RFP 17-02

Health Insurance Broker Services

Butler Metropolitan Housing Authority

October, 2017

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Request for Proposal

The Butler Metropolitan Housing Authority (BMHA) will receive proposals for the following services:

Scope of Services: Health Insurance Broker Services RFP

Proposals will be received until:

Closing Time: 4:00 P.M.

Closing Date: November 6th, 2017

Where: Butler Metropolitan Housing Authority
Procurement Department
4110 Hamilton-Middletown Road
Hamilton, OH 45011-6218

Phone: (513) 868-5238

Fax: (513) 896-9381

A contract will be awarded to the lowest priced responsive, responsible proposer who has complied with the conditions of the specifications.

Statements received after the stated time and date will not be considered.

An information packet will be provided upon request or may be obtained at the BMHA Procurement Department located at 4110 Hamilton-Middletown Road, Hamilton, OH 45011-6218. Questions regarding the specifications should be directed to Joe Mauch (513) 868-5238.

BMHA reserves the right to cancel this Request for Proposal (RFP), or to reject, in whole or in part, any and all submissions received in response to this Request for Proposal, upon its determination that such cancellation or rejection is in the best interest of BMHA. BMHA further reserves the right to waive any minor informalities or the failure of any proposer to comply therewith, if it is in the public interest to do so. BMHA will pay no compensation to any proposer for any costs related to preparation or submittal of the qualifications.

The award will be funded by the U.S. Department of Housing and Urban Development (HUD) and administered by BMHA. HUD reserves the right to review and approve the contract documents and the firm selected by the BMHA.

Pursuant to establish BMHA and HUD Affirmative Action and Equal Employment Opportunity goals, all proposers are advised they must satisfy the goal to utilize qualified minority businesses to perform the subcontract work or supply materials and/or equipment for the project and workforce content.

BMHA reserves the right to terminate a contract awarded pursuant to this RFP, at any time for its convenience upon ten (10) days written notice to the successful prosper.

BUTLER METROPOLITAN HOUSING AUTHORITY
By; Joe Mauch, Procurement/Budget Assistant

1.0 Instructions to Proposers

Introduction

This Request for Proposal (RFP) identifies the requirements that are considered to be the minimum required by BMHA. This RFP attempts to provide the proposer with sufficient information to fully understand BMHA's requirements and the environment in which the proposal must be developed and operate. Notwithstanding any of the specific details described in this RFP, it will be the obligation of the proposer to provide a service that works in the accomplishment of the requirements identified in this document. To aid the evaluation team in fully understanding each proposal submitted, and to ensure that full awareness is given to each aspect of the proposal, any deviation from the requirements specified in this document must be clearly noted and referenced to the subject area of the RFP.

1.1 Preparation of Proposals

Proposers are expected to examine the statement of work, the proposed contract terms and conditions, and all instructions. Failure to do so will at the proposer's risk.

Each proposer shall furnish the information required by the solicitation. The proposer shall sign the proposal and print or type its name on the cover sheet and each continuation sheet on which it makes an entry. Erasures or other changes must be initialed by the person signing the proposal. Proposals signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to BMHA.

Proposals for services other than those specified will not be considered.

1.2 Explanation to Prospective Proposers

Any prospective proposer desiring an explanation or interpretation of the solicitation, statement of work, etc. must request it in writing ten (10) days before closing date. Oral explanations or instructions given before the reward of the contract will not be binding. Any information given to a prospective proposer concerning a solicitation will be furnished promptly to all other prospective proposers as an amendment of the solicitation if that information is necessary in submitting proposals or if the lack of it would be prejudicial to any other prospective proposer.

1.3 Questions

All questions shall be submitted in writing (postal mail, fax, or e-mail) and should be addressed to:

Joe Mauch
Procurement/Budget Assistant
4110 Hamilton-Middletown Road
Hamilton, OH 45011
Fax # (513) 896-9381
Email Address: JMauch@ButlerMetro.Org

Questions may be submitted until 12:00 a.m. (midnight) eastern time October 24, 2017. Answers and responses will be distributed to all prospective proposers after that date.

1.4 Amendments to Solicitation

If the solicitation is amended, then all terms and conditions, which are not modified, remain unchanged.

Proposers shall acknowledge receipt of any amendments to this solicitation by:

- Signing and returning the amendment;
- Identifying the amendment number and date in the space provided for this purpose on the form for submitting a proposal;
- Letter, or;
- Facsimile, if facsimile proposals are authorized in the solicitation.

BMHA must receive the acknowledgement by the time specified for receipt of proposals. Failure to acknowledge all amendments may result in rejection of submission.

The Authority will endeavor to provide copies of addenda to all potential proposers to which this Request for Proposal has been mailed, but it will be the responsibility of each proposer to make inquiry as to the existence and content of addenda or amendments, as the same shall become part of this Request for Proposal and all proposers will be bound thereby, whether or not the addenda are actually received by the proposer.

All addenda may be downloaded from www.butlermetro.org, or may be obtained by contacting Procurement/Budget Assistant listed in Section 1.3.

1.5 Proposal Requirements

All proposals must be submitted on the form prescribed by the BMHA in this Request for Proposal (RFP). Proposal forms must be signed by an individual authorized to execute contracts for the Company in order to be accepted.
These forms, required at the time of submission, must be signed and provided to BMHA. (Forms may be downloaded from www.butlermetro.org, or obtained by contacting Procurement/Budget Assistant in Section 1.3)

- Debarment Certification for Prime and all levels of Sub-Consultants (HUD 2992).
- General Conditions for Non-Construction Contracts (HUD-5370-C).
- A completed Instructions to Bidders Non-Construction Form (HUD-5369-B).
- A completed Representation Certifications and Other Statements of Bidders Form (HUD-5369-C).
- Declaration regarding material assistance to terrorist organizations (HLS 0038).
- Non-Collusive Affidavit for prime and all levels of Sub-Consultants
- Certificate of Corporate Good Standing for Prime and **all levels** of Sub-proposers
- Listing of three (3) references with contact information
- Current client listing as of the proposal closing date
- Within ten (10) days of notice of award, the following will be requested:
    - Proof of the appropriate insurance coverage:
        - Workers' Compensation – Statutory Amount
        - $500,000 Automobile liability on owned, non-owned and hired motor vehicles used in connection with this contract
            - **A "Certificate of Insurance" must name the BUTLER METROPOLITAN HOUSING AUTHORITY as "<u>third party insured</u>"**
        - General Liability - $500,000

Proof of coverage shall be maintained uninterrupted for the duration of the contract. Failure to maintain coverage shall be considered in default of the contract and will be grounds for the contracting officer to terminate the contract for default.

Workmen's Compensation, in accordance with State Law for all employees engaged under this contract. Proof of Workmen's Compensation coverage shall be maintained uninterrupted for the duration of the contract. Failure to maintain a current valid uninterrupted Workers' Compensation certificate will be ground for the contracting officer to terminate the contract for default.

1.6 Time for Receiving Proposals

Proposals received prior to the closing date and time will be securely kept, unopened. The officer, whose duty it is to open them, will decide when the specified time has arrived. No proposal received after the specific time will be considered. The timestamp machine at the receptionist desk at 4110 Hamilton-Middletown Road Hamilton, OH 45011 will serve as the official time clock.

1.7 Proposal Withdrawal

No proposal shall be withdrawn for a period of Ninety (90) days subsequent to the opening of the proposals without written consent of BMHA.

1.8 Proposal Submission

Proposals must be submitted to BMHA by November 6, 2017. (local time) without exception, at the following address to be eligible for consideration:

Butler Metropolitan Housing Authority
Procurement Department
4110 Hamilton-Middletown Road
Hamilton, OH 45011-6218

One original copy of the proposal, plus three exact copies marked "Copy" are required. The cost proposal should be attached with "original" proposal.

To assure that your proposal arrives at the proper place, on time, and to prevent opening by unauthorized individuals, your proposal must be identified on the envelope of package as follows:

Request for Proposal
To Provide: Health Insurance Broker Services
Solicitation No. RFP 17-02
Due: 11/6/17 @ 4:00 P.M.

Proposals shall be submitted in sealed envelopes or packages using forms furnished by BMHA. All required forms shall be submitted in the envelope or package(s), which will clearly be marked "Proposal Documents" and will show the project name and number, name of proposer and the date and time when proposals are due. Once received by BMHA, proposals will not be returned.

All submissions are the property of the Authority and shall be retained by the Authority. Responses will not be returned. The contents of the documents submitted by the successful proposer(s) may become part of any contract award at the sole discretion of the Authority.

Facsimile proposals, modifications or withdrawals will not be considered.

1.9 Late Submissions, Modifications, and Withdrawal of Proposals

Any proposal received at the place designated in the solicitation after the exact time specified for receipt will not be considered.

A modification resulting from BMHA's request for "best and final" proposal received after the time and date specified in the in the request will not be considered unless received before award and the late receipt is due solely to mishandling by BMHA after receipt by BMHA.

The only acceptable evidence to establish the time of receipt at BMHA is the time/date stamp of BMHA on the proposal wrapper or other documentary evidence of receipt maintained by BMHA.

Notwithstanding this provision, a late modification of an otherwise successful proposal that makes its term more favorable to BMHA will be considered at any time it is received and may be accepted.

1.10 Evaluation of Proposals

Within ninety (90) days after receipt of proposals, BMHA will complete a review of all qualifications.

The Procurement Section will conduct an initial review process. This review of all proposals submitted to establish responsiveness and responsibility according to the submission of required documents on the part of the proposer.

Upon establishment of responsiveness, the technical and price evaluation phase would begin. An internal Evaluation Team will be assigned to this project. Their responsibility is to: (1) thoroughly review each proposer's proposal, (2) rate each proposer's proposal by awarding a point value to each of the evaluation and selection criteria.

Each proposer will ultimately end up with a score based upon the points assigned to the evaluation factors by each team member. All individual factors will be added to obtain an accumulated total score. At this point the Authority may decide, at its sole discretion, to enter into negotiations with the highest rated proposer.

Should the Authority deem it advisable to obtain clarification, proposers yielding clearly competitively high scores during the first phase evaluation may then be invited to a technical question and answer conference to be held at a specific time and date scheduled by the Procurement Officer. **Not all proposers may be asked to make such oral presentations.**

During this oral evaluation phase BMHA may, at its discretion, request any one or all proposers to make oral presentations. If invited to participate, at this point, based on their oral presentations, proposers will again be evaluated on the technical evaluation factors.

In consideration of the evaluation team's final scores, BMHA intends to enter into negotiations with, and award a contract to, the highest ranked proposer(s) based on the points received for the **oral evaluation** phase.

The decision as to who shall receive a contract award, or whether or not an award shall be made as a result of this request for proposal shall be at the sole discretion of the Authority. In addition, multiple awards may be made.

1.11 Responsibility of Prospective Proposer

The BMHA shall award a contract only to a responsible prospective proposer who is able to perform successfully under the terms and conditions of the proposed contract. To be determined responsible, a prospective proposer must:

- Have adequate financial resources to perform the contract, or the ability to obtain them:
- Have a satisfactory record of integrity and business ethics;
- Have a satisfactory record of compliance with public policy (i.e. Equal Employments Opportunity); and
- Not have been suspended, debarred, or otherwise determined to be ineligible for award of Contracts by the Department of the U.S. Government. Current lists of ineligible proposers are available for inspection.

Before a proposal is considered for award, the proposal may be requested by the BMHA to submit a statement or other documentation regarding any of the foregoing requirements. Failure by the proposer to provide additional information may render the proposer ineligible for award.

1.12 Negotiations with Selected Proposer

Once the evaluation process is complete, BMHA will negotiate with the highest ranked proposer. The negotiations will include clarifying the specific scope of work, performance period, and determining the final cost of the scope of work. If BMHA and the highest ranked proposer fail to reach an agreement, BMHA may negotiate with the next highest ranked proposer to reach an agreement, unless BMHA determines that it is in the best interest to re-solicit for these services.

1.13 Contract Award

The contract(s) will be awarded to the most responsive and responsible firm, which is most advantageous to BMHA provided the proposal complies with all conditions of the Request for Proposal (RFP). BMHA reserves the right to reject any and all proposals and to waive any informality in the solicitation. BMHA is prohibited from making an award to firms (including sub-proposers) or any individuals that are on the list of firms ineligible to receive from the United States Governments, as furnished by HUD.

1.14 Contract Term

The Contract term is for two (2) years, effective January 1, 2018 thru December 31, 2019, with the Authority having the option to renew for three additional one (1) year terms at no additional cost to the Authority, effective January 1, 2020 thru December 31, 2020, January 1, 2021 thru December 31, 2021, and January 1, 2022 thru December 31, 2022.

1.15 Review of Services

Prior to the end of the twenty-fourth (24^{th}) month of the initial contract, BMHA will evaluate the contractor to determine whether the optional renewal period should be considered. This evaluation will be based on the productivity of the Contractor, as specified by BMHA. The Contractor agrees to provide BMHA with any and all information that BMHA deems necessary and pertaining to the service for evaluation. **OPTIONAL RENEWAL PERIOD(S)** by mutual consent of BMHA and the Contractor, the contract may be renewed for three (3) additional twelve (12) month periods ending December 31, 2022. This option shall be automatically exercised unless written notice to the contrary is filled with either party not later than the first business day (Monday thru Friday) of the calendar month in which the current contract period expires. It is understood and agreed that the contract may be renewed only at the same prices and under the same conditions governing the original contract, and any request for an increase in price or a change in the contract conditions shall be interpreted as a request not to renew the contract at the end of the current contract period.

1.16 Service of Protest

Any protest against the award of a contract to this solicitation shall be served on BMHA by obtaining written and dated acknowledgement of receipt from BMHA at the address shown on the cover of this solicitation. Any protest against the solicitation must be received before the due date for the receipt of proposal or proposals, and any protest against the award of a contract must be received within ten (10) calendar days after the award of the contract, or the protest will not be considered. All proposal protests shall be in writing, submitted to the contracting officer, who shall issue a written decision on the matter. The determination of BMHA with regard to such protest or to proceed to award notwithstanding such protest shall be final unless the protestor makes an appeal.

1.17 Notice of Award

All proposers will be notified by mail or BMHA's selection as soon as possible. A successful proposer will be issued a Notice of Award.

1.18 Commencement of Work

The selected firm will be expected to begin work within ten (10) days of receipt of the Notice to Proceed

1.19 Cost of Producing Proposal

The costs of producing proposal are the responsibility of the proposer. BMHA will not reimburse any cost incurred to produce and to respond to this solicitation, to participate in oral presentation or to participate in negotiations with BMHA for any proposal.

1.20 Submission Conditions

Do not fold or make any additional marks, notations or requirements on the documents to be submitted. Proposers are not allowed to change the conditions or specifications contained herein by making or entering onto these documents or the documents submitted any revisions or additional and if any such additional marks, notations or requirements are entered on any of the documents that are submitted to BMHA by the proposer, such may invalidate the proposal. If, after accepting such a proposal, BMHA decides that any such entry has not changed the intent of the proposal that BMHA intended to receive, BMHA may accept the proposal and the proposal shall be considered by BMHA as if those additional marks, notations or requirements were not entered on such.

1.21 Qualifications of Proposers

BMHA may make such reasonable investigations as deemed proper and necessary to determine the ability of the proposer to perform the services and the proposer shall furnish to BMHA all such information and data for this purpose as may be requested. BMHA reserves the right to inspect the proposer's physical facilities prior to award to satisfy questions regarding the proposer's capabilities. BMHA further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such proposers is not properly qualified to carry out the obligations of the contract and to provide the services described therein.

1.22 Public Records

Proposers acknowledge that Butler Metropolitan Housing Authority is a political subdivision of the state of Ohio and is, therefore, required to comply with the Ohio Public Information Act. If a proposal includes proprietary data, trade secrets, or information the proposer wishes to except from public disclosure, then the proposer must specifically label each page containing such data, secrets, or information as follows:

"PRIVILIGED AND CONFIDENTIAL – PROPRIETARY INFORMATION"

To the extent permitted by law, information labeled by the proposer as proprietary will be used by BMHA only for purposes related to or arising out of the (a) evaluation of proposes (b) selection of a proposer pursuant to the RFP process, and (c) negotiation and execution of a contract, if any, with the proposer selected.

Neither a proposal, in its entirety, nor the cost section of a proposal will be considered confidential/proprietary. Any proposal marked as such will be deemed non-responsible and eliminated from further consideration.

1.23 Suspended/Debarred

The Authority will reject the qualifications of any proposer who is suspended and/or debarred by HUD from providing services to public housing authorities and reserves the right to reject the proposal of any proposer who has previously failed to perform any contract properly for the Authority.

1.24 Key Personnel

The key personnel specified by the successful proposal will be considered essential to the work to performed by the successful proposer. Prior to diverting any of the key personnel for any reason, the proposers shall notify the Authority in writing at least thirty (30) days in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the contract. The firm shall not change key personnel or hours to be devoted, before or after contract award, without written permission from the Authority.

1.25 Assignments

Unless otherwise agreed to by BMHA's contracting officer, the proposer shall not assign the contract to any other party.

1.26 Termination

Termination may occur for (but is not limited to) the following reasons:

- Proposer fails to perform any provisions within the contract
- Proposer fails to supply ample skilled workman
- Proposer disregard any laws, ordinances, rules or regulations
- HUD funding to the authority is curtailed or reduced
- The convenience of the Authority

1.27 MBE/FBE/Section 3

The Authority has established a goal of 30% Section 3, 20% Minority Business Enterprise (MBE) and 5% Female Business Enterprise (FBE) for contracts exceeding $10,000. Please indicate the MBE/FBE/Section 3 percentage for your company on the proposal form.

1.28 Laws to be Observed

Proposer warrants compliance with all Federal, State, and Locals laws, statutes, ordinances, rules and regulations and the orders and decrees of any courts and administrative bodies or offices in any manner affecting the performance of this contract. Fees and/or costs associated with such compliance are the responsibility of the proposer and not payable to the Authority.

1.29 Licensing Requirements

Proposer shall maintain all licenses required by local, state and federal laws.

1.30 Hold Harmless Clause

The proposer will hold BMHA harmless from any and all negligent actions the proposer or their employee/s cause.

1.31 Breach of Contract

Any breach of this contract will result in the Authority withholding payment to the proposer until satisfactory results are obtained.

1.32 Complaints

All complaints concerning unfinished or unsatisfactory work will be forward to the proposer by the Authority. If these complaints are not resolved or satisfactory arrangements are not made within forty-eight hours following the receipt of the complaint, the Authority may, at its options, have the work completed in another manner and the cost of such work be deducted from the payment of the proposer.

1.33 Compensation

The proposer is to submit, at the end of each calendar month, an invoice (with proof of service attached) for all services performed during that month. The Authority will issue payment within 30 days of receipt of invoice

Any additional work, not a part of the specifications, must be approved by the Authority on a separate P.O. in order to receive payment.

1.34 Final Payment

Proposer will furnish any required permits and supply all needed affidavits and lien releases for all labor and materials prior to final payment.

1.35 Resident Council Meeting

Proposer shall attend resident council meetings as requested by BMHA.

1.36 Pre-Proposal Conference

There will not be a pre-proposal conference on this RFP

2.0 Scope of Work

The Authority is seeking to name a broker of record that can take a consultative approach that focuses on finding solutions to client challenges rather than on selling products, and can provide BMHA with the knowledge and tools to manage their benefits plans, costs, communication strategies and compliance obligations more effectively. The Authority is looking for a long-term relationship and continuity of services in the rapidly changing area of employee benefits. The Authority is particularly interested in a broker who can offer creative, innovative approaches that allow the Authority to maintain quality programs and contain cost.

The selected broker shall provide:

- Representation in all negotiations with providers on issues related to premiums, service, benefits levels, plan design, special terms and conditions, etc.

- Access to Healthcare insurance coverage similar to current coverage listed in Exhibit C. Coverage Includes (but is not limited to: coverage levels, number of doctors and hospitals supported by the plan and their geographic location, etc.)

- Annual review and report of employee benefit programs for quality and adequacy of benefits provided, costs effectiveness, competitiveness, and plan administration and recommendations concerning any changes in terms, conditions and limits.

- Website technologies to support on-line enrollments, changes, and an employee educational module to assist employees in self-management of benefits.

- Review of and resolution of issues concerning insurance policies, certificates of insurance and other documents related to employee benefits programs.

- Monthly claims experience reports and special studies and reports as requested by the Authority.

- Annual summaries of financial status of insurers.

- Assisting in the development of long-range goals and strategies for the Authority's employee benefits programs.

- Monitoring of ongoing contracts, including provider plan administration, tracking of performance standards, provider compliance with contracts and incurred claims.

- Semi-annual (March and September) estimates of renewal rates and cost trends and assistance to Authority staff in preparation of budget figures.

- Information, consultation, and recommendations on employee benefit issues, trends and existing, proposed, or new legislation including but not limited to COBRA, HIPAA, Medicare, FMLA, CFRA, ADA, ACA and IRS rules.

- Identification and analysis of cost containment and efficiency measures such as employer partnerships, electronic benefits administration, etc.

- Attendance and assistance with meeting with the Board of Commissioners, Staff, special committees, the general employee population, and bargaining units.

- Assistance with the design and delivery of employee health benefits brochures and information.

- Assistance with resolving issues that arise during the year regarding employee benefits contract administration and service provisions.

- Review of and assistance with resolving disputes regarding coverage, billing questions and service delivery.

- Conducting Open enrollment and informational sessions with all employees prior to the effective date of the insurance coverage, which is May 2018. All individuals who are full-time employees of the Authority, and their dependents, who are currently covered by the current health carrier, must be accepted as eligible, regardless of their past or present health and there will not be exclusions of pre-existing conditions for this group.

- Comprehensive understanding of all plan designs from traditional plans to CDHPs to various self-funding options and the ability to tell you the pros and cons of all of these plan options for BMHA as well as a wealth of information on all the healthcare carriers in our area and an apples-to-apples comparison of their different price points.

- Explanation of the Affordable Care Act and how each major provision is likely to impact BMHA.

- Evaluate health-related risks to offer suggestions how to reduce the company's claims experience and premiums.

3.0 Submission Format

The purpose of each proposal shall be to demonstrate the qualifications, competence and capability of the proposing firm. The substance of proposals will carry more weight than their form or manner of presentation. However, proposals shall conform to the specification set forth herein.

Proposals shall be prepared simply and economically, providing a straightforward, concise description of offeror's ability and expertise as a health benefits broker.

Proposals shall be signed by someone authorized to bind the firm and the proposed account team, and shall contain a statement as to the number of days the offer will remain in effect.

3.1 Proposal Content

The following information shall be included in all proposals:

- The firm name, date established, and the address of the office that would be assigned the Butler Metropolitan Housing Authority account. Include a brief description of the firm's history, growth, philosophy and culture, number of employees, and number of years in business under the same name.

- The names of all professional staff who will be assigned to work on the Authority's account team and a brief resume of their background and experience, with emphasis on public sector organizations and unionized workforces. State specifically what relevant continuing education, if any, each account team member has completed within the past two years.

- A complete description of the organizational structure of your company, and the method by which work is accomplished. Include any an organizational work flow chart with description of duties of the proposed account team members, as well as the size or total number of account or clients each individual handles.

- A written description of services to be provided. Include both services to be provided. Include both services outlined in this request, as well as additional recommended services.

- A listing of insurance carriers your firm represents.

- Information demonstrating your firm's ability to provide access to adequate Health Insurance coverage as defined in the scope of work.

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- A description of the group medical, dental, life, long-term disability, long term care, section 125, and employee assistance program premium volume handled by the firm and

by the specific office to which the Butler Metropolitan Housing Authority account would be assigned.

- A list of the principal insurance markets utilized by your firm in the order of premium volume placed with each market. This listing should be categorized by line of coverage: medical, dental, life, long-term disability, long term care, section 125 plan, and employee assistance program.

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

- A description of any and all unique brokerage or consulting services your firm will offer to the Butler Metropolitan Housing Authority.

- A sample work plan for a client medical insurance renewal and negotiations.

- The name of insurer, limit of liability and deductible for your firm's professional liability, general liability and workers' compensation insurance.

4.0 Submission Requirements

- HUD 2992 – Certification Regarding Debarment & Suspension
- HLS 0038
- Non-Collusive Affidavit
- HUD 5369-B - Instructions to Offerors
- HUD 536-C – Certifications and Representations of Offerors
- Three (3) references of previous work similar to this project and show company name, contact person, address, phone and fax numbers, and email address.

5.0 Evaluation and Selection Criteria

Proposals received in response to this RFP will be evaluated by BMHA staff. Only those proposals from firms which are complete and responsive to this specification set forth in consideration of this RFP will be selected for future consideration.

The evaluation factors listed below will be used as a mechanism for fairly and thoroughly evaluating the proposals submitted. The Authority will select the winning respondent based upon the following evaluation criteria and the Authority's particular needs.

Providing the Scope 35 Points

- Understanding of the RFP and Scope of Services
- Knowledge of applicable laws and regulations related to the Scope of Services.

Qualifications of Firm 25 Points

- Ability to provide the requested scope of services
- Recent experience conducting work of similar scope, complexity, and magnitude for other public agencies of similar size.
- References

Qualifications of Key Personnel 25 Points

- Experience working with similar public agencies
- Continued education in last 3 years

Approach 15 Points

- Innovative and/or creative approaches to providing the services that provide additional efficiencies or increased performance capabilities.

Total: 100 Points

Exhibit A

Certification Regarding Debarment and Suspension

U.S. Department of Housing and Urban Development

Certification A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief that its principals;

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;

b. Have not within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Certification (A)

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was place when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of these regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines this eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.

Certification B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Certification (B)

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Applicant	Date
Signature of Authorized Certifying Official	Title

********** FOR INSTRUCTIONAL USE ONLY **********

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

  http://www.homelandsecurity.ohio.gov/dma.asp

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.

- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:
  - Administration
  - Ohio Bureau of Motor Vehicles
  - Ohio Emergency Management Agency
  - Ohio Emergency Medical Services
  - Ohio Homeland Security*
  - Ohio Investigative Unit
  - Ohio Criminal Justice Services
  - Ohio State Highway Patrol

- * DO **NOT** SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

********** FOR INSTRUCTIONAL USE ONLY **********

OHIO PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

Ohio Department of Public Safety
DIVISION OF HOMELAND SECURITY
http://www.homelandsecurity.ohio.gov

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME	FIRST NAME	MI

HOME ADDRESS			
CITY	**STATE**	**ZIP**	**COUNTY**

HOME PHONE	WORK PHONE

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

LAST NAME	FIRST NAME	MI

BUSINESS/ORGANIZATION NAME	PHONE

BUSINESS ADDRESS			
CITY	**STATE**	**ZIP**	**COUNTY**

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? ☐ Yes ☐ No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X _____ _____

APPLICANT SIGNATURE **DATE**

OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

Terrorist Exclusion List

As of July 20, 2006

U.S. Department of State List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group
3. Al-Aqsa Martyrs Brigade
4. Ansar al-Islam
5. Armed Islamic Group (GIA)
6. Asbat al-Ansar
7. Aum Shinrikyo
8. Basque Fatherland and Liberty (ETA)
9. Communist Party of the Philippines/New People's Army (CPP/NPA)
10. Continuity Irish Republican Army
11. Gama'a al-Islamiyya (Islamic Group)
12. HAMAS (Islamic Resistance Movement)
13. Harakat ul-Mujahidin (HUM)
14. Hizballah (Party of God)
15. Islamic Jihad Group
16. Islamic Movement of Uzbekistan (IMU)
17. Jaish-e-Mohammed (JEM) (Army of Mohammed)
18. Jemaah Islamiya organization (JI)
19. al-Jihad (Egyptian Islamic Jihad)
20. Kahane Chai (Kach)
21. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK)
22. Lashkar-e Tayyiba (LT) (Army of the Righteous)
23. Lashkar i Jhangvi
24. Liberation Tigers of Tamil Eelam (LTTE)
25. Libyan Islamic Fighting Group (LIFG)
26. Moroccan Islamic Combatant Group (GICM)
27. Mujahedin-e Khalq Organization (MEK)
28. National Liberation Army (ELN)
29. Palestine Liberation Front (PLF)
30. Palestinian Islamic Jihad (PIJ)
31. Popular Front for the Liberation of Palestine (PFLF)
32. PFLP-General Command (PFLP-GC)
33. al-Qa'ida
34. Real IRA
35. Revolutionary Armed Forces of Colombia (FARC)
36. Revolutionary Nuclei (formerly ELA)
37. Revolutionary Organization 17 November
38. Revolutionary People's Liberation Party/Front (DHKP/C)
39. Salafist Group for Call and Combat (GSPC)
40. Shining Path (Sendero Luminoso, SL)
41. Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network)
42. United Self-Defense Forces of Colombia (AUC)

OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

U.S. Department of State Terrorist Exclusion List

1. Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eldatul Afghania)
2. Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
3. Al-Hamati Sweets Bakeries
4. Al-Ittihad al-Islami (AIAI)
5. Al-Manar
6. Al-Ma'unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
10. Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
16. Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
19. Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
20. Darkazanli Company
21. Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daaoua es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation
26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta'awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)

39. Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
40. New People's Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
45. Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord's Resistance Army (LRA)
52. The Pentagon Gang
53. The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabilillah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
55. Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
58. Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
59. Youssef M. Nada & Co. Gesellschaft M.B.H.

U.S. Treasury Department's Designated Charities and Potential Fundraising Front Organizations for FTOs

1. Makhtab al-Khidamat / Al Kifah (formerly U.S.-based, Pakistan)
2. Al Rashid Trust (Pakistan)
3. WAFA Humanitarian Organization (Pakistan, Saudi Arabia, Kuwait, United Arab Emirates)
4. Rabita Trust (Pakistan)
5. Ummah Tameer E-Nau (Pakistan)
6. Revival of Islamic Heritage Society - Pakistan and Afghanistan Branches (Kuwait, Afghanistan, Pakistan)
7. Afghan Support Committee (Afghanistan, Pakistan)
8. Al Haramain Foundation (Indonesia, Kenya, Pakistan, Tanzania, Bosnia, Somalia, Bangladesh, Afghanistan, Albania, Ethiopia, Netherlands, Comoros Islands, and United States branches)
9. Aid Organization of the Ulema (Pakistan)
10. Global Relief Foundation (United States)

11. Benevolence International Foundation (United States):
12. Benevolence International Fund (Canada)
13. Bosanska Idealna Futura (Bosnia)
14. Stichting Benevolence International Nederland (Netherlands)
15. Lajnat al Daawa al Islamiyya (Kuwait, Pakistan, Afghanistan)
16. Al Akhtar Trust (Pakistan)
17. Taibah International (Bosnia)
18. Al Haramain & Al Masjed Al Aqsa Charity Foundation (Bosnia)
19. Al Furqan (Bosnia)
20. Islamic African Relief Agency (IARA) / Islamic Relief Agency (ISRA) (Sudan, United States and 40 other branches throughout the world)
21. The Holy Land Foundation for Relief and Development (United States)
22. Al Aqsa Foundation (United States, Europe, Pakistan, Yemen, South Africa)
23. Commité de Bienfaisance et de Secours aux Palestiniens (France)
24. Association de Secours Palestinien (Switzerland)
25. Interpal (Palestinian Relief & Development Fund) (United Kingdom)
26. Palestinian Association in Austria (Austria)
27. Sanibil Association for Relief and Development (Lebanon)
28. Elehssan Society (Palestinian territories)
29. Aleph (Aum Shinrikyo/Aum Supreme Truth)
30. Rabbi Meir David Kahane Memorial Fund (Kahane Chai and Kach)
    American Friends of the United Yeshiva (Kahane Chai and Kach)
    American Friends of Yeshivat Rav Meir (Kahane Chai and Kach)
    Friends of the Jewish Idea Yeshiva (Kahane Chai and Kach)
31. Irish Republican Prisoners Welfare Association (Real IRA)
32. Socorro Popular Del Peru/People's Aid of Peru (Sendero Luminoso/Shining Path)

Non Collusive Affidavit

State of _____

County of _____

_____, being first sworn, deposes and

says: That he is _____(president, sole owner, partner,

etc.) of _____ (firm name) the party making the forgoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that no one conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of the affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, to secure any advantage against the Owner or any person interested in the proposed contract: and that all statements in said proposal or bid are true.

Signature of Bidder: _____(if individual)

Signature of Bidder: _____(if partnership)

Signature of Bidder: _____(if corporation)

Subscribed and sworn to before me this ____ day of _____, 200__

_____(Notary Public), My commission expires _____, 200__

Instructions to Offerors Non-Construction

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

- 03291 -

1. Preparation of Offers

(a) Offerors are expected to examine the statement of work, the proposed contract terms and conditions, and all instructions. Failure to do so will be at the offeror's risk.

(b) Each offeror shall furnish the information required by the solicitation. The offeror shall sign the offer and print or type its name on the cover sheet and each continuation sheet on which it makes an entry. Erasures or other changes must be initialed by the person signing the offer. Offers signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the HA.

(c) Offers for services other than those specified will not be considered.

2. Submission of Offers

(a) Offers and modifications thereof shall be submitted in sealed envelopes or packages (1) addressed to the office specified in the solicitation, and (2) showing the time specified for receipt, the solicitation number, and the name and address of the offeror.

(b) Telegraphic offers will not be considered unless authorized by the solicitation; however, offers may be modified by written or telegraphic notice.

(c) Facsimile offers, modifications or withdrawals will not be considered unless authorized by the solicitation.

3. Amendments to Solicitations

(a) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

(b) Offerors shall acknowledge receipt of any amendments to this solicitation by

(1) signing and returning the amendment;
(2) identifying the amendment number and date in the space provided for this purpose on the form for submitting an offer,
(3) letter or telegram, or
(4) facsimile, if facsimile offers are authorized in the solicitation. The HA/HUD must receive the acknowledgment by the time specified for receipt of offers.

4. Explanation to Prospective Offerors

Any prospective offeror desiring an explanation or interpretation of the solicitation, statement of work, etc., must request it in writing soon enough to allow a reply to reach all prospective offerors before the submission of their offers. Oral explanations or instructions given before the award of the contract will not be binding. Any information given to a prospective offeror concerning a solicitation will be furnished promptly to all other prospective offerors as an amendment of the solicitation, if that information is necessary in submitting offers or if the lack of it would be prejudicial to any other prospective offerors.

5. Responsibility of Prospective Contractor

(a) The HA shall award a contract only to a responsible prospective contractor who is able to perform successfully under the terms and conditions of the proposed contract. To be determined responsible, a prospective contractor must -

(1) Have adequate financial resources to perform the contract, or the ability to obtain them;
(2) Have a satisfactory performance record;
(3) Have a satisfactory record of integrity and business ethics;
(4) Have a satisfactory record of compliance with public policy (e.g., Equal Employment Opportunity); and
(5) Not have been suspended, debarred, or otherwise determined to be ineligible for award of contracts by the Department of Housing and Urban Development or any other agency of the U.S. Government. Current lists of ineligible contractors are available for inspection at the HA/HUD.

(b) Before an offer is considered for award, the offeror may be requested by the HA to submit a statement or other documentation regarding any of the foregoing requirements. Failure by the offeror to provide such additional information may render the offeror ineligible for award.

6. Late Submissions, Modifications, and Withdrawal of Offers

(a) Any offer received at the place designated in the solicitation after the exact time specified for receipt will not be considered unless it is received before award is made and it -

(1) Was sent by registered or certified mail not later than the fifth calendar day before the date specified for receipt of offers (e.g., an offer submitted in response to a solicitation requiring receipt of offers by the 20th of the month must have been mailed by the 15th);
(2) Was sent by mail, or if authorized by the solicitation, was sent by telegram or via facsimile, and it is determined by the HA/HUD that the late receipt was due solely to mishandling by the HA/HUD after receipt at the HA;
(3) Was sent by U.S. Postal Service Express Mail Next Day Service - Post Office to Addressee, not later than 5:00 p.m. at the place of mailing two working days prior to the date specified for receipt of proposals. The term "working days" excludes weekends and U.S. Federal holidays; or
(4) Is the only offer received.

(b) Any modification of an offer, except a modification resulting from the HA's request for "best and final" offer (if this solicitation is a request for proposals), is subject to the same conditions as in subparagraphs (a)(1), (2), and (3) of this provision.

(c) A modification resulting from the HA's request for "best and final" offer received after the time and date specified in the request will not be considered unless received before award and the late receipt is due solely to mishandling by the HA after receipt at the HA.

(d) The only acceptable evidence to establish the date of mailing of a late offer, modification, or withdrawal sent either by registered or certified mail is the U.S. or Canadian Postal Service postmark both on the envelope or wrapper and on the original receipt from the U.S. or Canadian Postal Service. Both postmarks must show a legible date or the offer, modification, or withdrawal shall be processed as if mailed late. "Postmark" means a printed, stamped, or otherwise placed impression (exclusive of a postage meter machine impression) that is readily identifiable without further action as having been supplied and affixed by employees of the U.S. or Canadian Postal Service on the date of mailing. Therefore, offerors should request the postal clerk to place a hand cancellation bull's-eye postmark on both the receipt and the envelope or wrapper.

(e) The only acceptable evidence to establish the time of receipt at the HA is the time/date stamp of HA on the offer wrapper or other documentary evidence of receipt maintained by the HA.

(f) The only acceptable evidence to establish the date of mailing of a late offer, modification, or withdrawal sent by Express Mail Next Day Service-Post Office to Addressee is the date entered by the post office receiving clerk on the "Express Mail Next Day Service-Post Office to Addressee" label and the postmark on both the envelope or wrapper and on the original receipt from the U.S. Postal Service. "Postmark" has the same meaning as defined in paragraph (c) of this provision, excluding postmarks of the Canadian Postal Service. Therefore, offerors should request the postal clerk to place a legible hand cancellation bull's eye postmark on both the receipt and the envelope or wrapper.

(g) Notwithstanding paragraph (a) of this provision, a late modification of an otherwise successful offer that makes its terms more favorable to the HA will be considered at any time it is received and may be accepted.

(h) If this solicitation is a request for proposals, proposals may be withdrawn by written notice, or if authorized by this solicitation, by telegram (including mailgram) or facsimile machine transmission received at any time before award. Proposals may be withdrawn in person by a offeror or its authorized representative if the identity of the person requesting withdrawal is established and the person signs a receipt for the offer before award. If this solicitation is an invitation for bids, bids may be withdrawn at any time prior to bid opening.

7. Contract Award

(a) The HA will award a contract resulting from this solicitation to the responsible offeror whose offer conforming to the solicitation will be most advantageous to the HA, cost or price and other factors, specified elsewhere in this solicitation, considered.

(b) The HA may
(1) reject any or all offers if such action is in the HA's interest,
(2) accept other than the lowest offer,
(3) waive informalities and minor irregularities in offers received, and (4) award more than one contract for all or part of the requirements stated.

(c) If this solicitation is a request for proposals, the HA may award a contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the offeror's best terms from a cost or price and technical standpoint.

(d) A written award or acceptance of offer mailed or otherwise furnished to the successful offeror within the time for acceptance specified in the offer shall result in a binding contract without further action by either party. If this solicitation is a request for proposals, before the offer's specified expiration time, the HA may accept an offer, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received before award. Negotiations conducted after receipt of an offer do not constitute a rejection or counteroffer by the HA.

(e) Neither financial data submitted with an offer, nor representations concerning facilities or financing, will form a part of the resulting contract.

8. Service of Protest

Any protest against the award of a contract pursuant to this solicitation shall be served on the HA by obtaining written and dated acknowledgment of receipt from the HA at the address shown on the cover of this solicitation. The determination of the HA with regard to such protest or to proceed to award notwithstanding such protest shall be final unless appealed by the protestor.

9. Offer Submission

Offers shall be submitted as follows and shall be enclosed in a sealed envelope and addressed to the office specified in the solicitation. The proposal shall show **the hour and date specified in the solicitation for receipt, the solicitation number, and the name and address of the offeror, on the face of the envelope.**

It is very important that the offer be properly identified on the face of the envelope as set forth above in order to insure that the date and time of receipt is stamped on the face of the offer envelope. Receiving procedures are: date and time stamp those envelopes identified as proposals and deliver them immediately to the appropriate contracting official, and only date stamp those envelopes which do not contain identification of the contents and deliver them to the appropriate procuring activity only through the routine mail delivery procedure.

[Describe bid or proposal preparation instructions here:]

Certifications and Representations of Offerors Non-Construction Contract

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offerors to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

1. Contingent Fee Representation and Agreement

(a) The bidder/offeror represents and certifies as part of its bid/ offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

(1) [ ] has, [ ] has not employed or retained any person or company to solicit or obtain this contract; and

(2) [ ] has, [ ] has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a) (2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

2. Small, Minority, Women-Owned Business Concern Representation

The bidder/offeror represents and certifies as part of its bid/ offer that it:

(a) [ ] is, [ ] is not a small business concern. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.

(b) [ ] is, [ ] is not a women-owned small business concern. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.

(c) [ ] is, [ ] is not a minority enterprise which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

For the purpose of this definition, minority group members are:

(Check the block applicable to you)

[ ] Black Americans [ ] Asian Pacific Americans
[ ] Hispanic Americans [ ] Asian Indian Americans
[ ] Native Americans [ ] Hasidic Jewish Americans

3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

(1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

(1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

4. Organizational Conflicts of Interest Certification

(a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:

(i) Award of the contract may result in an unfair competitive advantage;

(ii) The Contractor's objectivity in performing the contract work may be impaired; or

(iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

(b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.

(c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.

(d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

5. Authorized Negotiators (RFPs only)

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

6. Conflict of Interest

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

7. Offeror's Signature

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Signature & Date:

Typed or Printed Name:

Title:

Exhibit B

Lincoln Financial Group®

RECEIVED
JUN 01 2014
B.M.H.A.

Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

SUMMARY OF BENEFITS

Sponsored by: Butler Metropolitan Housing Authority

Life Benefit	**Employee**	**Spouse**	**Dependent**
Amount	Choice of $10,000 - $25,000 - $50,000 - $75,000 - $100,000 - $125,000 - $150,000 Not to exceed 5 times your annual salary. Employees age 70 and older, maximum benefit is $50,000.	Choice of $5,000 - $12,500 - $25,000 - $37,500 - $50,000 Employee must elect coverage for spouse to be eligible. Not to exceed 50% of employee elected amount.	$250 Child: 14 days to 6 months $10,000 Child: 6 months to age 19 (to age 25 if full-time student) Newborn children to age 14 days are not eligible for a benefit. Employee must elect coverage for dependents to be eligible
Minimum Amount	$10,000	$5,000	$10,000
Maximum Amount	$150,000	$50,000	$10,000
Guarantee Issue	$100,000 under age 70 $20,000 age 70-74 No Guarantee Issue age 75 and older	$12,500 if employee is under age 60 No Guarantee Issue if employee is age 60 and older	$10,000

AD&D Benefit	**Employee**	**Spouse**
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you. Cost included in the schedule.	Same as employee

Benefit Reduction	**Employee**	**Spouse**
Benefits will reduce:	35% at age 65 An additional 25% of original amount at age 70 An additional 15% of original amount at age 75 Benefits terminate at age 80 or retirement, whichever occurs first	35% at employee age 65 Benefits terminate at employee age 70 or retirement, whichever occurs first

Additional Benefits

See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion
See Definition:	Seat Belt, Airbag, and Common Carrier

Eligibility	**Employee**	**Spouse and Dependents**
	All full-time employees working 40 or more hours per week in an eligible class are eligible for coverage. A delayed effective date will apply if the employee is not actively at work.	Cannot be in a period of limited activity on the day coverage takes effect.

Butler Metropolitan Housing Authority

Employee and Spouse premiums are calculated separately.
Employee premiums are based on employee actual age.
Spouse premiums are based on employee actual age.
Benefits and premium amounts reflect age reductions.

Employee and Spouse Schedule of Monthly Life Premium

Employee Benefit Options

AGE	$10,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
<30	$ 0.50	$ 1.25	$ 2.50	$ 3.75	$ 5.00	$ 6.25	$ 7.50
30-34	$ 0.70	$ 1.75	$ 3.50	$ 5.25	$ 7.00	$ 8.75	$ 10.50
35-39	$ 1.00	$ 2.50	$ 5.00	$ 7.50	$ 10.00	$ 12.50	$ 15.00
40-44	$ 1.60	$ 4.00	$ 8.00	$ 12.00	$ 16.00	$ 20.00	$ 24.00
45-49	$ 2.80	$ 7.00	$ 14.00	$ 21.00	$ 28.00	$ 35.00	$ 42.00
50-54	$ 4.90	$ 12.25	$ 24.50	$ 36.75	$ 49.00	$ 61.25	$ 73.50
55-59	$ 8.30	$ 20.75	$ 41.50	$ 62.25	$ 83.00	$ 103.75	$ 124.50
60-64	$ 13.90	$ 34.75	$ 69.50	$ 104.25	$ 139.00	$ 173.75	$ 208.50
65-69	**$ 6,500**	**$ 16,250**	**$ 32,500**	**$ 48,750**	**$ 65,000**	**$ 81,250**	**$ 97,500**
	$ 14.24	$ 35.59	$ 71.18	$ 106.76	$ 142.35	$ 177.94	$ 213.53
70-74	**$ 4,000**	**$ 10,000**	**$ 20,000**	**N/A**	**N/A**	**N/A**	**N/A**
	$ 12.84	$ 32.10	$ 64.20	**N/A**	**N/A**	**N/A**	**N/A**
75+	**$ 2,500**	**$ 6,250**	**$ 12,500**	**N/A**	**N/A**	**N/A**	**N/A**
	$ 14.68	$ 36.69	$ 73.38	**N/A**	**N/A**	**N/A**	**N/A**

Spouse Benefit Options

AGE	$5,000	$12,500	$25,000	$37,500	$50,000
<30	$ 0.25	$ 0.63	$ 1.25	$ 1.88	$ 2.50
30-34	$ 0.35	$ 0.88	$ 1.75	$ 2.63	$ 3.50
35-39	$ 0.50	$ 1.25	$ 2.50	$ 3.75	$ 5.00
40-44	$ 0.80	$ 2.00	$ 4.00	$ 6.00	$ 8.00
45-49	$ 1.40	$ 3.50	$ 7.00	$ 10.50	$ 14.00
50-54	$ 2.45	$ 6.13	$ 12.25	$ 18.38	$ 24.50
55-59	$ 4.15	$ 10.38	$ 20.75	$ 31.13	$ 41.50
60-64	$ 6.95	$ 17.38	$ 34.75	$ 52.13	$ 69.50
65-69	**$ 3,250**	**$ 8,125**	**$ 16,250**	**$ 24,375**	**$ 32,500**
	$ 7.12	$ 17.79	$ 35.59	$ 53.38	$ 71.18
70-74	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
	N/A	**N/A**	**N/A**	**N/A**	**N/A**
75+	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
	N/A	**N/A**	**N/A**	**N/A**	**N/A**

Butler Metropolitan Housing Authority

Employee and Spouse premiums are calculated separately.
Employee premiums are based on employee actual age.
Spouse premiums are based on employee actual age.
Benefits and premium amounts reflect age reductions.

Employee and Spouse Schedule of Monthly Life and Accidental Death and Dismemberment Premium

Employee Benefit Options

AGE	$10,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
<30	$ 0.80	$ 2.00	$ 4.00	$ 6.00	$ 8.00	$ 10.00	$ 12.00
30-34	$ 1.00	$ 2.50	$ 5.00	$ 7.50	$ 10.00	$ 12.50	$ 15.00
35-39	$ 1.30	$ 3.25	$ 6.50	$ 9.75	$ 13.00	$ 16.25	$ 19.50
40-44	$ 1.90	$ 4.75	$ 9.50	$ 14.25	$ 19.00	$ 23.75	$ 28.50
45-49	$ 3.10	$ 7.75	$ 15.50	$ 23.25	$ 31.00	$ 38.75	$ 46.50
50-54	$ 5.20	$ 13.00	$ 26.00	$ 39.00	$ 52.00	$ 65.00	$ 78.00
55-59	$ 8.60	$ 21.50	$ 43.00	$ 64.50	$ 86.00	$ 107.50	$ 129.00
60-64	$ 14.20	$ 35.50	$ 71.00	$ 106.50	$ 142.00	$ 177.50	$ 213.00
65-69	**$ 6,500**	**$ 16,250**	**$ 32,500**	**$ 48,750**	**$ 65,000**	**$ 81,250**	**$ 97,500**
	$ 14.43	$ 36.08	$ 72.15	$ 108.23	$ 144.30	$ 180.38	$ 216.45
70-74	**$ 4,000**	**$ 10,000**	**$ 20,000**	**N/A**	**N/A**	**N/A**	**N/A**
	$ 12.96	$ 32.40	$ 64.80	N/A	N/A	N/A	N/A
75+	**$ 2,500**	**$ 6,250**	**$ 12,500**	**N/A**	**N/A**	**N/A**	**N/A**
	$ 14.75	$ 36.88	$ 73.75	N/A	N/A	N/A	N/A

Spouse Benefit Options

AGE	$5,000	$12,500	$25,000	$37,500	$50,000
<30	$ 0.40	$ 1.00	$ 2.00	$ 3.00	$ 4.00
30-34	$ 0.50	$ 1.25	$ 2.50	$ 3.75	$ 5.00
35-39	$ 0.65	$ 1.63	$ 3.25	$ 4.88	$ 6.50
40-44	$ 0.95	$ 2.38	$ 4.75	$ 7.13	$ 9.50
45-49	$ 1.55	$ 3.88	$ 7.75	$ 11.63	$ 15.50
50-54	$ 2.60	$ 6.50	$ 13.00	$ 19.50	$ 26.00
55-59	$ 4.30	$ 10.75	$ 21.50	$ 32.25	$ 43.00
60-64	$ 7.10	$ 17.75	$ 35.50	$ 53.25	$ 71.00
65-69	**$ 3,250**	**$ 8,125**	**$ 16,250**	**$ 24,375**	**$ 32,500**
	$ 7.22	$ 18.04	$ 36.08	$ 54.11	$ 72.15
70-74	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
	N/A	N/A	N/A	N/A	N/A
75+	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
	N/A	N/A	N/A	N/A	N/A

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Dependent Children Rate = $1.70 monthly

Premium covers all dependent children regardless of the number of children.

Definitions

Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your spouse.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
Limited Activity	A period when a spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Seat Belt, Airbag, and Common Carrier	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to $10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	Coverage provided to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium.

Additional Benefits

BeneficiaryConnect[SM]	Support services for beneficiaries who have experienced a loss.
TravelConnect[SM]	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information
Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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Group insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), which is not licensed and does not solicit business in New York. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely responsible for its own financial and contractual obligations.

Medical Mutual : SMP P2080-1000 Double Deductible

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage Period: 01/01/2014 - 12/31/2014

Coverage for: Single or Family | Plan Type: PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at MedMutual.com/SBC or by calling 800.540.2583.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,000/single,$2,000/family Network $2,000/single, $4,000/family Non-Network Doesn't apply to coinsurance, copays and network preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes, $3,000/single,$6,000/family Network $5,000/single, $10,000/family Non-Network	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Copays, deductibles, premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the insurer pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes, See MedMutual.com/SBC or call 800.540.2583 for list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services.

Questions: Call 800.540.2583 or visit us at MedMutual.com/SBC.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800.540.2583 to request a copy.

Medical Mutual : SMP P2080-1000 Double Deductible

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage Period: 01/01/2014 - 12/31/2014

Coverage for: Single or Family | Plan Type: PPO

- Copayments are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is $1,000, your coinsurance payment of 20% would be $200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the allowed amount is $1,000, you may have to pay the $500 difference. (This is called balance billing.)
- This plan may encourage you to use Network providers by charging you lower deductibles, copayments and coinsurance amounts.

Common Medical Event	Services You May Need	You Pay if You Use a Network Provider	You Pay if You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 copay/visit	$40 copay/visit, 40% coinsurance	-------none-------
	Specialist visit	$40 copay/visit	$80 copay/visit, 40% coinsurance	-------none-------
	Other practitioner office visit (Chiropractic)	20% coinsurance	40% coinsurance	(12 visits per benefit period)
	Other practitioner office visit (Acupuncture)	Not Covered		Excluded Service
	Preventive care/ screening/ immunization	No charge	50% coinsurance does not apply to out-of-pocket limit	-------none-------
If you have a test	Diagnostic test (x-ray)	No charge	40% coinsurance	-------none-------
	Diagnostic test (blood work)	No charge	40% coinsurance	-------none-------
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	-------none-------

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at MedMutual.com/SBC	Generic copay - retail /Rx	$10	Does Not Apply	------none------
	Generic copay - home delivery /Rx	$30	Does Not Apply	------none------
	Formulary copay - retail /Rx	$30	Does Not Apply	------none------
	Formulary copay - home delivery /Rx	$90	Does Not Apply	------none------
	Non-Formulary copay - retail /Rx	$60	Does Not Apply	------none------
	Non-Formulary copay - home delivery /Rx	$180	Does Not Apply	------none------
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	------none------
	Physician/surgeon fees (Outpatient)	20% coinsurance	40% coinsurance	------none------
If you need immediate medical attention	Emergency room services	$200 copay/visit, 20% coinsurance		------none------
	Emergency medical transportation	$50 copay/visit, 20% coinsurance	$50 copay/visit, 40% coinsurance	------none------
	Urgent care	$50 copay/visit	$100 copay/visit, 40% coinsurance	------none------
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	------none------
	Physician/ surgeon fee (inpatient)	20% coinsurance	40% coinsurance	------none------

Common Medical Event	Services You May Need	What You Pay if You Use a Network Provider	What You Pay if You Use a Non-Network Provider	Limitations and Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$20 copay/visit, deductible, 20% coinsurance	$40 copay/visit, deductible, 40% coinsurance	(20 visits per benefit period, combined with Alcoholism and Drug Abuse Services)
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	(30 days per benefit period, combined with Alcoholism and Drug Abuse Services)
	Substance use disorder outpatient services (alcoholism)	$20 copay/visit, deductible, 20% coinsurance	$40 copay/visit, deductible, 40% coinsurance	------none------
	Substance use disorder outpatient services (drug use)	$20 copay/visit, deductible, 20% coinsurance	$40 copay/visit, deductible, 40% coinsurance	(20 visits per benefit period, combined with Alcoholism and Mental Health Services)
	Substance use disorder inpatient services (alcoholism)	20% coinsurance	40% coinsurance	(30 days per benefit period, combined with Drug Abuse and Mental Health Services; 1 admission per benefit period, combined with Drug Abuse)
	Substance use disorder inpatient services (drug use)	20% coinsurance	40% coinsurance	(30 days per benefit period, combined with Alcoholism and Mental Health Services; 1 admission per benefit period, combined with Alcoholism)
If you are pregnant	Prenatal and postnatal care	20% coinsurance	40% coinsurance	------none------
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	------none------

Common Medical Event	Services You May Need	What You Pay In-Network Provider	What You Pay Out-of-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance does not apply to out-of-pocket limit	------none------
	Rehabilitation services (Physical Therapy)	20% coinsurance	40% coinsurance	(40 visits per benefit period, combined with Occupational Therapy)
	Habilitation services (Occupational Therapy)	20% coinsurance	40% coinsurance	(40 visits per benefit period, combined with Physical Therapy)
	Habilitation services (Speech Therapy)	20% coinsurance	40% coinsurance	(20 visits per benefit period)
	Skilled nursing care	20% coinsurance	40% coinsurance	(100 days per benefit period)
	Durable medical equipment	20% coinsurance	40% coinsurance	-------none-------
	Hospice service	20% coinsurance	50% coinsurance does not apply to out-of-pocket limit	-------none-------
If your child needs dental or eye care	Eye exam (Child)	No charge	40% coinsurance	Inclusive with a preventive well child visit
	Glasses	Not Covered		Excluded Service
	Dental check-up (Child)	Not Covered		Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental check-up (Child)
- Dental Care (Adult)
- Glasses
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic Care
- Private-Duty Nursing

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 800.540.2583. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 866.444.3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 877.267.2323 X61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: the plan at 800.540.2583. You may also contact the Department of Labor's Employee Benefits Security Administration at 866.444.EBSA (3273) or www.dol.gov/ebsa/healthreform and your State Department of Insurance at 800.686.1526.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage **does meet the minimum value standard for the benefits it provides.**

----------*To see examples of how this plan might cover costs for sample medical situations, see the next page*----------

Medical Mutual : SMP P2080-1000 Double Deductible

Coverage Examples

Coverage Period: 01/01/2014 - 12/31/2014

Coverage for: Single or Family | Plan Type: PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

- Amount owed to providers: $7,540
- Plan Pays $5,220
- Patient Pays $2,320

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient Pays:

Deductibles	$1,000
Copays	$20
Coinsurance	$1,100
Limits or exclusions	$200
Total	**$2,320**

These numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower. For more information about your HRA or FSA, please contact your employer group.

- Amount owed to providers: $5,400
- Plan Pays $4,760
- Patient Pays $640

Sample care cost:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedure	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient Pays:

Deductibles	$0
Copays	$600
Coinsurance	$0
Limits or exclusions	$40
Total	**$640**

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact: 800.540.2583.

Questions: Call 800.540.2583 or visit us at MedMutual.com/SBC.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800.540.2583 to request a copy.

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- Patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summaries of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box on each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Medical Mutual : SMP HSA P3000/6000 Consumer

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage Period: 01/01/2014 - 12/31/2014

Coverage for: Single or Family | **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at MedMutual.com/SBC or by calling 800.540.2583.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$3,000/single,$6,000/family Network $6,000/single, $12,000/family Non-Network Doesn't apply to coinsurance, copays and network preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes, $0/single,$0/family Network $5,000/single, $10,000/family Non-Network	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Copays, deductibles, premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the insurer pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes, See MedMutual.com/SBC or call 800.540.2583 for list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services.

Questions: Call 800.540.2583 or visit us at MedMutual.com/SBC.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800.540.2583 to request a copy.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use Network **providers** by charging you lower **deductibles, copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations and Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge after deductible	40% coinsurance	-------none-------
	Specialist visit	No charge after deductible	40% coinsurance	-------none-------
	Other practitioner office visit (Chiropractic)	No charge after deductible	40% coinsurance	(12 visits per benefit period)
	Other practitioner office visit (Acupuncture)	Not Covered		Excluded Service
	Preventive care/ screening/ immunization	No charge	40% coinsurance	-------none-------
If you have a test	Diagnostic test (x-ray)	No charge after deductible	40% coinsurance	-------none-------
	Diagnostic test (blood work)	No charge after deductible	40% coinsurance	-------none-------
	Imaging (CT/PET scans, MRIs)	No charge after deductible	40% coinsurance	-------none-------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at MedMutual.com/SBC	Major Medical Drug Coverage /Rx	No charge after deductible	Does Not Apply	-------none-------
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	40% coinsurance	-------none-------
	Physician/surgeon fees (Outpatient)	No charge after deductible	40% coinsurance	-------none-------

Questions: Call 800.540.2583 or visit us at MedMutual.com/SBC.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800.540.2583 to request a copy.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations and Exceptions
If you need immediate medical attention	Emergency room services	No charge after deductible		------none------
	Emergency medical transportation	No charge after deductible	40% coinsurance	------none------
	Urgent care	No charge after deductible	40% coinsurance	------none------
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	40% coinsurance	------none------
	Physician/ surgeon fee (inpatient)	No charge after deductible	40% coinsurance	------none------
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No charge after deductible	40% coinsurance	(20 visits per benefit period, combined with Alcoholism and Drug Abuse Services)
	Mental/Behavioral health inpatient services	No charge after deductible	40% coinsurance	(30 days per benefit period, combined with Alcoholism and Drug Abuse Services)
	Substance use disorder outpatient services (alcoholism)	No charge after deductible	40% coinsurance	------none------
	Substance use disorder outpatient services (drug use)	No charge after deductible	40% coinsurance	(20 visits per benefit period, combined with Alcoholism and Mental Health Services)
	Substance use disorder inpatient services (alcoholism)	No charge after deductible	40% coinsurance	(30 days per benefit period, combined with Drug Abuse and Mental Health Services; 1 admission per benefit period, combined with Drug Abuse)
	Substance use disorder inpatient services (drug use)	No charge after deductible	40% coinsurance	(30 days per benefit period, combined with Alcoholism and Mental Health Services; 1 admission per benefit period, combined with Alcoholism)
If you are pregnant	Prenatal and postnatal care	No charge after deductible	40% coinsurance	------none------
	Delivery and all inpatient services	No charge after deductible	40% coinsurance	------none------

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations and Exceptions
If you need help recovering or have other special health needs	Home health care	No charge after deductible	40% coinsurance	------none------
	Rehabilitation services (Physical Therapy)	No charge after deductible	40% coinsurance	(40 visits per benefit period, combined with Occupational Therapy)
	Habilitation services (Occupational Therapy)	No charge after deductible	40% coinsurance	(40 visits per benefit period, combined with Physical Therapy)
	Habilitation services (Speech Therapy)	No charge after deductible	40% coinsurance	(20 visits per benefit period)
	Skilled nursing care	No charge after deductible	40% coinsurance	(100 days per benefit period)
	Durable medical equipment	No charge after deductible	40% coinsurance	------none------
	Hospice service	No charge after deductible	40% coinsurance	------none------
If your child needs dental or eye care	Eye exam (Child)	No charge	40% coinsurance	Inclusive with a preventive well child visit
	Glasses	Not Covered		Excluded Service
	Dental check-up (Child)	Not Covered		Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental check-up (Child)
- Dental Care (Adult)
- Glasses
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic Care
- Private-Duty Nursing

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 800.540.2583. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 866.444.3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 877.267.2323 X61565 or www.ccilo.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: the plan at 800.540.2583. You may also contact the Department of Labor's Employee Benefits Security Administration at 866.444.EBSA (3273) or www.dol.gov/ebsa/healthreform and your State Department of Insurance at 800.686.1526.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage **does meet the minimum value standard for the benefits it provides.**

----------*To see examples of how this plan might cover costs for sample medical situations, see the next page*----------

Medical Mutual : SMP HSA P3000/6000 Consumer
Coverage Examples

Coverage Period: 01/01/2014 - 12/31/2014

Coverage for: Single or Family | **Plan Type:** PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers: $7,540**
- **Plan Pays $4,340**
- **Patient Pays $3,200**

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient Pays:

Deductibles	$3,000
Copays	$0
Coinsurance	$0
Limits or exclusions	$200
Total	**$3,200**

These numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower. For more information about your HRA or FSA, please contact your employer group.

Managing Type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers: $5,400**
- **Plan Pays $2,360**
- **Patient Pays $3,040**

Sample care cost:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedure	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient Pays:

Deductibles	$3,000
Copays	$0
Coinsurance	$0
Limits or exclusions	$40
Total	**$3,040**

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact: 800.540.2583.

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- Patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summaries of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box on each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

MEDICAL MUTUAL OF OHIO

RX Option A
SuperMed® Script [1]
Prescription Drug Program

Benefits	Copay	Day Supply
Benefit Period	January 1st through December 31st	
Dependent Age Limit	Same as Medical	
SuperMed Script Retail Program with Oral Contraceptive Coverage – for the initial filling and up to two refills of a prescription drug		
Generic Copayment	$10	30
Formulary Copayment	$20	30
Non-Formulary Copayment	$40	30
SuperMed Script Retail Program with Oral Contraceptive Coverage – after the third retail fill of a prescription drug		
Generic Copayment	$20	30
Formulary Copayment	$40	30
Non-Formulary Copayment	$80	30
SuperMed Script Home Delivery Program with Oral Contraceptive Coverage		
Generic Copayment	$30	90
Formulary Copayment	$60	90
Non-Formulary Copayment	$120	90

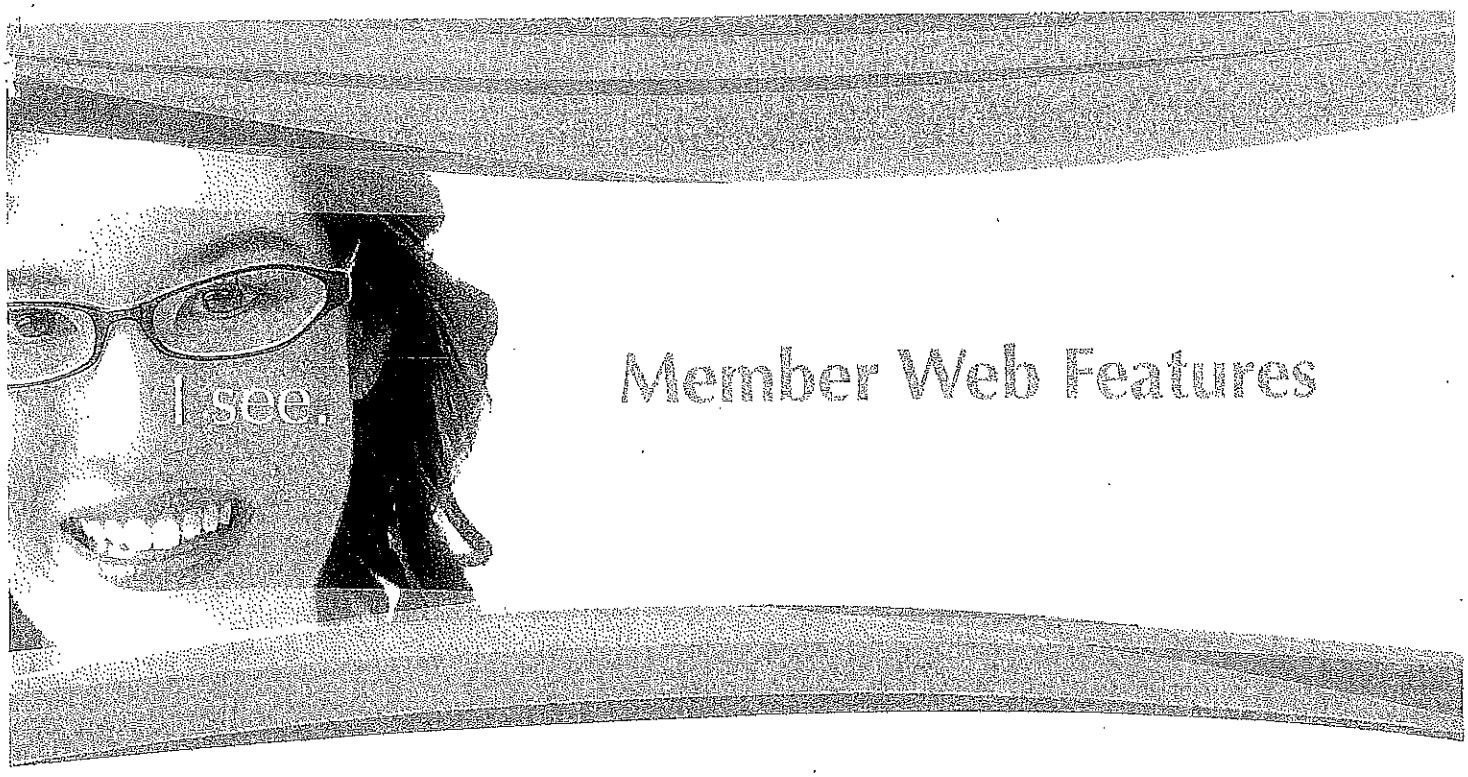
Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

[1]SuperMed Script contains the following:

- Rx Selections® Drug List: A list of drugs on the Rx Selections® formulary will be used.
- Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.
- Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.



Member Web Features

EyeMed Vision Care makes it easy for members to find the information they need at www.eyemedvisioncare.com

Member-Specific Information

Members can register for our secure member site area to find information specific to their vision plan.

- View benefits
- See the next eligible date of service
- Locate a provider
- Download an out-of-network claim form (if applicable)
- Order additional ID cards
- Learn how to use the plan

To log in or register, go to www.eyemedvisioncare.com, select Members, then Log In/Register.

General Information

EyeMed's member Web section provides a wealth of information about EyeMed and how to use our program.

- Common questions
- Eye health quiz
- Provider locator (must know network)

Wellness 101

EyeMed's vision is to improve quality of life through better vision. Our Wellness 101 section helps us achieve that mission by educating our members about the importance of vision care.

- Articles on eye conditions, eyewear and eye exams
- Common questions about eye care
- Glossaries
- Videos
- Printable tools
- Tips for selecting the right eye care doctor and eyewear

To make the most of your vision plan, visit www.eyemedvisioncare.com.

EyeMed VISION CARE®

EyeMed
VISION CARE®

BUTLER METROPOLITIAN HOUSING AUTHORITY

BUTLER METROPOLITIAN HOUSING AUTHORITY has selected EyeMed as your vision wellness program effective 5/01/2009. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed SELECT network.

To see a list of participating providers near you, go to www.enrollwitheyemed.com and choose SELECT from the provider locator dropdown box. You can also call 1-866-268-4063.

Enroll today to take advantage of an affordable way to help ensure a lifetime of healthy vision.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	$10 Copay	Up to $35
Exam Options:		
Standard Contact Lens Fit and Follow-up	Up to $40	N/A
Premium Contact Lens Fit and Follow-up	10% off Retail	N/A
Frames	$140 Allowance; 20% off balance over $140	Up to $56
Standard Plastic Lenses:		
Single Vision	$10 Copay	Up to $25
Bifocal	$10 Copay	Up to $40
Trifocal	$10 Copay	Up to $60
Standard Progressive	$10 Copay	Up to $85
Premium Progressive	$10, 80% of charge less $120 Allowance	Up to $85
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	20% off retail	N/A
UV Treatment	20% off retail	N/A
Standard Plastic Scratch Coating	20% off retail	N/A
Standard Polycarbonate	$0	Up to $28
Standard Anti-reflective Coating	20% off retail	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses (allowance covers materials only):		
Conventional	$155 Allowance; 15% off balance over $155	Up to $109
Disposables	$155 Allowance; balance over $155	Up to $109
Medically Necessary	$0 Copay, Paid in Full	N/A
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A

Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.

Frequency:	
Exam	Once every 12 months
Frames	Once every 12 months
Standard Plastic Lenses or Contact Lenses	Once every 12 months

Additional Purchases and Out-of-Pocket Discount

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund Premium Progressive as a Standard.

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed' s Providers' professional services or disposable contact lenses.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Underwriter Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy Number VC-73/VC-74, form number M-9059. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

LENSCRAFTERS

Pearle Vision

Sears Optical

OPTICAL

Value Added Features:

In addition to the health benefits your EyeMed program offers,members also enjoy additional, value-added features including:

- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at network providers (not valid on doctor' s services or contact lenses.
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lens Purchases** - Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.

Superior Dental Care™

ENROLLMENT INFORMATION

Butler Metropolitan Housing Authority

Contract Period: 5/1/2017 through 4/30/2018

SUPERIOR SMILES START WITH SUPERIOR DENTAL CARE

Dental coverage through SDC offers financial protection for maintaining oral health ***and*** helps care for general health in the process. Regular oral exams, like those covered by your SDC plan, prevent and detect dental problems before they turn into something serious. A simple routine dental check-up could even save your life, as major health problems can first show symptoms in the mouth. Your employer has selected a **SUPERIOR** dental plan for you to elect – please see the plan details below. Sign up today for your new **SUPERIOR** dental coverage...and let SDC keep you ***smiling for a lifetime!***

Plan #215	In Network	Out of Network
Preventive *oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment*	100%	100%
Basic *fillings, root canal therapy, oral surgery, extractions, repairs & recementation*	80%	80%
Major *crowns, onlays, bridges, dentures, sealants for children, periodontal treatment*	50%	50%
Contract Maximum *per member, per contract period*	$1,000.00	$1,000.00
Orthodontia	50%	50%
Ortho Maximum	$1,000.00	$1,000.00
Deductible *applies to Basic & Major services and follows the contract period*	$50/150	$50/150
Copay *applies to Preventive exams*	N/A	N/A
Network Access	Open Access *Same level of coverage in and out of network*	

To review the complete List of Covered Services, refer to SDC's Evidence of Coverage or the Schedule of Benefits associated with the plan number above.

Monthly Rates	
Employee	$20.99
Family	$61.20

Rates listed are valid only for the plan above and for the contract period listed above.

PROTECT YOUR SMILE...AND YOUR MONEY!

SDC's dental plans focus on preventive services like cleanings and exams that can help you avoid major dental procedures and save you money. Without SDC dental coverage, the cost of an emergency dental procedure that wasn't detected and treated early can easily reach thousands of dollars. Additionally, SDC will provide a free Second Opinion by a participating dentist for extensive treatment plans. This is provided at no cost and without utilizing any portion of the individual's Contract Maximum. This benefit is required to be coordinated, in advance, through SDC's Dentist and Member Services team.

If your employer has selected a Superior Vision plan to complete the Superior Wellness dental and vision bundle, you must enroll in the SDC dental plan first to be eligible for Superior Vision.

OVER HALF A MILLION ACCESS POINTS NATIONWIDE

NO WAITING PERIODS | NO BALANCE BILLING *(in network)* **| NO CLAIM FORMS** *(in network)* **| NO MISSING TOOTH EXCLUSION**

Notice: Any person obligated for any part of a pre-payment may cancel such agreement within 72-hours after having signed the agreement or offer to enroll. Cancellation occurs when written notice of cancellation is given to SDC or its agents or other representatives.

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

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