White County
Georgia

WHITE COUNTY GOVERNMENT
REQUEST FOR QUALIFICATIONS (RFQ)
FOR
EMPLOYEE BENEFITS BROKER SERVICES

SUBMISSIONS ARE DUE AT THE ADDRESS SHOWN BELOW NO LATER THAN

FRIDAY, DECEMBER 11, 2026, AT 2:00 PM, LOCAL TIME

WHITE COUNTY GOVERNMENT
ATTENTION: HUMAN RESOURCES
1235 HELEN HWY
CLEVELAND, GA 30528

THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS RFQ ON OR BEFORE THE STATED DATE AND TIME WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE RESPONDER.

ISSUE DATE: MONDAY, OCTOBER 12, 2026

WHITE COUNTY, GEORGIA
REQUEST FOR QUALIFICATIONS
FOR EMPLOYEE BENEFITS BROKER SERVICES

SECTION I – GENERAL OVERVIEW

A. PURPOSE

White County Board of Commissioners is issuing this Request for Qualifications (RFQ) to seek qualified brokers to assist with strategically planning, designing and negotiating the best coverage and cost for our comprehensive employee benefit program. The County has approximately 272 benefit eligible employees. Our leadership is looking to ensure we have financially competitive, effectual and affordable benefit programs to offer county employees.

The County does not guarantee a minimum value for this contract.

This RFQ is not an authorization to approach insurers or other underwriting sources on behalf of the County. We specifically request that no insurance market contact or solicitation be made on behalf of White County at this time and that no insurance market reservations or commitments be made for any purpose in respect to any insurance or reinsurance to be provided for the County.

B. INFORMATION TO VENDORS

1. RFQ TIMETABLE

The anticipated schedule for the RFQ is as follows:

RFQ Released	Monday, October 12, 2026
Pre-Proposal Conference Meeting	None
Deadline for questions to White County to smurphy@whitecountyga.gov	Friday, November 20, 2026 at 2:00 PM
Deadline for Addenda posted on www.whitecountyga.gov under Bid Opportunities	Monday, November 30, 2026 2:00 PM
Submittal deadline	Friday, December 11, 2026 at 2:00 PM

2. PROPOSAL SUBMISSION

One (1) original and four (4) copies of the complete signed submittal must be received **FRIDAY, DECEMBER 11, 2026 AT 2:00 PM, LOCAL TIME**. Proposals must be submitted in a sealed envelope stating on the outside, the vendor's name, address, title of **RFQ BROKER SERVICES** to:

White County Government
Attention: Human Resources
1235 Helen Hwy
Cleveland, GA 30528

Hand delivered copies may be delivered to the above address ONLY between the hours of 8:00 AM and 5:00 PM, Monday through Friday.

Vendors are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service. *NOTE: Many express mail and delivery services do not guarantee overnight by noon to White County.*

Submission by US Mail must be sent to the address below:

White County
Attention: Human Resources
1235 Helen Hwy
Cleveland, GA 30528

The Submittal must be signed by a company officer who is legally authorized to enter into a contractual relationship in the name of the vendor.

3. CONTACT PERSON

All questions that arise (prior to the deadline for questions due date) must be directed to the contact person by email. The designated contact is Shanda Murphy, smurphy@whitecountyga.gov .Any unauthorized contact shall not be used as a basis for responding to this RFQ and also may result in the disqualification of the vendor's submittal.

Vendors may not contact any elected official or other county employee to discuss the proposal process or proposal opportunities except 1.) through the contact person designated herein, or 2.) as provided by existing work agreement(s). This policy shall be strictly enforced, and the County reserves the right to reject the submittal of any vendor violating this provision.

4. ADDITIONAL INFORMATION/ADDENDA

White County will issue responses to questions and any other corrections or amendments it deems necessary in written addenda issued prior to the due date posted on the county's website under bid opportunities. Vendors should not rely on any representations, statements or explanations other than those made in this RFQ or in any addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail. Vendors are advised to check the website for addenda before submitting their response.

Vendors must acknowledge any issued addenda by including Attachment B-Addenda Acknowledgement with the submittal. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the response if the addendum contains information which substantively changes the county's requirements

5. LATE SUBMITTAL AND LATE MODIFICATIONS

Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. White County Government assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the proper designation.

6. REJECTION OF PROPOSALS/CANCELLATION

White County Government reserves the right to reject any and all submittals and reserves the right to waive irregularities or informalities in any submittal or in the submittal procedure, when to do so would be to the advantage of White County. White County reserves the right to cancel this RFQ at any time.

7. MINIMUM RFQ ACCEPTANCE PERIOD

Submittals shall be valid and may not be withdrawn for a period of 180 days from the date specified for receipt of submittals.

8. NON-COLLUSION AFFIDAVIT

By submitting a response to this RFQ, the vendor represents and warrants that such proposal is genuine and not a sham or collusive or made in the interest or in behalf of any person not therein named and that the vendor has not directly or indirectly induced or solicited any other vendor to put in a sham proposal, or any other person, firm or corporation to refrain from submitting and that the vendor has not in any manner sought by collusion to secure to that vendor any advantage over any other vendor.

By submitting a proposal, the vendor represents and warrants that no official or employee of White County Government has, in any manner, an interest, directly or indirectly in the proposal or in the contract which may be made under it, or in any expected profits to rise there from.

9. COST INCURRED BY VENDORS

All expenses involved with the preparation and submission of the RFQ to the White County Board of Commissioners, or any work performed in connection therewith is the responsibility of the vendor(s).

10. RFQ OPENING

Only the names of the firms responding to this RFQ will be read aloud publicly due to the fact that the proposals will be subject to an evaluation review for accurate qualifications. A list of names of firms responding to the RFQ may be obtained from the county's website www.whitecountyga.gov, after the RFQ due date and time stated herein.

11. OPEN RECORDS

All materials submitted in connection with this RFQ will be public documents and subject to the Open Records Act and all other laws of the State of Georgia, the United States of America and the open records policies of White County Board of

Commissioners. All such materials shall remain the property of White County and will not be returned to the respondent.

12. TAXES

White County Government is tax exempt. No sales tax will be charged on any products or services. White County cannot exempt any other person/vendor from applicable sales taxes that may be required of them in relation to this project. Selected vendor will be provided with White County's Sales and Use Tax Certificate of Exemption upon request.

13. VENDOR INFORMATION

All submissions shall include a completed vendor information form and copy of current business license. Failure to provide this information could result in the disqualification of the vendor from submitting a proposal.

14. INSURANCE

Selected vendor will be required to provide White County with a Certificate of Insurance for liability and worker's compensation insurance before work can begin on this County project and be effective for the duration of the work as described in the contract documents, including authorized change orders, plus any period of guarantee as required in the general warranty.

Workers Compensation Insurance

In the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers compensation stating that the Contractor qualifies to pay its own workers compensation claims.) In addition, the Contractor shall require that all subcontractors occupying the premises or performing the work under the contract to obtain an insurance certificate showing proof of Worker Compensation Coverage with the following minimum coverage:

Georgia Statutory including Employers Liability	
Bodily injury by Accident – each employee	$100,000
Bodily injury by Disease - each Employee	$100,000
Bodily injury by Disease – policy limit	$500,000
Commercial General Liability	
Each Occurrence Limit	$1,000,000
Personal and Advertising Injury Limit	$1,000,000
General Aggregate Limit	$2,000,000
Products/Completed Operations Aggregate Limit	$2,000,000
Automobile Liability	
Combined Single Limit	$1,000,000
Professional Liability Limit (w/ errors & omissions)	$1,000,000

15. ANTI-DISCRIMINATION

White County, in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in federally assisted programs of the Department of Transportation issued pursuant to such Act hereby notifies all respondents that it will affirmatively ensure that in any contract entered into pursuant to this advertisement, disadvantaged business enterprises as defined at 49 CFR Part 23 will be afforded full opportunity to submit proposals in response to this Request for Qualifications and will not be discriminated against on the grounds of race, color, national origin, sex, handicap/disability in consideration of an award.

By submitting their response, all respondents certify to White County that they will conform to the provisions of the Federal Civil Rights Act of 1964.

In every contract of over $10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the contractor agrees as follows:
   a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
   b. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.
   c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
2. The contractor will include the provisions of 1. above in every subcontract or purchase order of over $10,000 so that the provisions will be binding upon each subcontractor or vendor.

16. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT

Pursuant to the Georgia Security and Immigration Compliance Act of 2006, the successful Contractor understands and agrees that compliance with the requirements of O.C.G.A.13-10-91 and Georgia Department of Labor Rule 300-10-02 are conditions of this proposal and contract document. The Contractor further agrees that such compliance shall be attested by the Contractor and any of his Subcontractors by execution of the appropriate Affidavit and Agreement which will be included and become a part of the Agreement between White County and the successful Contractor.

SECTION II – GENERAL CONDITIONS

A. PURPOSE

White County Board of Commissioners is issuing this Request for Qualifications (RFQ) to seek qualified brokers to assist with strategically planning, designing and negotiating the best coverage and cost for our comprehensive employee benefit programs. The County has approximately 272 benefit eligible employees. Our leadership is looking to ensure we have financially competitive, effectual and affordable benefit programs to offer our employees.

The County does not guarantee a minimum value for this contract.

This RFQ is not an authorization to approach insurers or other underwriting sources on behalf of the County. We specifically request that no insurance market contact or solicitation be made on behalf of White County at this time and that no insurance market reservations or commitments be made for any purpose in respect to any insurance or reinsurance to be provided for the County.

B. CONTRACT PERIOD

The initial term of a contract awarded as a result of this RFQ shall be from July 1, 2027 through June 30, 2028. The contract may be renewed according to the terms stated herein.

The contract shall terminate absolutely and without further obligation at such time as appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of the County under this contract. The County does not guarantee a minimum value for this contract.

If, at any time, the County determines it is in its best interest to discontinue use of these services the County reserves the right to cancel this Agreement by giving thirty (30) days advance written notice.

C. SCOPE OF WORK

White County views broker services as a direct extension of our Human Resources Department. Provisions of brokerage services to White County under any agreement ensuing from this proposal will entail the following, at a minimum:

1. Auditing resulting contracts and monthly invoices for accuracy of coverage, terms and conditions;
2. Coordinating annual benefits renewals, including negotiation of changes in contracts;
3. Assisting the County in determining specifications for future insurance coverage;
4. Marketing the County's desired insurance package through identification of appropriate markets, analysis of proposals, provisions of recommendations, and assistance in contract negotiation;
5. Preparing, disseminating, and analyzing bid packages in accordance with County specifications, should a formal bidding package for quality of benefits be deemed

necessary;

6. Reviewing the employee benefit package for quality of benefits provided, cost effectiveness, competitiveness and plan administration on an annual basis;
7. Monitoring all associated, ongoing contracts, to ensure contract compliance;
8. Analyzing claims history and insurance utilization at least quarterly;
9. Providing information on employee benefit issues, trends and proposed or new legislation;
10. Meeting with the County administrative staff on a regular basis;
11. Conducting new-hire enrollments on a monthly basis through coordination with County Human Resources;
12. Designing and supplying employee benefit communication materials including an annual high-quality Employee Benefits Handbook;
13. Participating in the annual employee wellness fair;
14. Providing a key contact person to be available to answer questions and resolve issues that arise during the year regarding employee benefits, contract administration and service provisions;
15. Providing a key contact person that specializes in Benefits Services assisting employees and families with claims and questions. This stipulation is required in order to remain in compliance with HIPAA regulations.
16. Providing weekly reporting of necessary benefit deduction changes in order to assist with processing accurate deductions for employees;
17. Coordinating and processing COBRA Benefits;
18. Providing ongoing support and resources in order to submit mandated annual reporting;
19. Providing an electronic, web-based platform for annual open-enrollment, new hire benefit selections and routine benefit / information changes throughout the year;
20. Evaluating various insurance products submitted by carriers, agents and brokers; and;
21. Perform other related consultation services as needed or requested.

** A brief summary of services provided by our current broker is attached – this summary will be considered a minimum level of service for the purpose of this RFQ**

D. STATEMENT OF QUALIFICATIONS

Broker Proposal Questionnaire:

The Broker Proposal Response Questionnaire must clearly demonstrate the required qualifications, expertise, competence, and capability of the vendor. Please provide a concise description of your firm's ability to provide the services required in the Scope of Work of this document. Additionally, please include the answers to the following questions (Address each by number):

1. Describe your organizational structure (i.e. publicly held corporation, partnership, etc.). Review each area of your organization and describe their function. Describe the process for handling concerns/questions/calls from client staff and employees.

2. Confirm that you are a licensed broker in the State of Georgia and provide documentation. Confirm that you serve as a broker, independently, and are not employed by any insurance company, third party administrative agency or provider network.

3. Briefly describe your company's organization, philosophy and management. Also, please provide a brief company history.

4. Describe your contractual relationship, if any, with organizations or entities necessary to your proposal's implementation (i.e. actuarial services, data information services, third party providers for Open Enrollment, etc.).

5. How long has your organization been providing brokerage services? Has your organization ever operated under a different name? Why was the name changed?

6. Provide a list of known complaints filed with the Insurance Commissioner's Office, against your firm, over the past ten (10) years. Include the nature of the complaint and disposition.

7. How many public sector clients does your firm currently provide brokerage services to?

8. Indicate the method of service provision your organization would utilize in implementing your proposal (i.e. individual broker, individual broker with supporting back up, team of brokers). Please provide resumes of individual brokerage staff that would provide services to the County. Include a brief professional history for each individual and how they are qualified to provide services to White County.

9. Briefly describe the level of service and support provided to White County by your broker(s) on a day-to-day basis. Describe the level of service and support by your staff on a day-to-day basis. Are your customer service employees licensed insurance agents and are they certified under COBRA and HIPAA?

10. How does your firm provide continuing education to ensure that each broker is educated on current market trends and legislative developments? How is this information communicated to your clients?

11. Describe how you build an understanding of the direction and priorities of the County employee benefit program and how you would utilize this information to recommend changes and project future trends.

12. Detail how your organization assists clients in developing a strategic benefit plan.

13. Describe your organization's anticipated involvement in the annual renewal process. Include information regarding process timeframes, negotiation of rates and vendor selection. NOTE: White County's current benefits plan year

is July 1 to June 30.

14. Discuss any innovative mechanisms you have used to minimize insurance and service costs to your clients.

15. How do you keep your clients aware of trends and new developments in employee benefits?

16. How would your firm assist White County in developing plan specifications? Explain your process for providing plan recommendation to your clients.

17. Explain the process your organization would utilize to assist White County in selecting an insurance vendor. How would your company's experience and expertise benefit the County in this process?

18. Please provide a list of the vendors you have relationships with in regard to medical, pharmacy, disability, life, supplemental health and dental insurance plans.

19. Describe your preferred carrier relationships and the benefits of these relationships to your clients. Describe any blocks or pools of business that your firm has access to and what benefits are to your clients.

20. Include notice of any interest in any TPA, PBM, network, reinsurer, insurance company or affiliate or any contractual agreements you have with carriers to meet a quota for business with that carrier.

21. Describe how your organization strives to streamline benefit administration for your clients. Include any services you provide for automation of the benefit process (i.e. electronic capabilities, outsourcing options). How many of your clients are enrolled online? How many employees does this represent? Does your staff build these enrollment websites? Attach any associated cost for these services on a separate fee schedule.

22. Describe process for Open Enrollment for client staff and its employees.

23. Detail how you develop a benefit communication strategy with your clients. Include what tools or resources you have available to assist your clients in effective communication not only the specific plan details but also the value of the benefits offered? Please provide a sample of an Employee Benefits Handbook you have produced and provided for client employees.

24. What training resources does your organization provide to assist your clients in education and training their employees?

25. Describe your compliance services. What resources does your organization utilize to answer compliance questions from your clients? List three recent

compliance questions and show the format and content of your response.

26. Please provide a case study on a recent client that has begun working with your firm in the past three years and show the financial impact on claims that your firm has made through benefit consulting. Describe your recommendation and how these related to the financial impact on their plan.

27. What makes your organization unique from the other organizations that may submit proposals for the County's consideration?

28. Provide any additional information regarding your organization or services that you feel would be beneficial in helping the County to select a benefits broker.

29. Please provide a list of three verifiable public sector references, all of whom are able to comment on your organization's relevant experience. Please furnish:
    Group Name; Contact name and telephone number;
    Services you provided; Time period covered;
    Benefit programs addressed; and number of covered employees.

30. List any and all accounts held by local governments (city, county, authority) in Georgia within the last five (5) years. If any, do you still hold that account? If no, why not? If no Georgia local governments, indicate so.

31. Will any of the representatives which you will assign to work with White County and meet with county employees on an individual basis – be compensated on a commission basis determined by the elections made by the county employees? If yes, please explain.

32. List any limitations your firm would have in providing the Scope of Work outlined in Section II (c) and broker services outlined on page 15.

Pricing:
It is White County's expectation that brokerage fees and commissions will be borne by the selected insurance provider. If additional brokerage fees are expected of White County, or if your firm offers additional fee-supported services which are supplemental to your proposal, please clearly outline such costs and services on a separate fee addendum at the end of the proposal in a separate, sealed envelope clearly identified as "Financial Proposal."

Oral Presentations:
During the evaluation process, White County may at its discretion, request oral presentations from any or all respondents for the purpose of clarification or amplifying the materials presented. However, respondents are cautioned that the County is not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms available from the broker.

Criteria for Evaluation:
All proposals will be evaluated according to, but not necessarily limited to, the following:

- Your firm's indicated ability to provide a level of service sufficient to meet the County's needs, as stated in your response to *Scope of Work* and *Broker Proposal Questionnaire.*
- Extent and success of previous work your firm has provided to organizations similar in nature and size to White County, as determined by White County's contact with references provided.
- The proposal itself as an example of your firm's work product.
- Qualifications/experience of key personnel to be assigned to the project as stated in question 8 of Broker Proposal Questionnaire.
- Adherence to RFQ requirements, including: completion of all required forms;
- Provision of all requested information; adequacy of responses, and return of the RFQ by the stated deadline.

The following point system will be utilized to help evaluate the proposals:

Criteria	Points Allowed
Responsiveness of understanding scope	15 points
Technical Experience of firm	
A. Insurance work of the type under consideration	15 points
B. Work with similar public entities	20 points
C. Qualifications of Staff	20 points
D. Size and structure of the firm	15 points
E. References	15 points
TOTAL POSSIBLE POINTS (carried forward if selected for presentation / interview)	**100 points**
Oral Presentation/Interview (if applicable)	20 points
TOTAL POSSIBLE POINTS:	**120 points**

E. ADMINISTRATION

The project will be administered by the White County Board of Commissioners with the White County Human Resources Director being the main point of contact for all questions during the term of the contract.

F. RESPONDENT'S CHECKLIST – REQUIRED FORMS

Each proposal should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the submittal is the sole responsibility of the respondent. The following documents are also required to be included in your proposal packet:

REQUIRED FORMS – See page 25 for your reference

Documentation that is **required** for a complete proposal includes:

1. Numbered responses and documentation listed under Section II D: Statement of Qualifications / Broker Proposal Questionnaire
2. Vendor Information Form
3. Execution of Proposal Form
4. Addenda Acknowledgment Form (if applicable)
5. Proposer's Certification and Non-Collusion Affidavit
6. Georgia Security and Immigration Compliance Act Affidavit
   i. Contractor Affidavit
   ii. Subcontractor Affidavit (if applicable)
7. Copy of current business license
8. Copy of current Georgia Insurance Brokerage license
9. Reference Form
10. Financial Proposal – labeled & sealed (if applicable as referenced page 12)

G. PROCEDURES AND MISCELLANEOUS ITEMS

1. All questions shall be submitted via email and shall be communicated in the form of an addenda if the scope specifications are to be affected and posted on the County's website under the bid opportunities section, all firms responding to this RFQ should check the website before responding to this RFQ.

2. All respondents to this RFQ shall indemnify and hold harmless the White County Board of Commissioners, and any of their officers and employees from all suits and claims alleged to be a result of this RFQ. The issuance of this RFQ constitutes only an invitation to present a proposal. It does not constitute an Invitation to Bid nor does it commit the County to issuing an Invitation to Bid. The White County Board of Commissioners reserves the right to determine, at its sole discretion, whether any aspect of a respondent's submittal meets the criteria in this RFQ. The White County Board of Commissioners also reserves the right to seek clarifications, to negotiate with any vendor submitting a response, to reject any or all responses with or without cause, and to modify the procurement process and

schedule. In the event that this RFQ is withdrawn or the project canceled for any reason, the White County Board of Commissioners shall have no liability to any respondent for any costs or expenses incurred in connection with this RFQ or otherwise.

3. The RFQ is subject to the provisions of the White County Purchasing Policy and any revisions thereto, which are hereby incorporated into this RFQ in their entirety except as amended or superseded herein.

4. Failure to submit all the mandatory forms from this RFQ package shall be just cause for the rejection of the qualification package. However, White County reserves the right to decide, on a case-by-case basis, in its sole discretion, whether or not to reject such a proposal as non-responsive.

5. In case of failure to deliver goods in accordance with the contract terms and conditions, White County, after due oral or written notice, may procure substitute goods or services from other sources and hold the contractor responsible for any resulting additional purchasing and administrative costs. This remedy shall be in addition to any other remedies which White County may have.

6. By submitting a qualification package, the vendor is certifying that they are not currently debarred from bidding on contracts by any agency of the State of Georgia, nor are they an agent of any person or entity that is currently debarred from submitting bids on contracts by any agency of the State of Georgia.

7. Any contract resulting from this RFQ shall be governed in all respects by the laws of the State of Georgia and any litigation with respect thereto shall be brought in the courts of the State of Georgia. The contractor shall comply with applicable federal, state, and local laws and regulations.

8. It is understood and agreed between the parties herein that White County shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

H. <u>BONDS</u>

Bid Bond – not required
Payment Bond – not required
Performance Bond – not required

I. FINAL SELECTION

Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to the White County Board of Commissioners. Following Commission approval, the County will complete contract negotiations. The selected vendor should be prepared to commence working on the employee benefit program no later than March 2027.

The White County Board of Commissioners reserves the right to accept the response that is determined to be in the best interest of the County. The County reserves the right to reject any and / or all proposals.

Overview of Current Broker Services (As Referenced on Page 8)

- Evaluates & competitively bids comprehensive employee benefits program annually – evaluating both fully-insured and self-funded options
- Provides annual open enrollment materials
- Conducts group benefit information meetings
- Provides a custom employee benefit booklet annually
- Coordinates annual open enrollment - individual meetings (1 location) & online
- Processes annual open enrollment via electronic portal
- Provides annual employee benefit statements detailing elections made with county cost, employee cost, and total compensation calculations
- Provides electronic portal for routine benefit changes throughout the plan year
- Meets (at county office – 1 location) with and processes new hires monthly
- Provides weekly activity reports / payroll deduction reports for all changes made
- Receives and reviews all benefit related monthly invoices – and makes any corrections necessary with vendors and sends to Human Resources once accuracy is confirmed
- Manages all annual legal notifications required including COBRA notification & enrollment
- Provides Human Resources staff with any necessary legal updates related to benefits administration
- Processes annual ACA required reporting – 1094 / 1095 requirements
- Provides access to dedicated eligibility & claims assistance for HR Department
- Provides dedicated staff for Human Resources staff and employees to contact to assist in resolving claims & eligibility issues
- Participates in annual employee wellness fair
- Quarterly claims evaluation

RFQ BROKER SERVICES
EXECUTION OF PROPOSAL

DATE: _____

The potential Contractor certifies the following by placing an "X" in all blank spaces:

___ That this proposal was signed by an authorized representative of the firm.

___ That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.

___ That all labor costs associated with this project have been determined, including all direct and indirect costs.

___ That the potential Contractor agrees to the conditions as set forth in this Request for Qualifications with no exceptions.

Therefore, in compliance with the foregoing **Request for Qualifications**, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within 180 days from the date of the opening, to furnish the services for the prices and / terms quoted within the timeframe required.

_____
Business Name

_____
Authorized Signature Date

_____
Typed Name & Title

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

RFQ BROKER SERVICES
REFERENCE FORM

All references must be from customers for whom your company has completed work similar to the specifications of this proposal. Attach additional page if necessary.

References for: _____
(Company Name)

1. Company

Street Address

City, State & Zip

Contact Person Name Title

Phone Email

Describe Scope of Work and dates of project/service:

2. Company

Street Address

City, State & Zip

Contact Person Name Title

Phone Email

Describe Scope of Work and dates of project/service:

3. Company

Street Address

City, State & Zip

Contact Person Name Title

Phone Email

Describe Scope of Work and dates of project/service:

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

RFQ BROKER SERVICES
ADDENDA ACKNOWLEDGEMENT

The vendor has examined and carefully studied the Request for Qualifications and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No.

Addendum No

Addendum No.

Addendum No.

Authorized Representative (Signature) Date

Authorized Representative/Title
(Print or Type)

Vendors must acknowledge any issued addenda. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the Owner's requirements.

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

RFQ BROKER SERVICES
PROPOSER'S CERTIFICATION AND STATEMENT OF NON-COLLUSION

I _____ certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services and is in all respects fair and without collusion or fraud. I understand that collusive bidding is a violation of state and Federal law and can result in fines, prison sentences and civil damages awards.

I certify that this proposal has been prepared independently and the price submitted will not be disclosed to another person.

I certify that there has been no contact or communication by the proposer or the proposer's associates with any County staff, or elected officials since the date this **RFQ FOR BROKER SERVICES** was issued except: 1) through the Human Resources Department 2) at the Pre-Proposal Conference (if applicable) or 3) as provided by existing work agreement(s). **The County reserves the right to reject the proposal submitted by any proposer violating this provision.**

I agree to abide by all conditions of this proposal and certify that I am authorized to sign this proposal.

COMPANY NAME:

Authorized Representative (Signature) Date

Authorized Representative/Title
(Print or Type)

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

RFQ BROKER SERVICES
VENDOR'S INFORMATION FORM

1. Legal Business Name

2. Street Address

3. City, State & Zip

4. Type of Business: _____ State of Registration: _____

(Association, Corporation, Partnership, Limited Liability Company, etc)

5. Name & Title of Authorized Signer:

6. Primary Contact

7. Phone _____ Fax

8. E-mail

9. Company Website

10. Has your company ever been debarred from doing business with any federal, state or local agency?

Yes ____ No ____ If Yes, please state the agency name, dates and reason for debarment.

ATTACH COPY OF BUSINESS LICENSE

THIS PAGE MUST BE COMPLETED AND SUBMITTED WITH PROPOSAL

Georgia Security & Immigration Compliance (GSIC) Act Affidavit

As per the Georgia Senate Bill 529 and Senate Bill 447, the Georgia Department of Labor has promulgated new rules for the implementation of Section 2. O.C.G.A. §13-10-91 and GDOL Rule 300-10-01-.02 state that no Georgia Public Employer shall enter into a contract for *the physical performance of services within the State of Georgia* unless the Contractor registers and participates in a federal work authorization program to verify the work eligibility information of all of its new employees.

The Employment Eligibility Verification "E-Verify" site operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security is the electronic federal work authorization program to be utilized for these purposes.

The website is https://e-verify.uscis.gov/enroll/

By executing the attached Contractor Affidavit, Contractor verifies its compliance with O.C.G.A. §13-10-91 stating affirmatively that the individual, firm or corporation which is contracting with the White County Board of Commissioners has registered and is participating in this federal work authorization program in accordance with the applicability provisions and deadlines established in this Statute.

Contractor further agrees that should it employ or contract with any Sub-Contractor(s) for the physical performance of services pursuant to the contract with the White County Board of Commissioners, Contractor will secure from the Sub-Contractor(s) verification of compliance with O.C.G.A. §13-10-91 on a Sub-Contractor Affidavit and shall provide a copy of each such verification to the White County Board of Commissioners at the time the Sub-Contractor(s) is retained to perform such services.

PLEASE COMPLETE THE ATTACHED AFFIDAVIT AND RETURN IT TO:

Shanda Murphy
White County Human Resources Director
1235 Helen Hwy
Cleveland, GA 30528

Fax: (706) 865-1324
Email: smurphy@whitecountyga.gov

IMMIGRATION AND SECURITY FORM
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

Contractor's Name:	
County Solicitation/ Contract No.:	RFQ Broker Services

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the County, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the County at the time the subcontractor(s) is retained to perform such service.

EEV / E-Verify Company Identification Number

BY: Authorized Officer or Agent Date
(Contractor Name)

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE DAY OF _____ 20___

[NOTARY SEAL]

Notary Public

My Commission Expires:

*****any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603

THIS PAGE MUST BE SUBMITTED WITH PROPOSAL

IMMIGRATION AND SECURITY FORM
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

Contractor's Name:	
County Solicitation/	RFQ **Broker Services**

ADDITIONAL INSTRUCTIONS TO CONTRACTOR: Identify all subcontractors used to perform under the county contract. In addition, you must attach a signed and notarized affidavit (next page of this form) from each of the subcontractors listed below. The contractor is responsible for providing a signed and notarized affidavit to the County within five (5) days of the addition of any new subcontractor used to perform under the identified County contract.

Contractor's	
Subcontractors:	

IMMIGRATION AND SECURITY FORM
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

Contractor's Name:	
Subcontractor's (Your) Name:	
County Solicitation/ Contract No.:	RFQ Broker Services

SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of the County identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV / E-Verify™ Company Identification Number

BY: Authorized Officer or Agent Date
(Subcontractor Name)

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE DAY OF _____ 20___

[NOTARY SEAL]

Notary Public

My Commission Expires:

*****any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603

White County Government

RFQ Broker Services

Checklist for RFQ Documents

• Failure to include all required documents will result in the proposal being removed from consideration •

□ Broker Proposal Response Questionnaire (# responses and with referenced documentation)

□ Vendor Information Form

□ Copy of Business License

□ Copy of Georgia Insurance Brokerage License

□ Execution of Proposal Form

□ Reference Form

□ Addenda Acknowledgement

□ Non-Collusion Certification

□ E-Verify Affidavit

□ E-Verify Subcontractor Affidavit (if applicable)

□ Financial Proposal – labeled & sealed (if applicable as referenced page 12)

Thank you for your interest in doing business with White County

EXHIBIT A

White County
Georgia



Employee Benefits Guide

Plan Year July 1, 2026 – June 30, 2027

Medical | Dental | Vision | HRA | Basic Life | Voluntary Life | Disability

Table of Contents

2	Message from the Chairman
3	Benefits Eligibility
4	Medical Benefit Summary
6	Anthem LiveHealth Online
7	Dental and Vision Benefit Summaries
8	Life and AD&D Insurance
9	Disability Insurance
10	Employee Assistance Program
11	Critical Illness Insurance
12	COBRA Notice

Important contact information is located on the back cover of this guide.

This guide is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this guide and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this guide throughout the year as you use your benefits. This guide also provides information regarding your COBRA rights and responsibilities.



To: **All Full Time Employees**
From: **Chairman Travis Turner**
Subject: **Employee Benefit Plans**

White County very much appreciates the hard work and dedication of all our employees, and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed. The following pages contain detailed information about your available benefits.

Travis Turner
Chairman
White County Board of Commissioners

Board of Commissioners



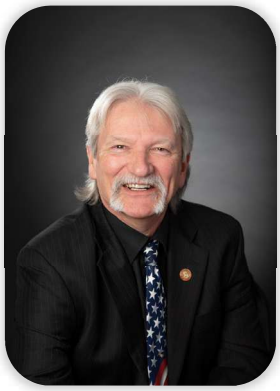
Shan Ash
District 1



Lyn Holcomb
District 2



Edwin Nix
District 3



Craig Bryant
District 4

White County Board of Commissioners Staff:

Derick Canupp	County Manager
Shanda Murphy	Assistant County Manager / Human Resources Director
Krystal Talley	Human Resources Coordinator

Commissioners serve staggered terms of four years and are by district with the chairman elected at-large.



Group Insurance Eligibility

The County's group insurance plan year is July 1 through June 30.

Eligibility

Employees are eligible to participate in the County's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then effective date of coverage will be June 1.

Dependents are defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. The term "child" includes any of the following; A natural child, a stepchild, a legally adopted child, a child for whom legal guardianship has been awarded to the participant or the participant's spouse.

Dependent Age Requirements

Medical/Dental/Vision Coverage:
A dependent child may be covered through the end of the month in which they turn 26.

Supplemental Term Life Coverage:
A dependent child 15 days to age 26 may be covered for $10,000.

Important Notes!

If you have a qualifying event during the year, you must notify Human Resources within 30 days and provide valid documentation supporting a change in status or "Qualifying Event". Any request to make changes after 30 days will not be allowed until the next annual open enrollment. Please contact Human Resources (706) 865-2235 if you have any questions regarding the open enrollment period or changes.

Medical Summary

White County offers medical insurance through Anthem to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief side by side summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document and/or the plan document, policy, or certificate of coverage.

Summary of Benefit and Coverage

A Summary of Benefits & Coverage (SBC) for the medical plan is provided as a supplement to this booklet being distributed to new hires and existing employees during Open Enrollment. The summary is an important item in understanding the employee's benefit options. The SBC is only a summary of the plan's coverage. A copy of the SBC and/or group certificate of coverage may be requested from Human Resources or is available as follows:

Go to: **www.msibg.com**
Username: **whiteEE**
Password: **Benefits123**

Employee Medical Deductions Bi-Weekly (26 / year)	
Wellness Participant	
Tier of Coverage	**Employee Cost**
Employee Only	$40.51
Employee + Spouse	$141.03
Employee + Child(ren)	$123.64
Employee + Family	$174.46
Non-Wellness Participant	
Tier of Coverage	**Employee Cost**
Employee Only	$109.51
Employee + Spouse	$210.03
Employee + Child(ren)	$192.64
Employee + Family	$243.46

Locate a Provider

To search for a participating provider, visit www.anthem.com/fine-care or contact Anthem's customer service. When completing search criteria (as a guest), select Blue Open Access POS network.

Medical Plan at a Glance

In-Network	
Individual Annual Deductible	$4,500
Health Reimbursement Arrangement (HRA)*	-$3,000
Net Annual Deductible	$1,500
Family Annual Deductible	3X Individual
Co-Insurance (Member Pays)	10%
Co-Insurance (Plan Pays)	90%
Individual Out-of-Pocket Maximum (Includes deductible and co-pays)	$8,300
Health Reimbursement Arrangement (HRA)*	-$3,000
Net Individual Out-of-Pocket Maximum	$5,350
Family Out-of-Pocket Maximum (Includes deductible and co-pays)	2X Individual
Lifetime Maximum	Unlimited
Physician Copay	$30
Specialist Physician Copay	$60
Preventive Care Services	$0
Urgent Care Copay	$75
Emergency Room Copay	$250
Out-of-Network	
Individual Annual Deductible	$10,000
Family Annual Deductible	$20,000
Co-Insurance (Member Pays)	40%
Co-Insurance (Plan Pays)	60%
Individual Out-of-Pocket Maximum (Includes deductible)	$20,000
Family Out-of-Pocket Maximum (Includes deductible)	$60,000
Prescription Drug Copayments	
Retail Prescription Drugs and Oral Contraceptives (31-day supply)	
Tier 1: Generic	$10
Tier 2: Preferred Brand	$35
Tier 3: Non-Preferred Brand	$75
Mail Order Prescription Drugs and Oral Contraceptives (90-day supply)	
Tier 1: Generic	$30
Tier 2: Preferred Brand	$105
Tier 3: Non-Preferred Brand	$225

Health Reimbursement Arrangement (HRA)

Deductible: This is the amount you pay before the plan begins to pay for covered services

Annual Deductible	Your Share	County HRA will cover your:
$4,500 Plan	First $1,500	Next $3,000

Our HRA is administered by Anthem which eliminates the need for members to manually file for reimbursement. Additionally, you will only be required to pay providers (physicians, hospital, etc.) your share of the deducible. The HRA will now pay providers directly when you or a covered dependent have an eligible claim. This means your out-of-pocket total for the deductible should not exceed $1,500. If at any time during the new plan year you are asked to pay more than this amount, please contact MSI Benefits Group or the White County HR Department for assistance.

Anthem

LiveHealth® ONLINE



Choose your doctor and see them every time...online.

You can see the same primary care doctor on an ongoing basis through scheduled video visits on your computer or mobile device. Get regular personal health visits and checkups with **LiveHealth Online Virtual Primary Care.** It's like an office visit with a primary care provider (PCP) — without the office. Choose from board-certified, in-network PCPs, and have the same doctor taking care of you over time for treatment including: chronic conditions, preventative care, referrals, acute care.

With LiveHealth Online Virtual Primary Care you can get:

- Care for diabetes, the flu and other health issues.
- Referrals for X-rays, blood work, and specialists.
- Prescriptions sent to your local pharmacy.
- Appointments 8 a.m. – 6 p.m. (Mon – Fri).

We've got you covered. Simplify your life with LiveHealth Online Virtual Primary Care.

Virtual primary care visits are available through the Sydney℠ Health and LiveHealth Online apps, and/or Anthem.com and LiveHealthOnline.com

Most conditions can be cared for virtually, but there are circumstances that require in-person care. If you need in-person care, or to connect with a specialty doctor, we can help you access the care you need.

Prescription availability is defined by physician judgment and state regulations.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Dental Insurance

White County offers a dental insurance plan through Anthem to benefit eligible employees. The costs per pay period for coverage are listed in the table below. For more detailed information about the dental plans, please refer to the certificate of coverage.

Employee Dental Deductions Bi-Weekly (26 / Year)	
Tier of Coverage	**Employee Cost**
Employee Only	$12.59
Employee + Spouse	$27.84
Employee + Child(ren)	$40.35
Employee + Family	$55.62

Dental Plan	
Plan Year Deductible	
Per Member / Family	$50 / $150
Calendar Year Maximum	
Per Individual	$1,000
Coverage	
Preventive (Oral Exams, Cleanings, Routine X-Rays)	Plan pays 100% Deductible Waived
Basic Restorative Care (Fillings, Simple Surgery, Bridges, etc.)	Plan pays 80% Deductible Waived
Major Restorative Care (Inlays, Crowns, Dentures, etc.)	Plan pays 50% Deductible Waived
Orthodontia (Dependent child less than 19 years old)	Plan pays 50% Deductible Waived
Lifetime Maximum	**$1,000**

Vision Insurance

White County offers vision insurance through Anthem utilizing the Blue View Vision network, to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the certificate of coverage.

Employee Vision Deductions Bi-Weekly (26 / Year)	
Tier of Coverage	**Employee Cost**
Employee Only	$2.60
Employee + Spouse	$4.56
Employee + Child(ren)	$4.95
Employee + Family	$7.56

Vision Plan		
Services	**In-Network**	**Out-of-Network**
Eye Exam*	$10	Up to $45
Materials Copay	$20	N/A
Single*	Covered 100% After Copay	Up to $32
Bifocal*		Up to $55
Trifocal*		Up to $65
Lenticular*		Up to $80
Frames (Once every 24 Months)		
Eye Glass Frames	$130	Up to $71
Contact Lenses*		
Elective (Includes fitting, evaluation & Follow– Up)	Up to $130	Up to $115
Non-Elective; Medically Necessary	Covered 100%	Up to $250

**Once every 12 months*

Group Certificate of Coverage

A copy of the Group Certificate of Coverage may be requested from Human Resources or is available as follows:
Go to: **www.msibg.com**
Username: **whiteEE**
Password: **Benefits123**

Employer Paid Basic Life and AD&D Insurance

White County provides a Basic Term Life and AD&D Insurance **Benefit of 1x Basic Annual Earnings** to eligible employees through Anthem Life. The cost of Basic Term Life and AD&D Insurance is paid entirely by White County. Below is a brief description of group life insurance coverage underwritten by Anthem Life. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Your Certificate and Summary Plan description will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

Accidental Death & Dismemberment: Also, at no cost to the employee, the County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit. Life and AD&D insurance reduces to 65% at age 65 and further reduces to 50% of the original amount at age 70.

Voluntary Employee Life Insurance

Eligible employees may elect to purchase additional Life insurance on a voluntary basis through Anthem Life. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employees in **$10,000 increments up to a maximum of $250,000 not to exceed five times annual salary.** Newly hired employees under age 60 may purchase Voluntary Employee Life and Insurance without having to go through Medical Underwriting (also known as Evidence of Insurability - EOI) up to the **Guaranteed Issue (GI) amount of $100,000.**

Voluntary Spouse and/or Dependent Child(ren) Life Insurance

Dependents are eligible for coverage as long as the employee is enrolled in coverage. Spousal Life Insurance is offered in $5,000 increments up to a maximum of $50,000 (rates are based on the employee's age). A spouse (under age 60) of a newly hired employee has a **Guaranteed Issue amount of $25,000** while dependent **Child(ren) are offered a flat $10,000** benefit.

***Note**: Spouse and Child Life amounts cannot exceed 50% of the employee's elected amount.*

Employee Life Options – Bi-Weekly Deductions (26 / Year)												
Age	**< 25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75+**
$10,000	$0.37	$0.33	$0.37	$0.51	$0.82	$1.25	$1.98	$3.16	$4.58	$7.83	$17.62	$38.35
$20,000	$0.74	$0.66	$0.75	$1.02	$1.63	$2.50	$3.96	$6.32	$9.17	$15.66	$35.24	$76.71
$30,000	$1.11	$0.98	$1.12	$1.52	$2.45	$3.75	$5.94	$9.48	$13.75	$23.48	$52.86	$115.06
$40,000	$1.48	$1.31	$1.50	$2.03	$3.27	$5.00	$7.92	$12.65	$18.33	$31.31	$70.49	$153.42
$50,000	$1.85	$1.64	$1.87	$2.54	$4.08	$6.25	$9.90	$15.81	$22.92	$39.14	$88.11	$191.77
$60,000	$2.22	$1.97	$2.24	$3.05	$4.90	$7.50	$11.88	$18.97	$27.50	$46.97	$105.73	$230.12
$70,000	$2.58	$2.29	$2.62	$3.55	$5.72	$8.76	$13.86	$22.13	$32.08	$54.79	$123.35	$268.48
$80,000	$2.95	$2.62	$2.99	$4.06	$6.54	$10.01	$15.84	$25.29	$36.66	$62.62	$140.97	$306.83
$90,000	$3.32	$2.95	$3.36	$4.57	$7.35	$11.26	$17.82	$28.45	$41.25	$70.45	$158.59	$345.18
$100,000	$3.69	$3.28	$3.74	$5.08	$8.17	$12.51	$19.80	$31.62	$45.83	$78.28	$176.22	$383.54
$150,000	$5.54	$4.92	$5.61	$7.62	$12.25	$18.76	$29.70	$47.42	$68.75	$117.42	$264.32	$575.31
$200,000	$7.38	$6.55	$7.48	$10.15	$16.34	$25.02	$39.60	$63.23	$91.66	$156.55	$352.43	$767.08
$250,000	$9.23	$8.19	$9.35	$12.69	$20.42	$31.27	$49.50	$79.04	$114.58	$195.69	$440.54	$958.85
Spouse Life Options *(rates based on employee's age)* – Bi-Weekly Deductions (26 / Year)												
Age	**< 25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75+**
$5,000	$0.18	$0.16	$0.19	$0.25	$0.41	$0.63	$0.99	$1.58	$2.29	$3.91	$8.81	$19.18
$10,000	$0.37	$0.33	$0.37	$0.51	$0.82	$1.25	$1.98	$3.16	$4.58	$7.83	$17.62	$38.35
$15,000	$0.55	$0.49	$0.56	$0.76	$1.23	$1.88	$2.97	$4.74	$6.87	$11.74	$26.43	$57.53
$20,000	$0.74	$0.66	$0.75	$1.02	$1.63	$2.50	$3.96	$6.32	$9.17	$15.66	$35.24	$76.71
$25,000	$0.92	$0.82	$0.93	$1.27	$2.04	$3.13	$4.95	$7.90	$11.46	$19.57	$44.05	$95.88
$30,000	$1.11	$0.98	$1.12	$1.52	$2.45	$3.75	$5.94	$9.48	$13.75	$23.48	$52.86	$115.06
$35,000	$1.29	$1.15	$1.31	$1.78	$2.86	$4.38	$6.93	$11.07	$16.04	$27.40	$61.68	$134.24
$40,000	$1.48	$1.31	$1.50	$2.03	$3.27	$5.00	$7.92	$12.65	$18.33	$31.31	$70.49	$153.42
$45,000	$1.66	$1.47	$1.68	$2.28	$3.68	$5.63	$8.91	$14.23	$20.62	$35.22	$79.30	$172.59
$50,000	$1.85	$1.64	$1.87	$2.54	$4.08	$6.25	$9.90	$15.81	$22.92	$39.14	$88.11	$191.77
Dependent Child(ren) Life												
$10,000	$0.92											

Short Term Disability

White County provides Short Term Disability Insurance to all eligible full-time employees through Anthem Life. These benefits are designed to pay you an income if you cannot work as a result of an illness or an accident that occurs off the job.

The cost of Short Term Disability (STD) insurance is paid entirely by White County.

Group Short Term Disability	
% of Salary	Up to 60% of weekly salary
Maximum Weekly Benefit	Up to $1,000
Elimination Period	14 days
Maximum Length of Benefit	24 weeks
Pre-Existing Conditions	None

Long Term Disability

White County also provides Long Term Disability Insurance to all eligible full-time employees through Anthem Life. These benefits are designed to pay you an income if you cannot work as a result of an illness or an accident that occurs off the job.

The cost of Long Term Disability (LTD) insurance is paid entirely by White County.

Group Long Term Disability	
% of Salary	Up to 60% of monthly salary
Maximum Weekly Benefit	Up to $5,000
Elimination Period	6 months
Maximum Length of Benefit	Social Security Normal Retirement Age
Pre-Existing Conditions	The plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, for treatment received within 3 months prior to your effective date of coverage.

AnthemLife

Employee Assistance Program (EAP)

One Source Counseling and Employee Assistance Services is proud to be the chosen service provider for the employees of White County. We know that these times have proven stressful on all members of our families. One call to Dr. Nancy Wesselink will help you get the services you need immediately.

With One Source you have access to:

- Six (6) free visits, per concern, with a licensed counselor.
- If you need further assistance, we may be able to help you coordinate with available resources.
- Counselors with specialized expertise with public safety employees and families.
- Convenient access to counselors through face-to-face or virtual options.

Contact with One Source is confidential. We will answer calls 24 hours a day, seven days a week. We recommend that you place this letter with your household resources so you'll have our number handy if you ever need it. There are no limitations on how often you can call.

Call One Source at 770-683-1327 for direct connection to Dr. Nancy Wesselink.

onesourcecounseling.com

1Source
COUNSELING AND
EMPLOYEE ASSISTANT SERVICES, LLC



Critical Illness

This is coverage that can help cover the extra expenses associated with a serious illness. When a serious illness happens to you or a loved one, this coverage provides you with a lump-sum benefit of your choice of either **$10,000** or **$20,000** in Initial Benefits upon diagnosis. The Total Benefit Amount available to you is 3 times the Initial Benefit Amount you select, either $30,000 or $60,000, in the event that you suffer more than one Covered Condition. Payment(s) you receive will be made in addition to any other insurance you may have and may be spent as you see fit.

$10,000				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 30	$2.72	$4.43	$3.88	$5.58
30-34	$3.69	$5.82	$4.85	$6.97
35-39	$5.08	$7.85	$6.23	$9.00
40-44	$7.80	$11.77	$8.95	$12.92
45-49	$10.94	$16.34	$12.09	$17.49
50-54	$14.54	$21.60	$15.69	$22.75
55-59	$18.46	$27.23	$19.62	$28.38
60-64	$21.92	$32.35	$23.08	$33.51
65-69	$23.95	$35.45	$25.11	$36.65
70+	$27.55	$40.89	$28.71	$42.09

$20,000				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 30	$5.45	$8.86	$7.75	$11.17
30-34	$7.38	$11.63	$9.69	$13.94
35-39	$10.15	$15.69	$12.46	$18.00
40-44	$15.60	$23.54	$17.91	$25.85
45-49	$21.88	$32.68	$24.18	$34.98
50-54	$29.08	$43.20	$31.38	$45.51
55-59	$36.92	$54.46	$39.23	$56.77
60-64	$43.85	$64.71	$46.15	$67.02
65-69	$47.91	$70.89	$50.22	$73.29
70+	$55.11	$81.78	$57.42	$84.18

Benefit Payment

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or $30,000 or $60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100%	50%
Partial Benefit Cancer	25%	12.5%
Heart Attack	100%	50%
Stroke	100%	50%
Coronary Artery Bypass Graft	100%	50%
Kidney Failure	100%	Not applicable
Alzheimer's Disease	100%	Not applicable
Major Organ Transplant Benefit	100%	Not applicable
22 Listed Conditions	25%	Not applicable

Health Screening Benefit

MetLife will provide an annual benefit of **$50** per calendar year for taking one of the eligible screening / prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

MetLife

Introduction
This notice is being provided because you are offered coverage under a group health plan through the White County. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:
- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: **White County, 1235 Helen Hwy, Cleveland, GA 30528.**

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences a second qualifying event during the initial 18 months of COBRA coverage, your spouse and dependent children may receive up to an additional 18 months - for a maximum of 36 months - provided the Plan is properly notified. This extension applies if the employee dies, becomes entitled to Medicare, divorces or legally separates, or if a dependent child loses eligibility, and only if the second event would have caused a loss of coverage had the first event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
If you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or **visit www.dol.gov/ebsa.** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:
White County
1235 Helen Hwy
Cleveland, GA 30528
Phone: 706-865-2235

Scan the QR code to download and save a copy of this benefits guide.

Contacts

Human Resources
Assistant County Manager / Human Resources Director
Shanda Murphy
Tel: (706) 865-2235
smurphy@whitecountyga.gov

Medical
Anthem
Tel: (855) 397-9267
www.anthem.com

Health Reimbursement Arrangement (HRA)
Anthem
Tel: (855) 397-9267
www.anthem.com

Dental
Anthem
Tel: (877) 330-5973
www.anthem.com

Vision
Anthem
Tel: (866) 723-0515
www.anthem.com

Human Resources
HR Coordinator
Krystal Talley
Tel: (706) 865-2235
ktalley@whitecountyga.gov

Disability Insurance
Anthem Life
Tel: (800) 851-8544
www.anthem.com

Life and AD&D Insurance
Anthem Life
Tel: (800) 851-8544
www.anthem.com

Critical Illness
MetLife
Tel: (800) 438-6388
www.metlife.com

Employee Assistance Program (EAP)
One Source
Tel: (770) 683-1327
onesourcecounseling.com

MSI Benefits Group
245 TownPark Drive, Suite 100
Kennesaw, GA 30144
Tel: 770-425-1231/ 800-580-1629
Fax: 770-425-4722/ 800-580-2675
*Email: **helpme@msibg.com***
www.msibg.com