deductible and out of pocket expenses, only when they are incurred, and on a pre-tax basis. The concept removes the risk from the Town's plan and has been well received by the members.

Personnel Information

Provide the names, professional qualifications, an educational background of Account Executives and key support personnel who would be responsible for the Town's account:

The Public Sector Team of benefit professionals that will directly serve the Town of Normal follows. Your first point of contact, depending on the need would be your Lead Consultant, Mike Wojcik, or Client Executive, Beth Ishmael. Mike Wojcik began at the Horton Group in 1989 as one of the benefit consulting and brokerage division founding partners. Mike, and

Beth, in their combined 50-plus year experience in employee benefits bring an unparalleled level of insight to our benefits clients.

The team members in total hold 14 advanced degrees or advanced industry designations, including MBA, BSBA, BS, CEBS, CFP, CLU, CSFS, GBA, GBDS, REBC, and RHU. Our Wellness Team members are Certified Health Education Specialists. Our team is 100% in-house and has all the required resources to complete the Town's project.

Strategy & Thought Leadership for Town of Normal

Lead Consultant: Mike Wojcik

Service Delivery / HR Administration	Marketing / Analytics	Wellness	Customer Service
Client Executive Beth Ishmael	Senior Analyst Bill Santino	Supervisor Laura Czekanski	Team Manager Alyson O'Mara
Communications & Compliance	Marketing Analyst Bill Blake	Client Specialist Sami Kabureck	Customer Service Morgan Potochnic
Client Manager Rebecca West			
Client Manager Raul Aguilar			
Compliance Coordinator Debbie Lorsch			
Benefit Technology	Retirement Planning		
Client Manager Loreal Wakefield	Partner, Consultant Certy Partners Phillip Steele		

Mike Wojcik, MBA, CLU, CFP®, GBA/ Senior Vice President, Partner - Public Sector Practice Group

<https://www.thehortongroup.com/team/mike-wojcik>

Mike's expertise resides in strategy and thought leadership.

Mike is a Senior Vice President of the Horton Group, one of the region's largest privately-held insurance agencies specializing in Insurance, Risk Advisory and Employee Benefits.

He joined Horton in 1989 as one of the founding partners of their benefit consulting and brokerage division. He is recognized as a thought leader in the industry.

Mike earned his Bachelor's degree from Roosevelt University and an MBA from Lewis University. He received his Certified Financial Planner (CFP®) designation from the American College and is a Chartered Life Underwriter (CLU). He received A Professional Certificate in Public Finance from the University Of Chicago Harris School Of Public Policy, Certificate in Public Sector Benefits Administration, and recently received his Group Benefits Associate designation from the Wharton School of the University of Pennsylvania.

Mike serves and has served on numerous advisory boards for insurance carriers and related industries, with his most current service on the Anthem Blue Cross Blue Shield of Indiana Agent Advisory Committee. He was also an agent advisory committee member of HCSC's Blue Cross Blue Shield of Illinois. Mike serves on the Government Relations Committee of the Illinois Independent Agents and testified several times to state legislative committees and co-authored several white papers on healthcare reform. He has served on the Governance Board of Advocate South Suburban Hospital for the past 15 years and was Chair for three. Mike also serves on their Quality Management Oversight Committee. He is past president of United Way Metro South Suburban

At the national level, Mike is regarded as an industry expert. He is the past chairman of the Big "I" National Health Care Task Force in Washington D.C. and currently serves as the group's Health Care Liaison, which supports their government affairs efforts on healthcare reform. The Big "I" is a national alliance of more than 250,000 insurance agencies and their employees. This year Mike was awarded a seat on the Legislative Council of the National Association of Health Underwriters (NAHU) in Washington, D.C., which represents over 100,000 health benefit specialists who work diligently to ensure all Americans have access to high-quality, affordable healthcare and related services.

A message from Mike.... "My career is based on an unwavering passion for expanding accessibility and long-term affordability of healthcare. My involvement legislatively and in the community has had a profound impact on the way I present healthcare options to clients. I constantly look for innovative ways to assist employers with long-term strategies and have helped many evolve to a consumer-centric healthcare model with an emphasis on wellness, product understanding with, product understanding with cost transparency and proper engagement."

Beth Ishmael, RHU – Client Executive – Public Sector Practice Group

<https://go.thehortongroup.com/beth-ishmael>

Beth Ishmael is a Client Executive for Horton's Employee Benefit Solutions. In this role, Beth is responsible for providing expert employee benefits consulting, bringing new clients on board, and servicing and retaining existing clients. She is part of a team of employee benefits-focused professionals who are dedicated to delivering innovative healthcare solutions to employers.

Beth's history with Horton is one of longevity and evolution! Beth joined Horton in 2000, starting in the Human Resources Department. For two years, Beth worked in the HR Department until she transferred to the benefits division where she started as a Client Service Representative. She then worked through all service positions until the one she has today, a Client Executive. Beth's holistic career journey with Horton gives her an incredible perspective when it comes to addressing benefit plan designs, benefit administration, and the wide spectrum of complex insurance challenges faced by today's clients

When it comes to benefits and the insurance industry as a whole, Beth believes "something needs to change. Costs continue to increase, and at this pace, it is not sustainable. There is a lot of waste in the industry. Better management of costs for employers, providers and insurance companies is a good place to start.

Communication and understanding are integral to the service Beth provides every day. "Try only to ask the client for something when necessary. I try to be one step ahead of them and deliver things on time or early if possible. Setting expectations and driving timelines to deliver on those expectations is sacred to me."

Beth is most complimented for three core abilities, organization, project management, and communication. Her ability to hone these for clients allows for an industry-leading client experience, a solid benefit offering, and overall team cooperation in any scenario. As the majority of Beth's work history and development came from

Horton, she aspires to continue in learning and to grow in the role she holds today and to take on more of a book manager and consulting role over time.

Beth earned a Bachelor of Science Degree in Business with a concentration in Human Resources from Trinity Christian College. While at Trinity she was a four-year varsity basketball player. Beth is married to her husband, Jonathan, a die-hard White Sox fan, has a daughter, Eva and a dog, Buerhle, the second loves of her life. Beth is one of four siblings, and her parents still live in the home they raised them all in years ago. Her passions include traveling, seeing new places and experiencing new cultures, but also mission and service projects for local and foreign countries.

Our team is structured with the following service positions dedicated to the Town of Normal needs:

1. The **Consultant (Mike Wojcik)** is responsible for developing new opportunities, maintaining strong relationships with our existing clients, and determining the overall program strategy for a given client.
2. Actively supporting the Sales Executive is the **Client Executive (Beth Ishmael)**. A Client Executive is a highly technical and tenured industry contributor responsible for executing the program strategy, executing the customized service platform agreed upon with the client, and designing risk transfer programs or alternative benefit plan designs.
3. Each team also has a **Client Manager (Rebecca West)** who is the primary contact for a client's day-to-day needs. Client Managers often conduct open enrollments and are responsible for everyday compliance issues and audits and complex claims issues.
4. Client Managers are supported by a designated **Assistant Client Managers (Morgan Potochnic)** who is responsible for coverage and billing questions, eligibility, policy changes, and helps with internal processing along with acting as the conduit between the carrier and client. Assistant Client Managers are 100% internal.
5. A partner to the Client Manager is our **Marketing Managers (Bill Santino and Bill Blake)**. A team's Marketing Manager is responsible for RFPs, approaching the carrier marketplace, and negotiating terms of the contract. Marketing Managers also analyze coverage forms to ensure all exposures and needs of a program are addressed, so no gaps or reductions in coverage exist. Marketing Managers/Specialists are 100% internal.

The Horton Group also has a **variety of Specialists**. These specialists handle unique services like *legal assistance, surety bonds, claim advocacy work, wellness programs, safety and loss control, certificate issuance, and tracking of vendor or subcontractor certificates.*

Branch: Please see team matrix and team sheet provided above	National: Please see team matrix and team sheet provided above
<p>Total Personnel: 378</p> <p>Branch 210 National 378</p>	<p>Licensed Brokers:</p> <p>Branch: 80 in sales production plus additional 256 service National: 80 in sales production plus additional 256 in service.</p>
<p>Claims Administration: 5</p> <p>Branch 5 National 2</p>	<p>Safety/Loss Control Personnel: 9</p> <p>Branch 7 National 9</p>
<p>Licensed Insurance Consultants: The Illinois DOI does not issue Consultant licenses.</p> <p>Branch NA National NA</p> <p>However Mike Wojcik holds a Professional Certificate in Municipal Finance from the University of Chicago Harris School of Public Policy and a Certificate in Public Sector Benefits Administration from the International Foundation of Employee Benefit Plans (attached) In addition Mike holds the following designations: CLU, Chartered Life Underwriter, CFP® Certified Financial Planner and GBA Group Benefits Associate</p>	<p>Licensed Excess & Surplus Lines Broker: This license is limited to Property & Casualty Insurance only.</p> <p>Branch 1 National 1</p>

Personnel Information

list principles in firm and denote those who would work with the Town. Please attach curriculum vitae for all personnel who would be assigned to this account.

The Horton Group is a privately-held company and has 73 shareholders.

Mike Wojcik, a top 10 shareholder, and Beth Ishmael will lead the Horton Team dedicated to the Town of Normal

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List the number of clerical/support staff in the service office:

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CONTRACTOR/BROKER

Signature

Printed Name: _____

Title: _____

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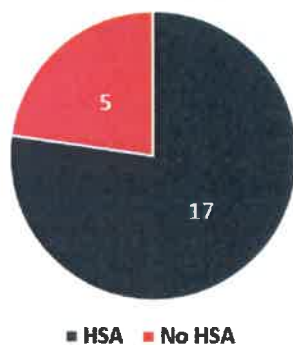
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A Rand Hospital Study showed Hospitals are paid on average 247% of Medicare rates on commercial, employer based plans. This is not sustainable. For groups that have a high concentration of members in one geography, we have been successful in negotiating direct contract with Hospitals at a form of Medicare rates. As Carle Bromenn Medical Center accounts for roughly 70% of The Town's in Hospital claims, we would approach them to explore this possibility. Rates have been negotiated based on a sliding scale of Medicare rates.

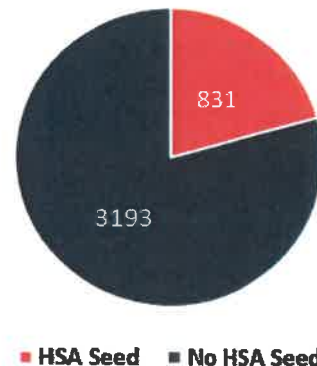
Value Provider Network: An alternative to Direct Contracting is contracting a network through a carrier for High Performance or Value Based Care seeking: Appropriateness of Care, Best Practice Adherence, Health Management and Best Outcomes. Several large carriers are adopting networks under this model on a national basis.

Consumer-Driven High Deductible Health Plans: HDHP's provide immense advantages to per-member-per-year costs. Introducing personal choice at the member-level also provides for increased engagement and aligns well with a health-based initiative. Our sincere belief is that these plans control cost best by the member taking control of cost through choices they make through their HDHP plan. With the IRS' recent expansion of HSA preventative services and prescriptions, this removes the barrier to care for members' chronic conditions, which was once a concern with high out of pocket expenses. Therefore, creating more interest in this plan design We also see Transparency growing with the new Hospital Transparency law effective 1/1/2021. This is a favorite for many of our municipal accounts. We expect more benefits come to this program in the near future including a provision to allow Direct Primary Care on a first dollar basis which is being considered in Washington D.C. now.

HSA Implementation by Municipality

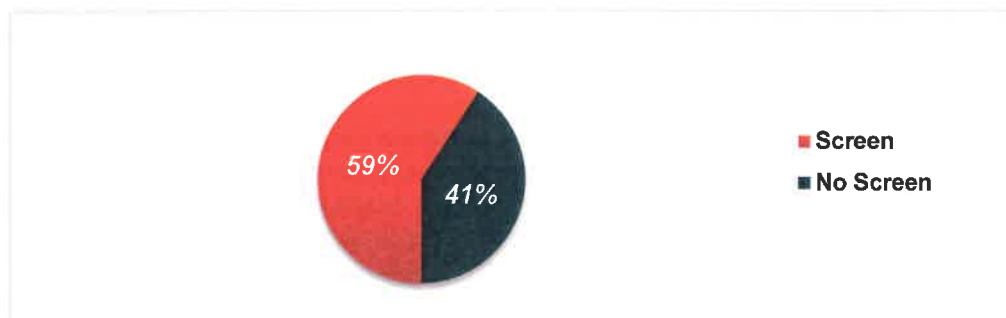


HSA Seed Utilization by Employee



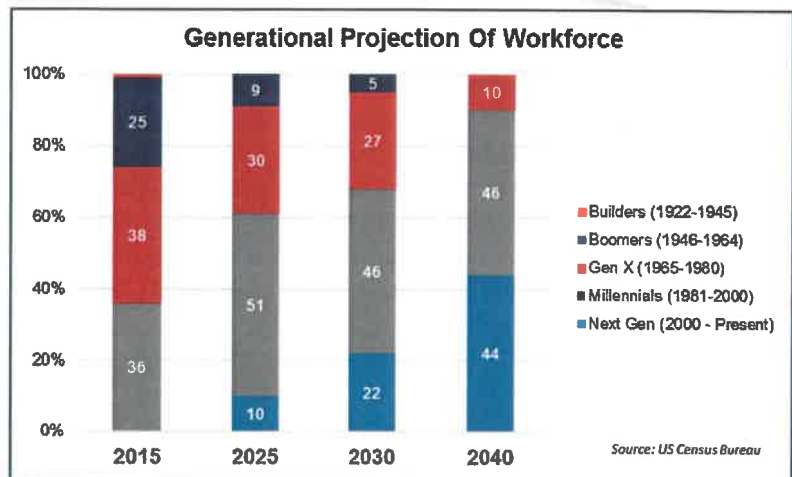
Worksite Wellness: Robust Wellness Programs are beneficial in controlling costs early and establishing a Well-Being Culture. They work best when the majority of plan members participate including Employees and Spouses, including retirees. Most of the results come

from Horton Wellness specialists' combined effort and a wellness committee that help champion the established program. In most cases, heavy participation comes because of a premium cost differential negotiated in the respective CBA. We realize the EEOC has weighed in recently with some new guidelines and will review them as approved. Near 60% of our Public Sector Groups have wellness plans offering comprehensive Wellness screening.



Pharmaceutical Strategies: Pharmacy costs continue to rise due to new specialty drugs and inflation of pricing on name brand categories. Each carrier has pharmacy options to control cost. We see preferred formularies offering the most optimally priced and effective drugs for all categories having major impacts. There are also strategies for enhanced use of generic drugs and specialty drugs to lower your overall cost. A more recent trend we've adopted for infusion specialty drugs redirects site of care to physician offices or home health care, saving between 200-300% vs. a hospital. Recent studies have shown the cost of gene therapy drugs can range as high as \$1M - \$3M for one-time use, life-saving treatments. Horton's goal is to prepare your overall pharmacy plan to potentially absorb such a large claim. We would typically conduct a Pharmacy PBM RFP on the Town's behalf to potentially carve-out the program to a more suitable vendor. Outside PBM's are allowed on Blue Cross Plans with over 500 employees. A recent Rand study showed name brand drugs in the U.S. cost as much as 344% more than peer countries. With that in mind we have introduced International name brand drug importation to our clients including Public Sector members on a voluntary basis with cost savings as much as 70% on name brand drugs.

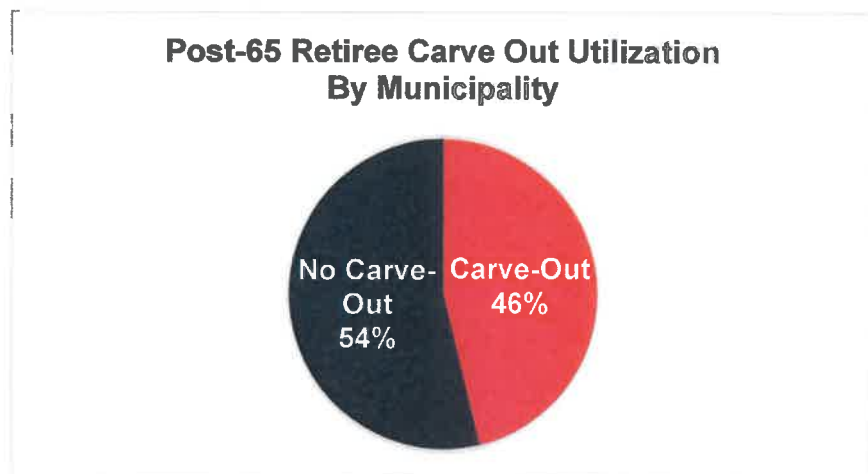
Generational Planning: We are in the midst of generational changes as Millennials and now Generation-Z account for an increasingly large percentage of the working population including Public Sector. Plan choice becomes a relevant factor. Studies also show that the feel of plan customization is a desired feature to attract and retain this population. We conduct a generational study to determine your exposure in this area and to make appropriate recommendations of plan designs and other benefit offerings. We've also found 4-tier rate structures (employee, employee/spouse, employee/children, and family) to be welcomed by these generations and many to allow for personal customization to their family needs. CBA negotiations are involved.



Eligibility Management: Retiree Carve-Out

A good part of high-risk claimants is attributable to retirees. Retiree costs are 2 to 3 times the per capita cost as active employees. Even Medicare-eligible members, where Medicare is primary, can be more costly due to pharmacy expenses. As a result, we work with our clients to minimize their risk by implementing Post 65 Retiree Carve-Out Programs with 100% participation. We implemented such program for the Town of Normal which helped control costs, especially in the area of Pharmacy. We have explored implementing Pre 65 Retiree Opt-Out Incentive Programs in the form of Health Reimbursement Arrangements to incent members off the plan.

This program is a bit more difficult to meet individual retiree geographic needs as individual plans are not accessible everywhere. Both complying with state statutes for Retirees.



Spousal Incentive Health Reimbursement Arrangement (SIHRA):

As Public Sector employers usually have high family content participating on their plans, many are exploring options to incent working spouses and children off the plans. The SIHRA is an economical way, rather than incentives which are paid immediately and taxable, the SIHRA offers to cover the member's deductible and out of pocket expenses, only when they are incurred, and on a pre-tax basis. The concept removes the risk from the Town's plan and has been well received by the members.

Personnel Information

Provide the names, professional qualifications, an educational background of Account Executives and key support personnel who would be responsible for the Town's account:

The Public Sector Team of benefit professionals that will directly serve the Town of Normal follows. Your first point of contact, depending on the need would be your Lead Consultant, Mike Wojcik, or Client Executive, Beth Ishmael. Mike Wojcik began at the Horton Group in 1989 as one of the benefit consulting and brokerage division founding partners. Mike, and

Beth, in their combined 50-plus year experience in employee benefits bring an unparalleled level of insight to our benefits clients.

The team members in total hold 14 advanced degrees or advanced industry designations, including MBA, BSBA, BS, CEBS, CFP, CLU, CSFS, GBA, GBDS, REBC, and RHU. Our Wellness Team members are Certified Health Education Specialists. Our team is 100% in-house and has all the required resources to complete the Town's project.

Strategy & Thought Leadership for Town of Normal

Lead Consultant: Mike Wojcik

Service Delivery / HR Administration	Marketing / Analytics	Wellness	Customer Service
Client Executive Beth Ishmael	Senior Analyst Bill Santino	Supervisor Laura Czekanski	Team Manager Alyson O'Mara
Communications & Compliance	Marketing Analyst Bill Blake	Client Specialist Sami Kabureck	Customer Service Morgan Potochnic
Client Manager Rebecca West			
Client Manager Raul Aguilar			
Compliance Coordinator Debbie Lorsch			
Benefit Technology	Retirement Planning		
Client Manager Loreal Wakefield	Partner, Consultant Certy Partners Phillip Steele		

Mike Wojcik, MBA, CLU, CFP®, GBA/ Senior Vice President, Partner - Public Sector Practice Group

<https://www.thehortongroup.com/team/mike-wojcik>

Mike's expertise resides in strategy and thought leadership.

Mike is a Senior Vice President of the Horton Group, one of the region's largest privately-held insurance agencies specializing in Insurance, Risk Advisory and Employee Benefits.

He joined Horton in 1989 as one of the founding partners of their benefit consulting and brokerage division. He is recognized as a thought leader in the industry.

Mike earned his Bachelor's degree from Roosevelt University and an MBA from Lewis University. He received his Certified Financial Planner (CFP®) designation from the American College and is a Chartered Life Underwriter (CLU). He received A Professional Certificate in Public Finance from the University Of Chicago Harris School Of Public Policy, Certificate in Public Sector Benefits Administration, and recently received his Group Benefits Associate designation from the Wharton School of the University of Pennsylvania.

Mike serves and has served on numerous advisory boards for insurance carriers and related industries, with his most current service on the Anthem Blue Cross Blue Shield of Indiana Agent Advisory Committee. He was also an agent advisory committee member of HCSC's Blue Cross Blue Shield of Illinois. Mike serves on the Government Relations Committee of the Illinois Independent Agents and testified several times to state legislative committees and co-authored several white papers on healthcare reform. He has served on the Governance Board of Advocate South Suburban Hospital for the past 15 years and was Chair for three. Mike also serves on their Quality Management Oversight Committee. He is past president of United Way Metro South Suburban

At the national level, Mike is regarded as an industry expert. He is the past chairman of the Big "I" National Health Care Task Force in Washington D.C. and currently serves as the group's Health Care Liaison, which supports their government affairs efforts on healthcare reform. The Big "I" is a national alliance of more than 250,000 insurance agencies and their employees. This year Mike was awarded a seat on the Legislative Council of the National Association of Health Underwriters (NAHU) in Washington, D.C., which represents over 100,000 health benefit specialists who work diligently to ensure all Americans have access to high-quality, affordable healthcare and related services.

A message from Mike.... "My career is based on an unwavering passion for expanding accessibility and long-term affordability of healthcare. My involvement legislatively and in the community has had a profound impact on the way I present healthcare options to clients. I constantly look for innovative ways to assist employers with long-term strategies and have helped many evolve to a consumer-centric healthcare model with an emphasis on wellness, product understanding with, product understanding with cost transparency and proper engagement."

Beth Ishmael, RHU – Client Executive – Public Sector Practice Group

<https://go.thehortongroup.com/beth-ishmael>

Beth Ishmael is a Client Executive for Horton's Employee Benefit Solutions. In this role, Beth is responsible for providing expert employee benefits consulting, bringing new clients on board, and servicing and retaining existing clients. She is part of a team of employee benefits-focused professionals who are dedicated to delivering innovative healthcare solutions to employers.

Beth's history with Horton is one of longevity and evolution! Beth joined Horton in 2000, starting in the Human Resources Department. For two years, Beth worked in the HR Department until she transferred to the benefits division where she started as a Client Service Representative. She then worked through all service positions until the one she has today, a Client Executive. Beth's holistic career journey with Horton gives her an incredible perspective when it comes to addressing benefit plan designs, benefit administration, and the wide spectrum of complex insurance challenges faced by today's clients

When it comes to benefits and the insurance industry as a whole, Beth believes "something needs to change. Costs continue to increase, and at this pace, it is not sustainable. There is a lot of waste in the industry. Better management of costs for employers, providers and insurance companies is a good place to start.

Communication and understanding are integral to the service Beth provides every day. "Try only to ask the client for something when necessary. I try to be one step ahead of them and deliver things on time or early if possible. Setting expectations and driving timelines to deliver on those expectations is sacred to me."

Beth is most complimented for three core abilities, organization, project management, and communication. Her ability to hone these for clients allows for an industry-leading client experience, a solid benefit offering, and overall team cooperation in any scenario. As the majority of Beth's work history and development came from

Horton, she aspires to continue in learning and to grow in the role she holds today and to take on more of a book manager and consulting role over time.

Beth earned a Bachelor of Science Degree in Business with a concentration in Human Resources from Trinity Christian College. While at Trinity she was a four-year varsity basketball player. Beth is married to her husband, Jonathan, a die-hard White Sox fan, has a daughter, Eva and a dog, Buerhle, the second loves of her life. Beth is one of four siblings, and her parents still live in the home they raised them all in years ago. Her passions include traveling, seeing new places and experiencing new cultures, but also mission and service projects for local and foreign countries.

Our team is structured with the following service positions dedicated to the Town of Normal needs:

1. The **Consultant (Mike Wojcik)** is responsible for developing new opportunities, maintaining strong relationships with our existing clients, and determining the overall program strategy for a given client.
2. Actively supporting the Sales Executive is the **Client Executive (Beth Ishmael)**. A Client Executive is a highly technical and tenured industry contributor responsible for executing the program strategy, executing the customized service platform agreed upon with the client, and designing risk transfer programs or alternative benefit plan designs.
3. Each team also has a **Client Manager (Rebecca West)** who is the primary contact for a client's day-to-day needs. Client Managers often conduct open enrollments and are responsible for everyday compliance issues and audits and complex claims issues.
4. Client Managers are supported by a designated **Assistant Client Managers (Morgan Potochnic)** who is responsible for coverage and billing questions, eligibility, policy changes, and helps with internal processing along with acting as the conduit between the carrier and client. Assistant Client Managers are 100% internal.
5. A partner to the Client Manager is our **Marketing Managers (Bill Santino and Bill Blake)**. A team's Marketing Manager is responsible for RFPs, approaching the carrier marketplace, and negotiating terms of the contract. Marketing Managers also analyze coverage forms to ensure all exposures and needs of a program are addressed, so no gaps or reductions in coverage exist. Marketing Managers/Specialists are 100% internal.

The Horton Group also has a **variety of Specialists**. These specialists handle unique services like *legal assistance, surety bonds, claim advocacy work, wellness programs, safety and loss control, certificate issuance, and tracking of vendor or subcontractor certificates.*

Branch: Please see team matrix and team sheet provided above	National: Please see team matrix and team sheet provided above
<p>Total Personnel: 378</p> <p>Branch 210 National 378</p>	<p>Licensed Brokers:</p> <p>Branch: 80 in sales production plus additional 256 service National: 80 in sales production plus additional 256 in service.</p>
<p>Claims Administration: 5</p> <p>Branch 5 National 2</p>	<p>Safety/Loss Control Personnel: 9</p> <p>Branch 7 National 9</p>
<p>Licensed Insurance Consultants: The Illinois DOI does not issue Consultant licenses.</p> <p>Branch NA National NA</p> <p>However Mike Wojcik holds a Professional Certificate in Municipal Finance from the University of Chicago Harris School of Public Policy and a Certificate in Public Sector Benefits Administration from the International Foundation of Employee Benefit Plans (attached) In addition Mike holds the following designations: CLU, Chartered Life Underwriter, CFP® Certified Financial Planner and GBA Group Benefits Associate</p>	<p>Licensed Excess & Surplus Lines Broker: This license is limited to Property & Casualty Insurance only.</p> <p>Branch 1 National 1</p>

Personnel Information

list principles in firm and denote those who would work with the Town. Please attach curriculum vitae for all personnel who would be assigned to this account.

The Horton Group is a privately-held company and has 73 shareholders.

Mike Wojcik, a top 10 shareholder, and Beth Ishmael will lead the Horton Team dedicated to the Town of Normal

Mike Wojcik, MBA, CLU, CFP® / Senior Vice President, Partner - Public Sector Practice Group

<https://www.thehortongroup.com/team/mike-wojcik>

Mike's expertise resides in strategy and thought leadership.

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List the number of clerical/support staff in the service office:

As of 2/1/2021 there were 141 insurance/clerical support positions from the servicing office (Corporate Headquarters in Orland Park, IL) for the Town of Normal.

CONTRACTOR/BROKER

M. E. Hyl

Signature

Printed Name: *M. E. Hyl*

Title: *Senior V.P. of Business*

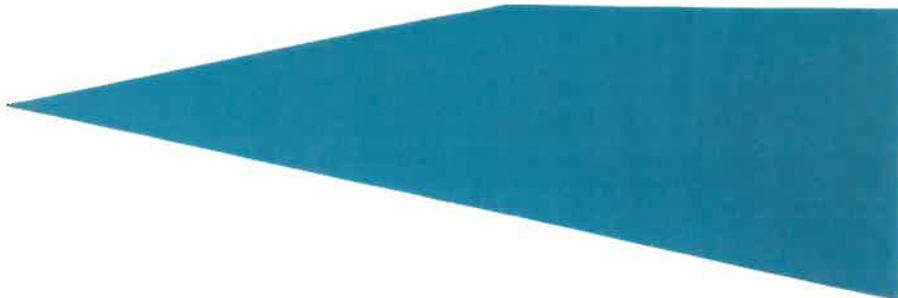


EXHIBIT 4.8.1 SIGNATURE PAGE

CONTRACTOR/BROKER



Signature

Printed Name: Daniel M. Horton

Title: President & CEO



**THE UNIVERSITY OF CHICAGO
HARRIS SCHOOL OF PUBLIC POLICY**

MICHAEL WOJCIK

IS HEREBY RECOGNIZED FOR SUCCESSFUL COMPLETION OF THE

PROFESSIONAL CERTIFICATE IN MUNICIPAL FINANCE

MARCH 1 - 3, 2017

Michael D. Belsky

MICHAEL D. BELSKY
Executive Director
Center for Municipal Finance

Christopher R. Berry

CHRISTOPHER R. BERRY
Academic Director
Center for Municipal Finance

Kerwin Charles

KERWIN CHARLES
Interim Dean
Harris Public Policy

International Foundation of Employee Benefit Plans

Founded in 1954

This is to certify that

Michael E. Wojcik

has successfully completed the requirements to earn the
Certificate in Public Sector Benefits Administration
An witness thereof this certificate is awarded on

October 20, 2012

by the
International Foundation
Brookfield, Wisconsin



President and Chairman of the Board
International Foundation of Employee Benefit Plans



Chief Executive Officer
International Foundation of Employee Benefit Plans

EXHIBIT 4.8.2

RETURN WITH BID

Disclosure Affidavit

Health Insurance Brokerage Services

I, the undersigned, being duly sworn, state as follows:

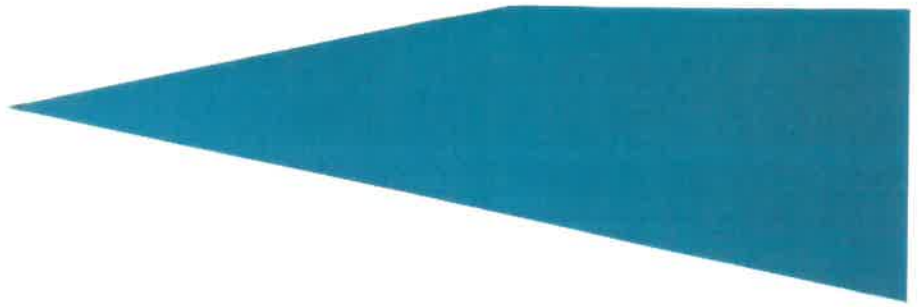
1. The Horton Group ("Broker") is a:
(Name of Company)
 Corporation
 Partnership
 Limited Liability Corporation (LLC)
 Individual or Sole Proprietorship
2. Federal Tax Identification Number or, in the case of an individual or sole proprietorship, Social Security Number: 36-3672171
3. If Broker is a corporation:

The State of Incorporation is Illinois.

Registered Agent of Corporation in Illinois: <u>The Horton Group</u> Name <u>10320 Orland Parkway</u> Address <u>Orland Park, IL, 60467</u> City, State, Zip <u>708-845-3000</u> Telephone	Business Information (If Different from Registered Agent): _____ Company Address, Principal Office _____ City, State, Zip _____ Telephone Facsimile <u>www.thehortongroup.com</u> Website
--	--

The corporate officers are as follows (list and identify all corporate officers - attach additional sheets if necessary):

- President: Dan Horton, Chief Executive Officer
- Vice President: Ken Olson, Division President – Employee Benefits
- Secretary: Kevin Palmer, Corporate Attorney



4. If Broker is a limited liability company or a partnership:

The business address is: _____

Telephone: _____ Fax: _____

Website or Email Address: _____

The partners or members are as follows: (Attach additional sheets if necessary)

(Name, Home Address and Telephone)
(Name, Home Address and Telephone)
(Name, Home Address and Telephone)

5. If Broker is an individual proprietorship:

The business address is _____

Telephone: _____ Fax: _____

My home address is _____

Telephone: _____ Fax: _____

Email or website: _____

6. No department director or any employee or any officer of the Town of Normal has any financial interest, directly or indirectly, in the award of this contract except as listed on a separate attached sheet to this affidavit.

7. The undersigned, being duly sworn, hereby states that the Broker and its employees are familiar with and will comply with all Federal, State, and local laws applicable to the project, which may include, but are not limited to, the Prevailing Wage Act and the Davis-Bacon Act.

CONTRACTOR/BROKER



Signature

Printed Name: DANIEL M. HORTON

Title: PRESIDENT + CEO

NOTARY NOT REQUIRED PER ADDENDUM

State of Illinois
County of Cook

Subscribed and sworn to before me on _____, 2021.

(Signature of Notary Public)

(Seal)

EXHIBIT 4.8.3

Broker Certification

Health Insurance Brokerage Services

The undersigned, on behalf of Broker, certifies that the following representations are true and correct and further agrees, as a condition of doing business with the Town of Normal, to require all of Broker's subcontractors and sub-subcontractors to certify that the following representations are true and correct:

1. No Town of Normal officer or employee has any interest in the proceeds of this contract.
2. The Broker has not committed bribery or attempted bribery of an officer or employee of any governmental body—whether on the federal, state, or local level.
3. The Broker has not been barred from conducting business with any governmental unit—whether federal, state, or local.
4. Neither the Broker's business entity nor any of its officers, directors, partners, or other managerial agents have been convicted of a felony under the Sarbanes-Oxley Act of 2002 or under any state or federal securities laws.
5. The Broker has not been barred from contracting with any unit of state or local government as a result of a violation of 720 ILCS 5/33E-3 (bid-rigging) or 720 ILCS 5/33E-4 (bid-rotating).
6. The Broker certifies that it is not delinquent in the payment of any debt or tax due to the State of Illinois or to the Town of Normal.
7. The Broker will maintain books and records relating to the performance of this contract as necessary to support amounts charged under the contract for a period of three years from the later of the date of final payment under the contract or completion of the contract.
8. The Broker agrees to comply with applicable provisions of the Town of Normal Human Rights Ordinance, the Illinois Human Rights Act, the U.S. Civil Rights Act, and the Americans with Disabilities Act.
9. The Broker is an "Equal Opportunity Employer," as defined by Title VII of the Civil Rights Act of 1964 and all applicable federal regulations and executive orders.
10. The Broker has read the Drug-Free Workplace Act (30 ILCS 580/) and is in compliance with that act on the effective date of this contract.

11. The Broker certifies, in accordance with the State of Illinois Steel Products Procurement Act (30 ILCS 565/), that steel products used or supplied in the performance of this contract are manufactured or produced in the United States. The Broker is in compliance with the Employment of Illinois Workers on Public Works Act (30 ILCS 570/).
12. The Broker is in compliance with the State of Illinois Public Works Employment Discrimination Act (775 ILCS 10/).
13. The Broker is in compliance with the State of Illinois Prevailing Wage Act (820 ILCS 130/).
14. The Broker ___ is or is not (please check the applicable designation) a Minority and Female Business Enterprise, as defined by the State of Illinois (30 ILCS 575/).
15. The Broker is in compliance with the Patriot Act, Executive Order 13224, and the federal Anti-Money Laundering Control Act of 1986.
16. The Broker is in compliance with the American Recovery and Reinvestment Act of 2009 when federal funds are used under this Act for the work undertaken by the Broker.

The Broker hereby agrees to defend, indemnify and hold harmless the Town of Normal its officers, employees, and agents from and against any and all claims, damages, losses, risks, liabilities, and expenses (including reasonable attorneys' fees and costs) arising from or related to any breach of the foregoing representations and warranties.

Dated Friday, March 5th, 2021.



Signature

Request for Proposals (RFP) for Health Insurance Brokerage and Consulting Services

Town of Normal

Prepared for:



Date: 3/5/2021

Presented By:

Michael E. Wojcik, MBA, CLU, CFP® / Senior Vice President

Mike.Wojcik@thehortongroup.com

Phone: 708.845.3126

Beth Ishmael, RHU / Client Executive

Beth.Ishmael@thehortongroup.com

Phone: 708.845.3112

March 5, 2021

Jenny Keigher, Director of Human Resources
Office of the Town Clerk
11 Uptown Circle,
Normal, IL 61761

Dear Ms. Keigher,

Thank you for the opportunity to respond to your Request for Proposal for Health Insurance Brokerage and Consultant Services. We are proud to have served your Town in that position for the past 10 years and the successes achieved. As a re-introduction, I, Mike Wojcik, serve as the Benefits Director of the Horton Public Sector Practice Group and will continue serving as the lead consultant for the Town of Normal along with Client Executive Beth Ishmael. Our direct contact information is included in the signature section of this letter.

About Horton: Founded in 1971 and headquartered in Orland Park, IL, The Horton Group is one of the top 50 insurance brokers in the United States. We are an employee benefits, insurance, risk advisory brokerage, and consulting firm. Our mission is to **lead clients with complex needs and limited resources to achieve a higher level of performance**. We have successfully executed this mission in the Public Sector for over 25 years.

We are very familiar with not only your entities challenges but that which so many in your industry share, including limited budgets, collective bargaining agreements, long-term employee relationships creating an aging population, a sizeable retiree population causing higher premium rates and impacting GASB/OPEB liabilities, a multitude of Affordable Care Act (ACA) compliance requirements, and most recently with the COVID-19 pandemic, managing and communicating to a dual workforce onsite and offsite. Most groups are also experiencing shifting generational demographics, expanding cultural needs, and rapidly evolving market changes requiring the special communication of complex employee benefit programs enhanced with personalized voluntary benefits.

Our team is well staffed and educated on the challenges our Public Sector clients face in this fast-changing environment and how to prepare for them. We are sensitive to the impacts of the COVID-19 pandemic and assisting our clients with many non-traditional employee benefit challenges during these unprecedented times.

Horton members have enjoyed a rich experience in many facets of healthcare, which offers a balanced perspective to our clients. They include serving on carrier advisory committees, hospital boards, healthcare task force groups in Washington D.C. and Springfield IL, and support numerous philanthropic organizations affecting healthcare.

Horton currently employs 380 professionals, with 150 in Horton Benefit Solutions, 170 in Horton Risk Advisory Solutions, 35 in Horton Personal Insurance, and 25 in Horton Consulting Solutions. Of those, fourteen specializing in Public Sector benefit plans would engage with the Town of Normal. What separates Horton from our peers is how we deliver these services: with unrivaled passion and dedication for success. We are well-positioned to provide insight and proven solutions to the Town to develop a sustainable, quality, benefit program with predictable costs. We fully understand and accept the scope of services you request in your RFP.

At the request of our corporate attorney, we propose a revision to the indemnification wording under section 3.4 Indemnification clause 3.4.1.

Indemnification

To the fullest extent allowed by law, Broker agrees to indemnify and defend the Town and the City and their respective officers, employees, agents, and assigns from and against all liabilities, losses, damages, penalties, claims, actions, suits costs, charges, subrogation, and expenses including reasonable legal and other professional fees and expenses and expert witnesses, that may be imposed upon or incurred by or asserted against the Town or City or their and their respective officers, employees, agents, and assigns and that arise out of any **professional negligence** by the Broker or any of its subcontractors, Brokers, agents, or employees.

The Broker shall pay all claims, losses, liens, settlements, or judgments of any nature whatsoever in connection with the indemnifications and defenses required under this section 3.4, including, without limitation, reasonable attorneys' fees and costs.

The indemnified party may select its own legal counsel to conduct any defense in any such proceeding, and all costs associated therewith will be the responsibility of the Broker.

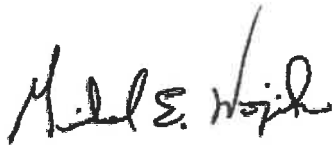
Nothing in this section 3.4 is intended and will not be construed to waive the indemnified party's rights or immunities under common law or statute.

We acknowledge receiving your Addendum No.1, Addendum Date: 02 March 2021

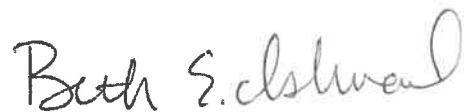
Our responses, fee structure, and references are attached.

We appreciate your consideration and look forward to an opportunity to continue partnering with you.

Sincerely,



Michael E. Wojcik, MBA, CLU, CFP®
Senior Vice President
The Horton Group
10320 Orland Parkway
Orland Park, IL 60647
(708) 845-3126
Mike.Wojcik@thehortongroup.com



Beth Ishmael, RHU
Client Executive
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Beth.Ishmael@thehortongroup.com

Required Proposal Contents

4.8.4 Firm Profile: This section must include the firm name, date established, and the address of the office that would be assigned to the Town account. Include a brief description of the firm's history, size, growth, philosophy and culture, number of employees, and number of years in business under the same name, including specific experience with the public sector. Include a discussion on the firm's financial stability, capacity, and resources.

Founded in 1971 and headquartered in Orland Park, IL, The Horton Group is one of the top 50 insurance brokers in the United States. We are an employee benefits, insurance, and risk advisory brokerage and consulting firm. Our mission is to **lead clients with complex needs and limited resources to achieve a higher level of performance.** We believe in knowing our clients' challenges and goals. With that in mind, Horton created specialty industry verticals, called practice groups, within which we operate. Public Sector is one of our specialties where we represent 22 municipal and county employers. We have successfully executed our mission in the Public Sector for over 25 years.

Corporate HQ and Servicing Office: 10320 Orland Parkway, Orland Park, IL, 60467

- **1971** -The Horton Group is founded in Orland Park, IL. Horton began as a small, eight-person family-owned insurance agency specializing in auto and home insurance for individuals.
- **1982** - Horton experienced rapid internal growth and evolved into a strong, diversified full-service agency, offering products including business insurance and employee benefits programs.
- **1989**- Horton creates Employee Benefit Solutions full scale through acquisition.
- **2005** - Horton specialization continues as we form new practice groups in areas such as public entities, education, construction, manufacturing, transportation, and restaurant/food service clients.
- **2018** - Horton is named the "[Best Agency to Work For](#)" in the country by the industry-leading publication, *Insurance Journal*. This award represents a tireless commitment to reshaping our culture so we can help reshape yours.
- **2019** - Horton opens a new office in Minneapolis, Minnesota, which will operate as a full-service broker, offering a wide range of insurance and consulting services, including employee benefits, property and casualty insurance, and safety consulting.
- **2020** – Horton acquires WayPoint Insurance, extending its new office footprint in Minneapolis, Minnesota.

Horton currently employs 378 professionals, with 150 in Horton Benefit Solutions, 170 in Horton Risk Advisory Solutions, 35 in Horton Personal Insurance, and 25 in Horton Consulting Solutions. Of those, fourteen specializing in Public Sector benefit plans would continue their dedicated engagement with The Town of Normal. Horton's workforce resides across the Midwest with offices in five states, including Illinois, Indiana, Wisconsin, Michigan, and Minnesota.

Our **Philosophy** on how we work with our clients is unequivocal to our competitors. That's because we are not a product-driven firm but rather one focused on strategy and innovation. To do that, we surround our clients with a **Service Schedule** and roadmap that provides a remarkable structure to your employee benefit workflows. Why - because structure empowers creativity. The more structure we provide, the more time you have to be strategic and innovative.

We view employee benefit programs on what we call the **journey line**. We start here because it allows us to benchmark where an organization is today to better understand where the opportunity lies in the future. In our view, the gap between where you're at today and where you can be in the future is an **opportunity**. This opportunity equates to cost control, happier employees, and administrative efficiencies in the world of employee benefits.

We start by defining your existing program by evaluating strategic criteria like your overall benefit philosophy, various stakeholder needs, collective bargaining agreements, and industry-related trends. This process ultimately builds the foundation in which we shape our strategy of how to transition your program moving forward.

Our culture is made up of people who have a shared vision and operate under a set of core values.

Horton's Vision is that we are, **Successful** – By growing, being profitable, and always getting better; **Good**– For our employees, clients, and others; and **Passed to Future Generations** – through leadership and employee ownership succession.

We maintain and uphold this Vision Commitment through our values: drive, excellence, and togetherness.

At Horton, we adhere to these fundamental values. They are used when evaluating candidates, assessing individual performance, and making difficult personnel decisions. Living **Horton's Values** is essential to achieving our shared vision.



Mike Wojcik founded Horton's Municipal Practice 25 years ago with the goal of building a high-powered consulting group exclusive to Public Sector employers. While much in the insurance industry has changed, Mike's commitment to the Public Sector, along with the principles and team structure he developed, remains fixed. These efforts have generated extremely positive results. Our Illinois Public Sector Practice Group has grown to over 5,000 insured employees, represented by as many as 5 collective Bargaining agreements across these 23 Public Sector Employers, and it continues to grow. We believe this growth is directly tied to our long-term approach to developing innovative products, programs and services beneficial to the industry. In each case, our services will continue to be consistent with The Town of Normal's proposed scope of work, making sure to incorporate all of the Town's intended services.

Illustrating the Practice

As stated, our Public Sector Practice Group has grown to over 5,000 insured employees across 23 Employers. Ultimately, your industry's success requires a keen understanding of how different variables impact the ultimate benefit offering. Things like Federal and State Legislation, State Statutes, Collective Bargaining Agreements (CBAs), and their negotiations affect your ability to be creative and take on innovation. The inherent delay in adopting leading-edge strategies coupled with our experience dictates that to deliver a sustainable benefit program, there needs to be a tireless dedication to member education and client advocacy. We do this by providing our clients with industry data and expertise to devise, deliver, and sustain leading strategies.

Our Public Sector Practice Group's renewal history speaks volumes for our success in helping our clients control cost without sacrificing benefits and leveraging our markets to achieve optimal pricing. The **average renewal** for our Local Government clients for the renewal year beginning January 1st, 2020, was **0.85%**. Renewals for January 1st, 2021, averaged **1.0%** for self-funded and **1.46%** for fully insured accounts, averaging **1.31%** combined. In addition we negotiated additional implementation and wellness credits for many clients to support their programs. In comparison, PriceWaterHouseCoopers national survey ran an average **6%** each year for the same time periods. Our most recent renewal for the Town, 9/1/2020, was +1.3%. The prior year actual experience was -8.43%.

Three components impact insurance premium: *Risk*, *Demographics*, and *Trend* (Medical and Pharmaceutical). By *Risk*, we mean the underlying end-user's health status and high-cost claimant utilization. We want to make them informed, help them achieve health and be engaged. By *Demographics*, we mean the population of individuals eligible for your plan. This includes actionable strategies such as opt-out incentives for pre-65 or carve-outs for post-65 retirees which we helped the Town implement the later while still meeting state statutes. Other more recent programs being adopted in the market are spousal opt-out incentive programs and other eligibility techniques to ensure the Town isn't over-insuring its obligation. Finally, *Trend* represents provider cost adjustments impacted by plan design, network discounts, and underlying pharmacy PBM and formularies. We see these three cost control principles heavily supported by the following specific tactics:

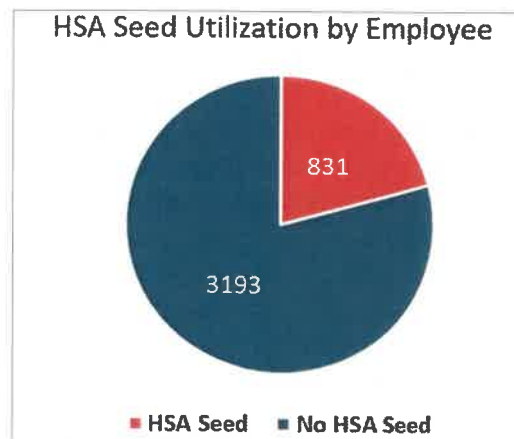
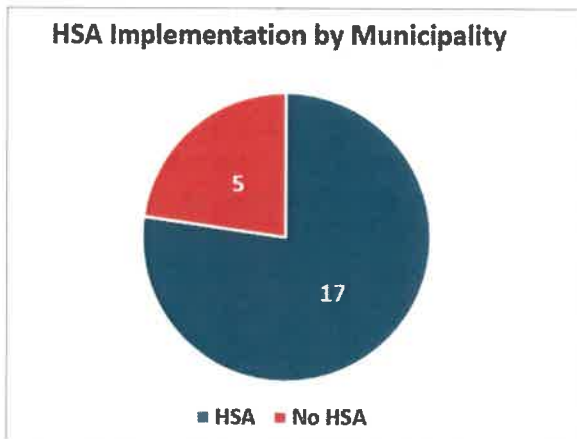
Committees: we believe committees play a very large role in achieve best outcomes and encourage the Town to continue their Insurance and Wellness committee(s) involving all related departments. This group is given comprehensive data to help them understand the need for changes to sustain a quality benefit program. These members often act as Champions for the message, serving as a liaison between the key stakeholders and employee groups. Committees also bring fresh outlooks to the employee perspective, which is critical in understanding the implementation of best practices within your population. This collaboration builds trust and drives well-informed decisions concerning the subjective components that go uncaptured by technology and dataanalytics.

Direct Provider Contracting, Value Provider Network:

A Rand Hospital Study showed Hospitals are paid on average 247% of Medicare rates on commercial, employer based plans. This is not sustainable. For groups that have a high concentration of members in one geography, we have been successful in negotiating direct contract with Hospitals at a form of Medicare rates. As Carly Bromenn Medical Center accounts for roughly 70% of The Town’s in Hospital claims, we would approach them to explore this possibility. Rates have been negotiated based on a sliding scale of Medicare rates.

Value Provider Network: An alternative to Direct Contracting is contracting a network through a carrier for High Performance or Value Based Care seeking: Appropriateness of Care, Best Practice Adherence, Health Management and Best Outcomes. Several large carriers are adopting networks under this model on a national basis.

Consumer-Driven High Deductible Health Plans: HDHP’s provide immense advantages to per-member-per-year costs. Introducing personal choice at the member-level also provides for increased engagement and aligns well with a health-based initiative. Our sincere belief is that these plans control cost best by the member taking control of cost through choices they make through their HDHP plan. With the IRS’ recent expansion of HSA preventative services and prescriptions, this removes the barrier to care for members’ chronic conditions, which was once a concern with high out of pocket expenses. Therefore, creating more interest in this plan design We also see Transparency growing with the new Hospital Transparency law effective 1/1/2021. This is a favorite for many of our municipal accounts. We expect more benefits come to this program in the near future including a provision to allow Direct Primary Care on a first dollar basis which is being considered in Washington D.C. now.



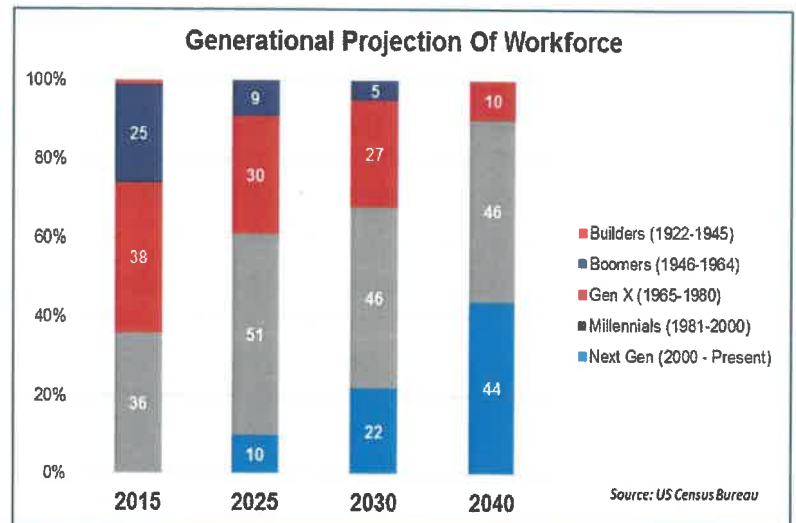
Worksite Wellness: Robust Wellness Programs are beneficial in controlling costs early and establishing a Well-Being Culture. They work best when the majority of plan members participate including Employees and Spouses, including retirees. Most of the results come from Horton Wellness specialists' combined effort and a wellness committee that help champion the established program. In most cases, heavy participation comes because of a premium cost differential negotiated in the respective CBA. We realize the EEOC has weighed in recently with some new guidelines and will review them as approved. Near 60% of our Public Sector Groups have wellness plans offering comprehensive Wellness screening.



Pharmaceutical Strategies: Pharmacy costs continue to rise due to new specialty drugs and inflation of pricing on name brand categories. Each carrier has pharmacy options to control cost. We see preferred formularies offering the most optimally priced and effective drugs for all categories having major impacts. There are also strategies for enhanced use of generic drugs and specialty drugs to lower your overall cost. A more recent trend we've adopted for infusion specialty drugs redirects site of care to physician offices or home health care, saving between 200-300% vs. a hospital. Recent studies have shown the cost of gene therapy drugs can range as high as \$1M - \$3M for one-time use, life-saving treatments. Horton's goal is to prepare your overall pharmacy plan to potentially absorb such a large claim. We would typically conduct a Pharmacy PBM RFP on the Town's behalf to potentially carve-out the program to a more suitable vendor. Outside PBM's are allowed on Blue Cross Plans with over 500 employees. A recent Rand study showed name brand drugs in the U.S. cost as much as 344% more than peer countries. With that in mind we have introduced International name brand drug importation to our clients including Public Sector members on a voluntary basis with cost savings as much as 70% on name brand drugs.

Generational Planning: We are in the midst of generational changes as Millennials and now Generation-Z account for an increasingly large percentage of the working population including Public Sector. Plan choice becomes a relevant factor. Studies also show that the feel of plan customization is a desired feature to attract and retain this population. We conduct a generational study to determine your exposure in this area and to make appropriate recommendations of plan designs and other benefit offerings. We've also found 4-tier rate structures (employee, employee/spouse, employee/children, and family) to be welcomed by these generations and many to allow for personal customization to their family needs. CBA negotiations are involved.

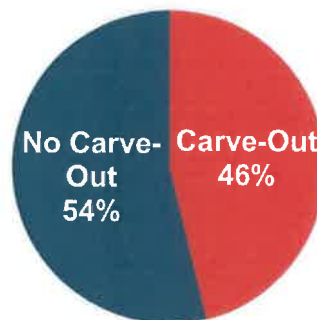
Generational Planning: We are in the midst of generational changes as Millennials and now Generation-Z account for an increasingly large percentage of the working population including Public Sector. Plan choice becomes a relevant factor. Studies also show that the feel of plan customization is a desired feature to attract and retain this population. We conduct a generational study to determine your exposure in this area and to make appropriate recommendations of plan designs and other benefit offerings. We've also found 4-tier rate structures (employee, employee/spouse, employee/children, and family) to be welcomed by these generations and many to allow for personal customization to their family needs. CBA negotiations are usually involved.



Eligibility Management: Retiree Carve-Out

A good part of high-risk claimants is attributable to retirees. Retiree costs are 2 to 3 times the per capita cost as active employees. Even Medicare-eligible members, where Medicare is primary, can be more costly due to pharmacy expenses. As a result, we work with our clients to minimize their risk by implementing Post 65 Retiree Carve-Out Programs with 100% participation. We implemented such program for the Town of Normal which helped control costs, especially in the area of Pharmacy. We have explored implementing Pre 65 Retiree Opt-Out Incentive Programs in the form of Health Reimbursement Arrangements to incent members off the plan. This program is a bit more difficult to meet individual retiree geographic needs as individual plans are not accessible everywhere. Both complying with state statutes for Retirees.

Post-65 Retiree Carve Out Utilization By Municipality



Spousal Incentive Health Reimbursement Arrangement (SIHRA):

As Public Sector employers usually have high family content participating on their plans, many are exploring options to incent working spouses and children off the plans. The SIHRA is an economical way, rather than incentives which are paid immediately and taxable, the SIHRA offers to cover the member's deductible and out of pocket expenses, only when they are incurred, and on a pre-tax basis. The concept removes the risk from the Town's plan and has been well received by the members.

NOW. Horton's focus is delivering superior insurance, employee benefits, and risk advisory solutions to our clients as:

- A [Top 50-Commercial Lines Agency for 2020](#) by *Insurance Journal*
- A [Best Practices Agency for 2020](#) by the Independent Insurance Agents & Brokers of America
- A [Top 100 Property/Casualty Agency for 2020](#) by *Insurance Journal*
- [Seat Representation by Michael E. Wojcik](#), on the NAHU National Legislative Council in Washington, D.C.
- [A Top 100 Largest Broker of U.S. Business for 2020](#) by *Business Insurance*
- [Big I Representation in Washington D.C. as Healthcare Liaison](#) By Michael E. Wojcik
- [Best Places to Work In Indiana for 2020](#) by the Indiana Chamber of Commerce and Best Companies Group

Many of these recognitions are extraordinary industry milestones achieved by few private firms.

FUTURE. Horton is dedicated to remaining independent and progressive, creating lasting value for our clients.

2014 - 2019 Financial Summary						
Year	2014	2015	2016	2017	2018	2019
Revenue	\$54.4 M	\$59.6M	\$64.4M	\$72.2M	\$75.5M	\$77.4M
Operating Income	\$8.9M	\$10.3M	\$10.8M	\$11.3M	\$11.7M	\$13.1M
EBITDA	16.4%	17.4%	16.5%	16.1%	15.5%	16.9%

Note: Horton's audited year-end "Consolidated Financial Statements" and "Independent Auditor's Report" can be made available upon request if the receiving party signs a non-disclosure agreement.

- (a) (4.8.5) A complete description of the services to be provided. Include both services outlined in this RFP as well as any additional recommended services, including a description of any and all unique brokerage or consulting services that the firm will offer to the Town. Please specify if these services are to be provided by the firm's staff or through an affiliate of the firm.

Article 2 – Scope of Services (2.1 – 2.7)

2.1 The selected broker shall provide the services, without limitation, set forth in this Error!
Reference source not found..

The Horton Group Agrees & Understands the requested scope of services set forth by The Town of Normal. Our services will continue to be consistent with the Town of Normal's proposed scope of work, making sure to incorporate all of the Town's intended services, including Strategic Planning and Market Insight; Financial and Benefit Analytics; Employee Benefit Compliance Support; Human Resource Assistance; and Worksite Wellness Initiatives. A full scope of services is included in our RFP response below in 4.8.6.

2.2 Lines of coverage

The Broker will provide services for the following lines of coverage:

- ✓ Medical and Rx
 - ✓ Dental
 - ✓ Life & AD&D
 - ✓ Voluntary Life
 - ✓ COBRA Administration
 - ✓ Post 65 Retiree Carve-Out Program
 - ✓ Future Voluntary Programs
 - ✓ For Future Consideration: Pre-65 Retiree Incentive Programs (as allowed by state statute).
- *Agreed and understood. Please see our scope of services and pricing model for more details.*

2.3 Analysis and reporting

- ✓ Analyze existing coverage and identify or develop cost-saving alternative benefit strategies and plans.
- ✓ Assist in the development of long-range goals and strategies, including projecting potential savings.
- ✓ Assist in monitoring and analyzing experience trends and providing timely alerts on changing patterns and appropriate recommendations.
- ✓ Provide, maintain, and update comparison reports of other public and private companies' benefit-plan offerings and costs to determine their competitiveness with programs.
- ✓ Provide COBRA administration through a third party vendor.
- ✓ Provide financial and performance reviews of self-funded and fully insured plans and programs for comparison and negotiating leverage.

- ✓ Prepare, provide, and present various reports as needed, including cost analysis for benefit changes; statistical, financial, forecasting, trend, or experience reports; new products, and claim audit reports.
- ✓ Regularly monitor and evaluate performance and guarantees for providers.
- **Agreed and understood.** Horton will conduct these services as requested for the Town. In addition, but not limited to:
 - ❖ Conduct pre-renewal strategy meeting to outline specific goals and budgetary needs for renewal negotiations
 - ❖ Review renewal methodology, experience data, and assumptions against trend analysis
 - ❖ Leverage Horton's overall block of business to negotiate renewals with incumbent and alternate carriers that would still meet the Town's overall Collective Bargaining Agreements and member satisfaction
 - ❖ Develop a plan to conduct plan RFPs every year to ensure competitive pricing
 - ❖ Develop RFP and market plan coverages as determined and identified by the Town during pre-renewal strategy meeting
 - ❖ Include Pharmacy PBM, Stop Loss, Network Performance and Administrative Services
 - ❖ Consider Direct Contracting with local health providers for greater discounts to lower overall cost
 - ❖ Summarize each carrier quote and prepare comparative analysis including:
 - Pricing
 - Terms and conditions
 - Relevant RFP/RFI response information
 - Network access
 - Discount analysis
 - Plan design implications
 - ❖ Schedule and facilitate selected carrier and vendor finalist interviews
 - ❖ Provide recommendations on carriers best suited to meet plan goals and objectives
 - ❖ Assist in establishing appropriate carrier performance guarantees with monetary penalties as appropriate
 - ❖ Provide a non-legal review of carrier contracts before execution to assess business implications and benefit program needs
 - ❖ Evaluate structure and performance of stop loss coverage and recommend alternatives for consideration as needed
 - ❖ Evaluate existing and potential carriers, including their capabilities and support services
 - ❖ Assist the Town's HR-Benefits team in proactively identifying and monitoring potentially catastrophic claims and work with the appropriate parties to understand the possible impact of large claims on overall plan performance
 - ❖ Provide Year-End and Mid-Year reviews comparing plan performance to benchmarks and review actionable strategies for improvement where possible.

2.4 Liaison and problem intervention

- ✓ Act as a liaison between the Town and insurance providers.
- ✓ Provide day-to-day consultation on plan interpretation and problem resolution.
- ✓ Provide timely customer service and assistance to staff with issues involving provider billing, claims Broker-service issues or problems, advocacy for services, disputes, interpretation of contracts and services, changes, and general troubleshooting.
- ✓ Attend, as needed, meetings with Town staff to facilitate and assist in the management of the Town benefit plans.

- ✓ Act as an advocate in appeals between the Town and the providers on unresolved issues, if needed. Provide advice, when needed, to enforce Town or beneficiaries' rights.
- ✓ Assist the Town to proactively mitigate any negative impact or disruption of services to beneficiaries from benefit or provider network changes.

- **Agreed and understood.** Horton will conduct these services as requested for the Town. In addition, but not limited to:

- ❖ The Horton Team Acts as an employee/employer advocate in the resolution of escalated service and/or claim issues as requested
- ❖ Assist with inquiries from the Town's HR-Benefits team with respect to day-to-day administration of benefit program matters, policy coverage consultation, and other questions as needed
- ❖ Facilitate processes related to changes in coverage – notification of changes in coverage, obtaining approvals, and confirming acceptance
- ❖ Keep the Town abreast of industry trends or pending legislation that may impact its benefit programs
- ❖ Organize and facilitate carrier business review meetings and financial reporting

2.5 Compliance

- ✓ Assist with ongoing plan administration and ensure that programs comply with State and federal regulation.
- ✓ Provide on-site training to Town staff, as needed, regarding regulatory updates or best-practices seminars for the effective administration of benefit plans.
- ✓ Assist Town staff with annual audit to ensure compliance with all mandated reporting, posting, and notice requirements for benefit plans.
- ✓ Develop, or assist in developing, communication materials and tools for conducting dependent verification audits.

- **Agreed and understood.** Horton will conduct these services as requested for the Town. Additional services include, but not limited to:

- ❖ Perform annual compliance review of Health & Welfare plans
- ❖ Identify any areas on non-compliance
- ❖ Provide the Town with an annual report summarizing the findings and recommendations
- ❖ Perform non-discrimination testing for the Flexible Spending and Cafeteria plans
- ❖ Keep the Town abreast of industry trends or pending legislation that may impact its benefit programs.
- ❖ Include Think HR at no additional cost to assist with many compliance issues and also address many needs and benefits created by the COVID-19 pandemic.

2.6 Renewal process and evaluation

- ✓ Establish a strategy for benefits, both annually and three to five years in the future. Consider trends, labor negotiations, prospective legislation, and new delivery systems to make long-term projections.
- ✓ Review and make cost-saving recommendations regarding the modification of plan design, benefit levels, premiums, communications, and quality of benefit plans.
- ✓ Recommend appropriate premium rates and reserves to maintain the viability of the plans to ensure that the plans provide quality and cost-effective benefits.
- ✓ Provide annual estimates of renewal rates and cost trends and assist Town staff in the preparation of budget figures.
- ✓ Conduct thorough and applicable market research in preparation for contract renewals.

- ✓ Recommend items of negotiation with providers, including, where applicable, benefit levels and plan design, premiums, quality of service, performance measures and guarantees, and return on investment.
 - ✓ Prepare specifications and compile data, obtain quotes and proposals, negotiate rates, and analyze and compare proposals.
 - ✓ Review rate proposals to ensure underlying assumptions are appropriate and accurate to the Town.
 - ✓ Assist in coordinating and attend, where appropriate, open-enrollment meetings.
- **Agreed and understood.** Horton will conduct these services as requested for the Town.

2.7 Other services

- ✓ Recommend and develop enhancements and improvements to the employee wellness program.
 - ✓ Recommend and develop enhancements and improvements for communications specific to the needs of beneficiaries, including brochures, pamphlets, matrices, comparison charts, summaries, electronic communications, forms, and handbooks.
 - ✓ Provide timely research and responses to technical questions from Town staff.
 - ✓ Provide regular and timely communications needed for the effective administration of the benefit plans.
 - ✓ Provide guidance and recommendations on items such as trends in benefits plans, methods for improving cost containment, financial arrangements, and administration.
 - ✓ Assist with presentation of content for labor and management benefits meetings or Town Council meetings.
 - ✓ Provide access to published benefit-related survey information.
 - ✓ Develop additional benefits communications specific to the needs of the beneficiaries.
 - ✓ Develop or assist in developing and evaluating employee needs and satisfaction surveys.
 - ✓ Work collaboratively with Town staff.
 - ✓ Manage plan transitions as necessary.
 - ✓ Review and evaluate current administrative processes related to enrollment and billing. Recommend and assist with implementation of administrative-process enhancements.
- **Agreed and understood.** Horton will conduct these services as requested for the Town. Additional services include, but not limited to:
 - ❖ Review current vendor electronic data transfer process functionality as needed and assist with outsider resources at no additional charge.
 - ❖ Finalize benefit program design and rates, including COBRA rates.
 - ❖ Review Hospital (Carle Bromenn Medical Center) Direct Contracting Possibility at Sliding Scale of Medicare, to develop regional self-funded plan. Carle Bromenn Medical Center currently accounts for 70% of Town of Normal Spend.
 - ❖ Assist with the implementation process across multiple organizational departments to ensure timelines are met, systems are set-up appropriately, and data transfer is functioning
 - ❖ Provide employee/employer contribution modeling best practices and benchmarks to meet financial targets
 - ❖ Develop an appropriate ongoing communication strategy

- ❖ Design and update Town communication materials including Open Enrollment Guides, Retiree Medical Guide, New Hire Benefit Guide and Voiceover PowerPoint communications to assist with open enrollment and ongoing onboarding efforts, especially as efforts are hampered due to the COVID-19 pandemic.
- ❖ Coordinate carrier-sponsored communication material as appropriate
- ❖ Assist with planning open enrollment meetings, onsite and / or virtual, including carrier participation
- ❖ Assist with coordination of the annual Benefits Fair
- ❖ Facilitate local enrollment meetings (>25 employees) or video conference meetings as needed
- ❖ Provide train-the-trainer sessions for the Town's HR-Benefits team for conducting annual enrollment meetings

(b) (4.8.5) A description of the group medical, dental, vision, and life premium volume handled by the firm and by the specific office to which the Town's account would be assigned.

The Horton Benefits Division captured \$30M, or 37.5%, of our overall \$80M in revenue in 2020. This is a significant part of our overall agency and we do not consider this to be just an accommodating division as some multi-line insurance agencies operate.

The Town of Normal will continue to be serviced by our Public Sector Practice Group located in our Orland Park Headquarters.

An outline of Horton's breadth to carry out the scope and the extent of the work required follows:

The Public Sector Team of benefit professionals that will directly serve the Town of Normal follows. Your first point of contact, depending on the need, would be your Lead Consultant, Mike Wojcik, or Client Executive, Beth Ishmael. Mike Wojcik began at the Horton Group in 1989 as one of the benefit consulting and brokerage division founding partners. In their combined 50-plus year experience in employee benefits, Mike and Beth bring an unparalleled level of insight to our benefits clients.

The team members in total hold 14 advanced degrees or advanced industry designations, including MBA, BSBA, BS, CEBS, CFP, CLU, CSFS, GBA, GBDS, REBC, and RHU. Our Wellness Team members are Certified Health Education Specialists. Our team is 100% in-house and has all the required resources to complete the Town's project.

Strategy & Thought Leadership for Town of Normal

Lead Consultant: Mike Wojcik

Service Delivery / HR Administration Client Executive Beth Ishmael	Marketing / Analytics Senior Analyst Bill Santino	Wellness Supervisor Laura Czekanski	Customer Service Team Manager Alyson O'Mara
Communications & Compliance Client Manager Rebecca West	Marketing Analyst Bill Blake	Client Specialist Sami Kabureck	Customer Service Morgan Potochnic
Client Manager Raul Aguilar			
Compliance Coordinator Debbie Lorsch			
Benefit Technology Client Manager Loreal Wakefield	Retirement Planning Partner, Consultant Cerity Partners Phillip Steele		

Mike Wojcik, MBA, CLU, CFP® / Senior Vice President, Partner - Public Sector Practice Group

<https://www.thehortongroup.com/team/mike-wojcik>

Mike's expertise resides in strategy and thought leadership.

Mike is a Senior Vice President of the Horton Group, one of the region's largest privately-held insurance agencies specializing in Insurance, Risk Advisory and Employee Benefits. He joined Horton in 1989 as one of the founding partners of their benefit consulting and brokerage division. He is recognized as a thought leader in the industry.

Mike earned his Bachelor's degree from Roosevelt University and an MBA from Lewis University. He received his Certified Financial Planner (CFP®) designation from the American College and is a Chartered Life Underwriter (CLU). He received A Professional Certificate in Public Finance from the University Of Chicago Harris School Of Public Policy and recently received his Group Benefits Associate designation from the Wharton School of the University of Pennsylvania.

Mike serves and has served on numerous advisory boards for insurance carriers and related industries, with his most current service on the Anthem Blue Cross Blue Shield of Indiana Agent Advisory Committee. He was also an agent advisory committee member of HCSC's Blue Cross Blue Shield of Illinois. Mike serves on the Government Relations Committee of the Illinois Independent Agents and testified several times to state legislative committees, and co-authored several white papers on healthcare reform. He has served on the

Governance Board of Advocate South Suburban Hospital for the past 15 years and was Chair for three. Mike also serves on their Quality Management Oversight Committee. He is past president of United Way Metro South Suburban.

At the national level, Mike is regarded as an industry expert. He is the past chairman of the Big "I" National Health Care Task Force in Washington D.C. and currently serves as the group's Health Care Liaison, which supports their government affairs efforts on healthcare reform. The Big "I" is a national alliance of more than 250,000 insurance agencies and their employees. This year Mike was awarded a seat on the Legislative Council of the National Association of Health Underwriters (NAHU) in Washington, D.C., which represents over 100,000 health benefit specialists who work diligently to ensure all Americans have access to high-quality, affordable healthcare and related services.

A message from Mike.... "My career is based on an unwavering passion for expanding accessibility and long-term affordability of healthcare. My involvement legislatively and in the community has had a profound impact on the way I present healthcare options to clients. I constantly look for innovative ways to assist employers with long-term strategies and have helped many evolve to a consumer-centric healthcare model with an emphasis on wellness, product understanding with, product understanding with cost transparency and proper engagement."

Beth Ishmael, RHU – Client Executive – Public Sector Practice Group

<https://go.thehortongroup.com/beth-ishmael>

Beth Ishmael is a Client Executive for Horton's Employee Benefit Solutions. In this role, Beth is responsible for providing expert employee benefits consulting, bringing new clients on board, and servicing and retaining existing clients. She is part of a team of employee benefits-focused professionals dedicated to delivering innovative healthcare solutions to employers.

Beth's history with Horton is one of longevity and evolution! Beth joined Horton in 2000, starting in the Human Resources Department. For two years, Beth worked in the HR Department until she transferred to the benefits division, where she started as a Client Service Representative. She then worked through all service positions until the one she has today, a Client Executive. Beth's holistic career journey with Horton gives her an incredible perspective when it comes to addressing benefit plan designs, benefit administration, and the wide spectrum of complex insurance challenges faced by today's clients

When it comes to benefits and the insurance industry as a whole, Beth believes "something needs to change. Costs continue to increase, and at this pace, it is not sustainable. There is a lot of waste in the industry. Better management of costs for employers, providers, and insurance companies is a good place to start.

Communication and understanding are integral to the service Beth provides every day. "Try only to ask the client for something when necessary. I try to be one step ahead of them and deliver things on time or early if possible. Setting expectations and driving timelines to deliver on those expectations is sacred to me."

Beth is most complimented for three core abilities, organization, project management, and communication. Her ability to hone these for clients allows for an industry-leading client experience, a solid benefit offering, and overall team cooperation in any scenario. As most of Beth's work history and development came from Horton, she aspires to continue learning and growing in the role she holds today and taking on more of a book manager and consulting role over time.

Beth earned a Bachelor of Science Degree in Business with a concentration in Human Resources from Trinity Christian College. While at Trinity, she was a four-year varsity basketball player.

Beth is married to her husband, Jonathan, a die-hard White Sox fan, has a daughter, Eva and a dog, Buerhle, the second loves of her life. Beth is one of four siblings, and her parents still live in the home they raised them all in years ago. Her passions include traveling, seeing new places and experiencing new cultures, and mission and service projects for local and foreign countries.

Our team is staffed with the following service positions:

1. The **Consultant (Mike Wojcik)** is responsible for developing new opportunities, maintaining strong relationships with our existing clients, and determining the overall program strategy for a given client.
2. Actively supporting the Sales Executive is the **Client Executive (Beth Ishmael)**. A Client Executive is a highly technical and tenured industry contributor responsible for executing the program strategy, executing the customized service platform agreed upon with the client, and designing risk transfer programs or alternative benefit plan designs.
3. Each team also has a **Client Manager (Rebecca West)** who is the primary contact for a client's day-to-day needs. Client Managers often conduct open enrollments and are responsible for everyday compliance issues and audits, and complex claims issues.
4. Client Managers are supported by a designated **Assistant Client Managers (Morgan Potochnic)** responsible for coverage and billing questions, eligibility, policy changes, and helps with internal processing and acting as the conduit between the carrier and client. Assistant Client Managers are 100% internal.
5. A partner to the Client Manager is our **Marketing Manager**. A team's Marketing Manager (**Bill Santino**) is responsible for RFPs, approaching the carrier marketplace, and negotiating the contract terms. Marketing Managers also analyze coverage forms to ensure all exposures and needs of a program are addressed, so no gaps or reductions in coverage exist. Marketing Managers/Specialists are 100% internal.

The Horton Group also has a **variety of Specialists**. These specialists handle unique services like *legal assistance, surety bonds, claim advocacy work, wellness programs, safety and loss control, certificate issuance, and tracking of vendor or subcontractor certificates*

(c) (4.8.5) A list of the principal insurance markets used by the firm in the order of premium volume placed with each market. This listing should be categorized by the line of coverage: medical, dental, vision, and life.

Markets: Volume & Coverage	
Medical	Dental & Life
Blue Cross & Blue Shield of IL \$1.2B <i>* Blue Diamond Distinction (1 of 7 IL Agencies)</i> <i>* Producer Advisory Committee</i>	Guardian \$17M
United Healthcare \$600M <i>* National Producer Advisory Committee</i>	Lincoln Financial \$10M
Humana \$90M	Principal \$6.2M
	UNUM \$5.7M
	Met-Life \$5M
	Dearborn National \$2.7M
Cigna \$85M	Delta Dental of IL \$1.7M

Also, The Horton Group has relationships with the following Insurance Markets
Listed in Alphabetical Order:

Medical, Rx Carriers/TPAs
<ul style="list-style-type: none"> • Aetna – Preferred Broker 15+ years • Allied Benefit Systems (TPA) – 25+ years agency relationship • Anthem, Inc. – Elite Plus Agency, 10-year relationship, Agent Advisory Council for past 4 years • Auxiant (TPA) – Preferred broker for 10+ years • Blue Cross Blue Shield of Illinois – We hold Blue Diamond Distinction (1 of only 7 agencies to receive). Horton also was one of the founding partners on their Producer Advisory Committee, with more than a 30-year relationship • Cigna – Preferred Broker 15+ years • Employee Benefits Corporation – Appointed Agency, 10 years • Health Alliance – 20-year agency relationship • Humana – Preferred Broker, 25+ years • Kaiser – 20+ years agency relationship • Plan Benefit Administrators (TPA) – 10+ years agency relationship • United Healthcare – Diamond Partners Status, Advisory Board, 15+ years through the acquisition of Rush Prudential

Medicare Retiree Carve-Out Markets

- **Aetna**
- **Amwins**
- **Anthem**
- **Blue Cross**
- **Benistar**
- **Humana**
- **United HealthCare**

Stop Loss Reinsurance Carriers

- **American Fidelity**
- **Anthem**
- **Berkley**
- **Berkshire Hathaway**
- **HCC**
- **HM**
- **Nationwide**
- **Optum**
- **QBE**
- **Sun Life**
- **Swiss Re**
- **Symetra**
- **Unum**
- **US Fire Insurance**
- **Voya**

Ancillary Lines, Dental, Life, Disability, etc.

- **Delta Dental** – Preferred Broker, 15 years.
- **EyeMed** – Preferred Broker, since their inception in this market
- **Guardian** – Gold Status, Highest, 20+ years
- **Hartford Insurance** – Preferred Broker 15+ years
- **Lincoln Financial** – Elite Partner Status Highest, 15+ years
- **MetLife** – Premier Agency, 30-year relationship
- **Mutual of Omaha** - Preferred Broker – 10+ years
- **Principal** – Privileged Partner, Highest, 15+ years
- **Reliance Standard** – Preferred Broker – 15+ years
- **Standard Insurance** – Preferred Broker - 15+ years
- **UNUM** – Preferred Broker, since their inception

- (d) (4.8.5) A description of technical or professional support available at no extra cost through the firm, such as legal counsel, communications, technology support, or others.

Compliance/Legal

With the support of our compliance partners and our internal efforts, we develop processes within our customized Service Plan to ensure our clients comply with regard to any state and federal regulations. Your first line of defense is your Client Executive.

Additionally, all of our associates attend bi-weekly Industry and Compliance training to share news updates whenever the DOL, IRS, or HHS release new guidance. On behalf of our clients, The Horton Group is very involved in the Governmental Affairs Committees of Insurance and Agent & Broker Associations on State and Federal levels. This gives us direct access to Legislators in Springfield and Washington D.C. Information is then shared with our clients through multiple formats: The Horton Website, e-Newsletters, Regional Workshops On-site Service Visits. We are very proactive in educating our clients on all major topics that could impact their insurance or benefit programs, and as a result, have hosted more than a few hundred workshops over the past five years. As a result, our clients benefit from our first-hand knowledge of ACA, including its implementation requirements and consequences of non-compliance, penalties, and ongoing penalties.

As requested, Horton will meet with administrative or insurance committees internal to your organization to review the impact of the Legislation on employees and employee benefits whenever necessary. Horton's in-house compliance team is under the direction of **Debbie Lorsch**, our Operations Coordinator for Compliance. She has over 30 years of industry experience. In this capacity, Debbie assists staff and clients in complying with regulations related to the Affordable Care Act, ERISA, COBRA, Section 125, FMLA, and everything employee benefit-related.


Below are compliance support staff and consultants available to the Town of Normal. To note, we do not bill for inside guidance, as described. Response times vary depending on the complexity of the issue.

Larry Grudzien, JD, LL.M.

Mr. Grudzien is an attorney practicing exclusively in the field of employee benefits. He has 28 years of experience in dealing with qualified plans, health and welfare, fringe benefits, executive compensation, and employee benefit law. He also works with drafting individually designed and prototype retirement plans and due diligence on employee benefit issues for mergers and acquisitions.

Benefit Comply HIPAA Shield Product

Employers are responsible for complying with multiple federal and state regulations. Horton's compliance assessment covers required disclosures, reporting, and reviews current policies and procedures. Topics include ERISA Plan Documents, SPD & SBC Requirements, Notice and Communication Requirements, Reporting Requirements, Fees and Taxes, Plan Eligibility and Coverage Rules, HIPAA Privacy & Security, Cafeteria Plans, HRAs and HSAs, Wellness Plan Requirements, Discrimination Rules, and Testing, FMLA, USERRA, COBRA, State Continuation Benefits and Controlled Group Status. Through the assessment process, we can identify any gaps and develop strategies to solve identified issues.

Compliance Assessment Report	
<p>Employers are required to deal with an extensive list of compliance obligations related to the health and welfare benefits offered to employees. These laws, rules, and regulations are complex and often change. Important: failure to comply exposes an employer to potential fines, penalties, estate taxes and other legal liabilities.</p> <p>Employers should make a practice of regularly checking their compliance with relevant employee benefit rules. A comprehensive assessment will identify gaps in the employer's compliance and give the employer an opportunity to adjust policies and procedures to improve compliance and minimize risk to the employer.</p> <p>This report is divided into two sections:</p> <ol style="list-style-type: none"> 1. The summary overview report which provides a quick snapshot of areas where compliance gaps exist. 2. The full compliance report which contains more detail on each compliance area including background to each regulation as well as the rules that must be followed in order to comply, and information on potential risks and penalties. 	<h3>Plan Document, SPD & SBC Requirements</h3> <ul style="list-style-type: none"> ✓ Plan Documents for ERISA Plans ✓ Summary Plan Description (SPD) and Summary of Material Modifications ✓ Disclosures Required to be Included in SPD ✓ Summary of Benefits and Coverage (SBC) Uniform Glossary & Notice of Modification ✓ Summary Annual Report (SAR)
<h3>Overall Compliance Status</h3> <p>Key</p> <ul style="list-style-type: none"> ✗ Not In Compliance - 0 ⚠ Need More Information - 1 ⚪ Does Not Apply - 1 ✓ In Compliance - 55 ⚪ Unreported - 0 	<h3>Notice and Communication Requirements</h3> <ul style="list-style-type: none"> ✓ Electronic Distribution Requirements ✓ HIPAA Special Enrollment Notice ✓ Women's Health and Cancer Rights Act (WHCRA) Notice ✓ Grandfathered Status Disclosures ✓ Exchange Notice ✓ Medicare Part D - Notice of Creditability/Creditable Coverage ✓ State Premium Assistance Notice for Medicaid and CHIP Notice ✓ Excluded Contraceptives <h3>Reporting Requirements, Fees, and Taxes</h3> <ul style="list-style-type: none"> ✓ PCORI Fee ✓ Employer Reporting (Form 1094/1095) ✓ 5500 Annual Reporting ✓ Form W-2 / Cost of Health Coverage ✓ Medicare Part D Reporting ✓ Medicare Tax on Highly Compensated Individuals

The need to meet compliance requirements will continue to grow due to ACA's rapidly changing environment. We provide ACA impact studies, projections of taxes, including Cadillac tax forecasts, a compliance checklist review, and pay or play projections and strategies. Additionally, we have recently added a regulatory dashboard toolkit (cost not included in our stated fee) that will help maintain compliance on an ongoing basis by continually monitoring deadlines and regulations.

The Horton Group delivers specific resources to every client of 100 lives or more: **ThinkHR®** – a resource for human resources questions, legal issues, or state-specific laws. Horton also uses ThinkHR for Sexual Harassment Training in Illinois and other states where required.

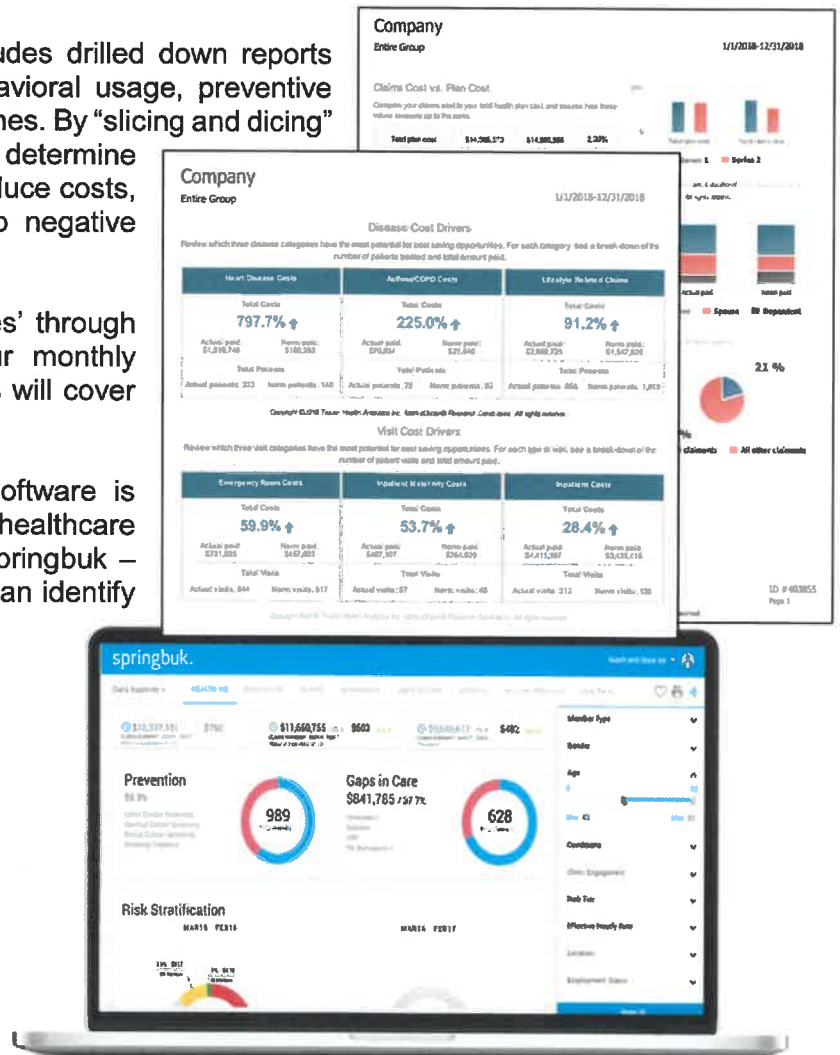
Technology *most at no cost*

Decision Master Warehouse (no cost) includes drilled down reports highlighting the groups' high-cost drugs, behavioral usage, preventive care, and individuals going to the ER multiple times. By "slicing and dicing" data from a variety of variables, we can determine strategies to improve the Town's programs, reduce costs, and manage behaviors that have little or no negative impact on the quality of benefits you provide.

Our clients are kept abreast of these 'changes' through multiple resources, but most commonly, our monthly teleconference interactions and/or email blasts will cover this information.

Springbuk's (no cost) health Intelligence software is equipping employers nationwide to reduce healthcare costs. Over 1,000 employers have adopted Springbuk – through their specialized platform; employers can identify and forecast strategic health management initiatives and the effect of those initiatives. Springbuk's intelligence empowers customers to focus on specific tactical direction and measurements. *We will include at no cost.*

Health Care Interactive: predictive modeling of claims activity through John Hopkins. Available through Our custom Wellness programs (separate contract in place).



MyWave® is a personalized website that allows you to click, connect, and communicate with The Horton Group effortlessly. It's designed to offer you time-saving tools and resources that build convenience into managing your everyday work tasks. Whether you want to view documents online, participate in plan/program surveys, or connect with more than 325,000 peers in your industry, this is the place to be. It's easily accessible, hardworking, and just one of the many services available to you when you partner with us. Key features include:

Posting Center

- Document posting capabilities allow us seamless information exchanging.
- Accessible 24/7, postings are timely, relevant, and easy to locate in one convenient place online.

Health Care Reform

- Get the information you need about health care reform, including legislative updates, explanations, and timelines.
- Provide your employees with the education they need to understand how reform impacts their lives.

Survey Benchmarking

- Participate in benefit plan program surveys.
- Allows you to determine how your plans and programs compare to other employers across the U.S.

Community

- Through MyWave® Community, you can access a vast and knowledgeable network of colleagues from across the country.
- Share information and resources via the Community's interactive forum that enables you to post questions to your peers, provide insight into other users' questions, and allows you to track responses based on topics or individual questions.
- Community postings are organized by topic so you can source information quickly and easily. **POPS** is a leader in virtual healthcare. They use technology to create independence for those managing chronic conditions. Key features include the following:

Wellness

- The Horton Wellness Team is dedicated to servicing our clients to help create and promote a culture of wellbeing. We have developed specialist roles to focus on client wellness initiatives solely; these team members are responsible for investigating the organization's culture and working with their population on readiness to change, shifting the culture to a well-being mindset. The Wellness team, led by [Laura Czekanski](#), analyzes data through different avenues such as health plan and pharmacy claims, employee assistance program (EAP) utilization, biometric screening and health risk assessment aggregate reports, and applicable collaboration with employee safety initiatives. By consulting in this manner, our wellness client specialists can provide thoughtful strategies to enhance our client's population's well-being.
- Like our benefits team set up, each client who works with our wellness team will be assigned a dedicated Wellness, Account Manager. This AM will be responsible for the day-to-day interaction and wellness programming with their clients. The AM will work with the Wellness Supervisor for strategic planning and other data analytics.
- Your dedicated Wellness Account Manager will use various tools to create and implement a specific wellness program to the clients' needs and goals. After a discovery conversation, the team will

recommend program specifics, and together we plan our approach. A few key elements include; communication strategy, leveraging carrier resources, biometric screenings, and determining what type of app-based resources might benefit the client. From there, we set up a secondary planning meeting and review program demos.

- **Over the past six years**, Horton's Wellness Supervisor, Laura Czekanski as serviced the Town's account. We have watched and assisted as the program has grown to what it is today. Most recently, the Town partnered with Healthcare Interactive, HCI, a third-party disease management vendor. While the transition to HCI was made quickly, due to the previous provider, Interactive Health going out of business, moving to HCI was part of our long-term strategy.
- HCI can provide a yearlong, outcomes-based wellness program while offering disease management to 100% of the high-risk and majority of the medium-risk population. HCI uses claims and pharmacy information from BCBS to determine risk classification and reach out to members accordingly. The level of disease management offered through a third-party vendor such as HCI is often significantly higher than what the carrier can offer.
- With this change, the Town also moved biometric screening vendors to eHealth, who were able to successfully mirror the prior vendor's package at a more competitive per screening rate.
- Also, the Town focuses on the included BCBS wellness resources such as Naturally Slim and Livongo for diabetes. In 2021 Livongo replaced the Town's in-house diabetes management program, allowing the employees access to app-based technology, wireless glucometers, and 24/7 direct access to diabetes educators.
- Laura Czekanski can personally attest to program enhancements that have happened over the past several years. The Town has always had a strong wellness culture, but moving to a disease management and the incentivized outcomes-based program will emphasize risk migration and monitoring co-occurring conditions.
- Also, the Town has a diverse wellness committee, encourages physical activity and mental wellbeing!
- Historical view of benefits our Horton Wellness Team assisted with:

2013 – 2016

- Screening through Advocate BroMenn Hospital
- Flu shots through the health department
- In house diabetes management program in partnership with Advocate BroMenn Hospital

2017 – June 2020

- Interactive Health Screenings and activity-based program
- Flu shots through the health department
- In house diabetes management program in partnership with Advocate BroMenn Hospital

July 2020 – current

- HCI- outcomes-based program and disease management
- eHealth biometric screenings, synch to HCI
- onsite flu shots
- Livongo for diabetes

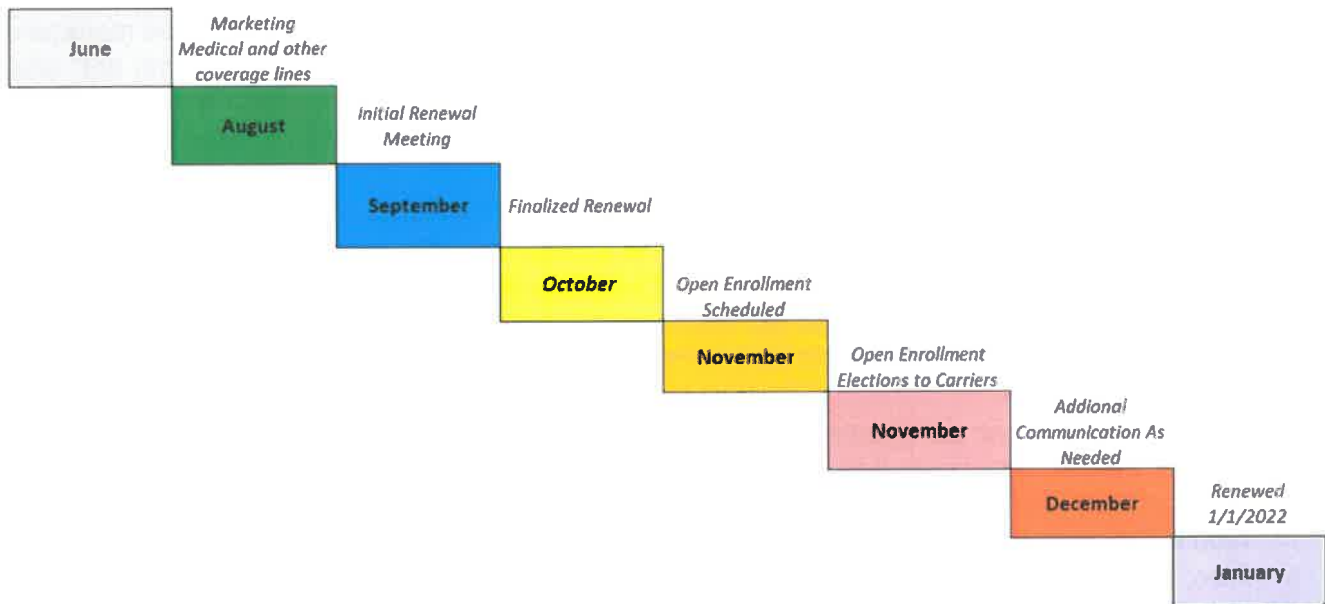
- Naturally Slim

While Horton offers access to our wellness team as a direct resource to you, we too have partnerships with other vendors. To make your wellness program successful, the Wellness Advisory Solutions team will go to market on your behalf to ensure the best vendor selection.

(e) (4.8.5) A sample work plan for insurance renewal and negotiations.

Sample Workflow Renewal Timeline

*Mid-Year Meeting
Renewal Planning*



Client Discovery & Process Initiation

(7-8 months before renewal)

Horton conducts mid-year review meetings with all clients to set expectations for renewal. This meeting aims to evaluate plan effectiveness, carrier satisfaction, and market trends since the previous plan renewal. Our preparation for this meeting includes examining recent loss history to determine marketing strategy, outlined in the following steps:

Develop RFP Specifications	
<ul style="list-style-type: none"> • Inventory current services provided • Review contractual obligations of the current program • Prioritize bid specifications 	<ul style="list-style-type: none"> • Request claims by location from current vendors • Analyze claims data to identify utilization trends • Prepare and present utilization data report with plan design recommendations

Market to Carrier Partners

(6 months before renewal)

To negotiate with our carriers and vendors, we examine your loss history, establish the necessary types of coverage consistent with your risk tolerance, choose carriers that provide superior services, and adopt the optimal funding mechanisms for your specific needs.

We have established rigorous selection criteria for potential vendors and recommend a selection based on the following considerations:

Critical Vendor Selection Criteria	
<ul style="list-style-type: none"> • Overall service and quality • Experience in administering multiple plan option health programs • Availability and clarity of financial and claims reporting 	<ul style="list-style-type: none"> • Quality of communication materials • Strategic services to manage costs and employee health risks • Superior network coverage in relation to the location of your employees

Make Decisions and Employee Engagement

(3-4 months before renewal)

To ensure timely implementation of selected plan designs, Horton creates an implementation blueprint identifying each specific task, responsible party, and target completion date. Once plan recommendations are presented, and final decisions made, focus shifts to educating employees on all benefits and changes in the program. The process includes the following steps:

Employee Engagement	
<ul style="list-style-type: none"> • Review prior communication media and compare to current goals • Decide on method and media; draft text • Create benefit administration site (service to be decided upon with core agreement) 	<ul style="list-style-type: none"> • Modify and approve communications with management • Schedule open enrollment meetings/webinars • Monitor employee enrollment on the benefit administration site and answer employee questions



4.8.6 Cost and price information: This section must include all of the following:

- (a) The Proposer’s price for performing the services discussed in the scope of work, include a comprehensive specific description indicating how the firm would price the Town’s account and the estimated annual cost of the services. Indicate whether pricing is based on an annual fee, fee for service, commission, or a combination of two or more.

Horton Scope of Services and Fee/Commission Schedule

Service Categories	Compensation Structure
<p>Strategic Planning and Market Insight; Financial and Benefit Analytics; Employee Benefit Compliance Support; Human Resource Assistance; Worksite Wellness Initiatives;</p> <p>Lines of Coverage:</p> <ul style="list-style-type: none"> • Medical & Rx • Dental • Life & AD&D • Voluntary Life • COBRA Administration • Horton Wellness Advisory (Basic) • Benefit Technology Assistance • Compliance Oversight • Springbuk Analytics - <i>NEW</i> <p>Additional Coverage</p> <ul style="list-style-type: none"> • Post 65 Retiree Carve-Out Program <p><i>*This fee represents compensation for services rendered under this proposal. Each and any <u>new</u> Benefit Programs established through our engagement (Ancillary, Voluntary Benefits, Retirement, Retiree Carve Out Benefit, etc.) will be subject to compensation independent of any fee agreement arising from this proposal.</i></p>	<p>\$3,300 per month Fee*</p> <p>In Lieu of Standard Commissions (Guaranteed 3 years) In addition, two, one year options at price increase no higher than 5% as negotiated.</p> <p>Standard Carrier commissions</p>

Strategic Planning and Market Insight	Included
<p>Because of our multifaceted involvement in Health Care, we are proud of the insight we can bring to the Board Room for intermediate and long term planning in the following areas:</p> <ul style="list-style-type: none"> ● Health Care Reform (ACA): Changes coming under New Administration in the White House ● Federal and State Legislative Impact Review ● Market Trends and Forecasting ● Benefit Philosophy Development ● Review of Risk Share Arrangements ● Direct Contracting with Supporting Hospital programs ● Alternate Funding Techniques (Self- Funding, Captives) ● Benefit Design and Cost Sharing Benchmark: Industry and Size ● Exploration of Defined Contribution Cost Sharing Model ● Eligibility Management: SIHRA (Spousal Incentive Health Reimbursement Arrangement) Pre-65 Retiree Carve Out Health Reimbursement Arrangements. ● ICHRA (Individual Coverage Health Reimbursement Arrangement) ● Private Health Insurance Exchange Options ● “Bend The Trend” Best Practices ● High Deductible Health Plan Strategies (HSA, HRA, Gap Planning) ● Engagement Strategies for Worksite Wellness / Early Detection ● Pharmacy PBM Review and Audits ● Pharmacy PBM Carve –Out where allowed by TPA/Carrier ● Pharmacy – Voluntary International Mail Order Options ● Pharmacy – Specialty Carve-Out Options – where allowed by PBM ● Development and Promotion of Consumer Centric Cost Transparency Tools ● Generational Benefit Planning -Voluntary Benefit Strategies ● Compliance Audit Checklist Review ● Review of Benefit Technology Solutions ● Affordable Care Act (ACA) “Pay or Play” Options and Strategies 	
Financial and Benefit Analytics	Included
<p>Semi – Annual Assessments</p> <ul style="list-style-type: none"> ● Executive Healthcare Summary ● Review Benefit Plan Strategy ● Plan Performance & Financial Benchmarking ● Provider Network Utilization - Discount Analysis ● PBM Carve Out and Supplement Analysis ● Contribution Modeling and ACA Compliance ● Medical Utilization Containment Strategies ● Rx Utilization and Containment Strategies ● Shock Claim Review 	

- Plan Design Benchmark and Analytics
- Plan Design Alternatives - Cost Modeling
- Renewal Forecast
- Actuarial Evaluation of Plan Designs using HHS AV Calculator

Report Plan Performance After Each Quarter – Electronic Delivery

- Overall Plan Performance: Quarterly Aggregate – Loss Information
- Key Performance Indicators
- High-Cost Claimants

Plan Year End - After Fourth Quarter

- Executive Healthcare Cost Analysis (year-end close out showing plan performance plus
 - Decision Master Warehouse Report: Medical, Rx
 - Springbuk Report
 - Demographic Review
 - Plan Costs vs. Expected vs. Maximum (per capita)
 - Industry or carrier benchmarks (where available)
 - Plan administrative costs (per capita)
 - High-cost claimants
 - Utilization by service type (professional, in-patient, out-patient, pharmacy and specialty pharmacy)
 - Key performance areas: Office visit, Emergency room, Medical diagnostic categories, Top 10 pharmacy charges
 - RX review – generic, mail order, specialty drug usage
 - Year-end summary of plan and contribution changes
 - Year-end summary of migration and analysis of cost impact
 - Market insight; Carrier and Legislative
 - Actionable Strategies for the next year

Mid – Year: After Second quarter, Pre - renewal Strategy Meeting

- Key Performance Indicators
- Network Utilization and Discounts
- High-Cost Claimants
- Overall Plan Performance
- Decision Master Warehouse or Carrier Equivalent
- Renewal Forecasting and Suggested Plan Alternatives
- Plan Design Benchmarking
- Retiree Carve Out Analysis
- PBM Carve Out Analysis (depending on data availability)
- Actionable Strategies and Recommendations for Renewal
 - plan design, employee cost-sharing, product, carrier, network
- Renewal Forecast

Renewal Market Analysis

- Prepare Renewal Specifications – ACA Compliant
- Seek Quotes to Analyze and Compare Market

Other Services	Included
<p><u>Eligibility Management Assistance</u></p> <ul style="list-style-type: none"> • Determining Full-Time Status (per ACA) • Assisting of Online Enrollment and Communication Systems • Developing Participation Guidelines: Working Spouse Waiver Rules, Eligibility • Documentation Requirements • Contribution Strategies <p><u>Employee Communication and Services:</u></p> <p>Onsite or Webcast Open Enrollment Meetings</p> <ul style="list-style-type: none"> • Custom PowerPoint Presentations with Voiceover Recording • Benefit Summary Guides • Summary of Benefits & Coverage (SBC) <p>Benefit Technology Solutions</p> <ul style="list-style-type: none"> • Assistance with Vendor Selection and Control • Carrier Resources and Tools <p>Video Benefit Tutorials</p> <p>Designated Horton Employee Claims Advocate / Product Support</p> <p><u>Affordable Care Act Enrollment Options for Part-Time and Employees not eligible for Core Benefits</u></p> <p><u>Employer Services:</u></p> <p>HR Benefits Portal – ThinkHR</p> <ul style="list-style-type: none"> • Live Access to a community of HR Professionals – Phone or Email • Comply: online resource for all of your workforce issues with hundreds of forms, tools and commentary on best practices. • Learn: offers more than 200 training courses and gives HR a way to curate, administer and track courses that ensure compliance. • Compliance Calendar • Convenient Mobile App • Covid-19 Resources <p>Claims, Billing, Eligibility Assistance, Benefit Administration Assistance by dedicated Assistant Client Manager</p> <p>Benefit Education and Communication</p> <ul style="list-style-type: none"> • Healthcare Literacy • Benefit Alerts • Compliance – Legislative Alerts • Horton Webinars, Newsletters and Events 	

Workplace Wellness – Horton Health Initiatives - Core Package	Included
<p>Initial Workplace Wellness Assessment Implementing The Fundamentals</p> <ul style="list-style-type: none"> • Health Assessment • Health Management Education • Engage Activities • Newsletters • Develop Incentives and Rewards <p>Define Additional Objectives & By-laws</p> <ul style="list-style-type: none"> • Three Year Plan Timeline • Incentive Contribution Modeling • Organize and Initiate Wellness Committee • Wellness Fair Coordination • Health Improvement Incentive Options 	
Additional Services – Wellness – Advanced Package	Vendor Fees Apply
<p>Health and Wellness Related</p> <ul style="list-style-type: none"> • Biometric Screening • Flu Shots (these costs vary by participation but can be paid by the plan) • BMI / Tanita Scale Readings • Stroke Screening • Learn at Lunch Seminars • Health Coaching • Nurse Hot Line • Doctor On-Site • EAP Services 	

Additional Expertise Available Through Horton

WORKSITE - Voluntary Benefits

The Horton Group helps organizations improve morale and free up staff by offering well-designed, optional products such as individual life, short-term and long-term disability and supplemental vision, dental and high deductible health plan gap plans including: critical illness and accident insurance.

Personal Lines

Horton Personal Insurance helps business owners, key executives and employees protect their homes, automobiles, watercraft and more. Services include annual detailed coverage reviews and programs designed for high-net-worth individuals

Property & Casualty / Risk Management Services

Horton Risk Management Services provides property, general liability, automobile, excess liability, workers' compensation, employment practices liability, crime, fiduciary liability, professional liability and directors and officers insurance as well as many other products in a variety of industries.

Safety Consulting and Loss Control

From employee orientation and training to job site inspections, Horton helps contractors and other commercial clients manage claims, facilitate appropriate return-to-work programs and incorporate safety into every aspect of their business operation.

Financial Wellness

By partnering with Cerity Partners, Horton has deepened its resources to include ERISA expertise and can assist organizations with their retirement services to maximize the organizations fiduciary protection, eliminate personal liability and hidden conflicts of interest while making a difference in the financial lives of their employees. There are three key pillars to our service platform:

- Fiduciary Oversight
- Investment Advisory
- Financial Wellness Coaching & Ongoing Plan Review

(b) Any and all commissions and fees that the firm would expect to receive from the existing programs for services requested in this RFP, as well as additional services that are being recommended. Identify any split commission or joint marketing arrangements with other agents, brokers, firms, or associations. With this description, include an explanation as to how the firm would provide the Town with the best price at the time of the negotiations.

Projection for New Contract:

Medical, RX BCBS = \$3,300 (per month) = \$39,600 (annual)

Benistar Retiree Program = \$22,148 standard commissions projected (annual)

Life Insurance Commission / Fee = \$0

Voluntary Life Commission / Fee = \$0

Dental Commission / Fee = \$0

Total Fees and Commissions = \$61,748 (annual)

Less Outsource Cost -- COBRA Outsource Charges = \$1,540

Less Outsource Charges -- Springbuk Charge \$2 PEPM = \$10,278

Net Revenue to Horton for Scope outlined: \$49,930.

4.8.7 Statements of Exceptions to RFP requirements: List any exceptions to any requirements of this RFP.

At the request of our corporate attorney, we propose a revision to the indemnification wording under section 3.4 Indemnification clause 3.4.1.

Indemnification

To the fullest extent allowed by law, Broker agrees to indemnify and defend the Town and the City and their respective officers, employees, agents, and assigns from and against all liabilities, losses, damages, penalties, claims, actions, suits costs, charges, subrogation, and expenses including reasonable legal and other professional fees and expenses and expert witnesses, that may be imposed upon or incurred by or asserted against the Town or City or their and their respective officers, employees, agents, and assigns and that arise out of any **professional negligence** by the Broker or any of its subcontractors, Brokers, agents, or employees.

The Broker shall pay all claims, losses, liens, settlements, or judgments of any nature whatsoever in connection with the indemnifications and defenses required under this section 3.4, including, without limitation, reasonable attorneys' fees and costs.

The indemnified party may select its own legal counsel to conduct any defense in any such proceeding, and all costs associated therewith will be the responsibility of the Broker.

Nothing in this section 3.4 is intended and will not be construed to waive the indemnified party's rights or immunities under common law or statute.

4.8.8 References: Include at least three client references as set forth in Exhibit 0

Reference # 1	County of LaSalle
# of Covered Employees	656
Website	www.lasallecounty.org
Address	707 Etna Road, Ottawa, IL 61350
Time period	2016 – Current
Contact name	Melissa Pilch
Contact title	Human Resource Director
Contact phone	(815) 434-8244
Contact email	mpilch@lasallecounty.org
Reference # 2	County of Kendall
# of Covered Employees	300
Website	www.co.kendall.il.us
Address	111 West Fox Street, Yorkville, IL 60560
Time period	07/01/2018 – Current
Contact name	Scott Koeppel
Contact title	County Administrator
Contact phone	(630) 553-4142
Contact email	skoeppe@co.kendall.il.us
Reference # 3	City of Elgin
# of Covered Employees	726
Website	www.cityofelgin.org
Address	150 Dexter Court, Elgin, IL 60120
Time period	2016 – Current
Contact name	Gail Cohen
Contact title	Human Resources Director
Contact phone	(847) 931-5607
Contact email	cohen_g@cityofelgin.org

About the Horton Group

Horton is an insurance employee benefits and risk advisory firm that leads clients with complex needs and limited resources to a higher level of performance. We do this by focusing on the Traditional + Innovative + Uninsurable and the Present + Future

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