LAKE COUNTY
FLORIDA

REQUEST FOR PROPOSAL (RFP)

Actuary Study
Analysis and Certification for the Group Health Plan

FP Number:	**14-0036**	**Contracting Officer:**	Susan Dugan
Proposal Due Date:	**August 20, 2014**	**Pre-Proposal Conference Date:**	None
Proposal Due Time:	**3:00 p.m.**	**RFP Issue Date:**	August 4, 2014

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SPECIFIC SOLICITATION REQUIREMENTS ARE AS NOTED BELOW:	
Proposal and/or Performance Bond:	Not Applicable
Certificate of Competency/License:	Page 14
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At the date and time specified above, all proposals that have been received in a timely manner will be opened, recorded, and accepted for consideration. The names of the vendors submitting proposals will be read aloud and recorded. The proposals will be available for inspection during normal business hours in the Office of Procurement Services thirty (30) calendar days after the proposal due date. A separate contractual document will be signed by the County and the awarded firm.

NO-RESPONSE REPLY

If any vendor does not want to respond to this solicitation at this time, or, would like to be removed from Lake County's Vendor List, please mark the appropriate space, complete name below and return this page only.

☐ Not interested at this time; keep our firm on Lake County's Vendors List for future solicitations for this product / service

☐ Please remove our firm from Lake County's Vendor's List for this product / service.

VENDOR IDENTIFICATION

Company Name: _____ **Phone Number:** _____

E-mail Address: _____ **Contact Person:** _____

Section 1.1 Purpose

The purpose of this solicitation is to retain an actuarial consultant to provide an annual analysis and certification for the County's Group Health Plan in conjunction with the County's needs. Other related work may be requested as necessary.

Section 1.1.2 Background

Coverage under the self-insured group health plan is a benefit available to employees, retirees and COBRA beneficiaries of the Lake County Board of County Commissioners, Lake County Property Appraiser, Lake Emergency Medical Services, Inc. (EMS), Lake County Tax Collector's Office, Lake County Clerk of the Courts, Lake County Supervisor of Elections and the Lake County Water Authority (LCWA).

Such coverage provides comprehensive health benefits to the employees and their dependents. It is jointly funded by contributions from the employer and from the insured employees. The Medical Plan is self-insured by the County with specific stop-loss and aggregate insurance purchased from Blue Cross Blue Shield of Florida (Symetra).

Blue Cross Blue Shield of Florida administers the medical plan including claims administration and is the Pharmacy Benefits Manager (PBM). The County's health plan runs from October 1st to September 30th each year.

Section 1.2 Designated Procurement Representative

Questions concerning any portion of this solicitation shall be directed in writing [fax and e-mail accepted] to the below named individual who shall be the official point of contact for this solicitation. To ensure reply, questions should be submitted no later than five (5) working days before the proposal due date.

Susan Dugan, Senior Contracting Officer
Lake County BCC
Office of Procurement Services
315 W. Main Street, Room 441
PO BOX 7800
Tavares, FL 32778-7800

Phone : 352.343.9839 Fax : 352.343.9473
E-mail: sdugan@lakecountyfl.gov

No answers given in response to questions submitted shall be binding upon this solicitation unless released in writing as an addendum to the solicitation by the Lake County Office of Procurement Services.

Section 1.3 Method of Award – Considering Qualifications and Pricing

Award will be made to the vendor who submits the overall proposal that is judged to provide the best value to the County. Proposals will be evaluated based upon the following criteria, which are listed in order of descending importance:

1. Qualifications:

    a. Respondent shall have been engaged in the business of actuarial analysis and have proven quantifiable ability in this area for a period of no less than three (3) years.
    b. The Agent performing the Actuarial Evaluation shall have five (5) years direct experience in providing actuarial analyses of self-insured health plan funds.
    c. The individual who will be performing the work must be an actuary who is a member of the Society of Actuaries with an ASA or FSA designation. If the individual proposed to perform the work is an ASA, an FSA shall oversee the work.

2. Proposed materials and plans to accomplish task.
3. Proposed cost with a total firm fixed price.
4. Reports from direct and indirect references.
5. Responsiveness and completeness of the written proposal to these instructions with regard to the Scope of Services.
6. Other relevant criteria.

Section 1.4 Pre-Proposal Conference

Not applicable

Section 1.5 Term of Contract

This contract shall be effective immediately following the date of execution by the County and remain in effect for thirty-six (36) months. The contract prices resultant from this solicitation shall prevail for the full duration of the initial contract term.

Section 1.6 Option to Renew

Prior to, or upon completion, of the initial term of this contract, the County shall have the option to renew this contract for two (2) additional twelve (12) month periods under the same terms and conditions. Continuation of the contract beyond the initial period, and any option subsequently exercised, is a County prerogative, and not a right of the vendor. This prerogative may be exercised only when such continuation is clearly in the best interest of the County.

Section 1.7 Method of Payment

Upon completion and acceptance of the required Actuary Analysis and Certification for the group health plan, the vendor shall submit an invoice. Upon completion and acceptance of any additional tasks requested by the County the vendor shall submit an invoice. All invoices shall be submitted to the Human Resources Department. All invoices shall contain the contract and/or purchase order number, date and location of delivery or service, and confirmation of acceptance of the goods or services by the appropriate County representative. Failure to submit invoices in the prescribed manner will delay payment, and the vendor may be considered in default of contract and its contract may be terminated. Payments shall be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes.

Section 1.8 Insurance

Each vendor shall include in its solicitation response package proof of insurance capabilities, including but not limited to, the following requirements: [This does not mean that the vendor must have the coverage prior to submittal, but, that the coverage must be in effect prior to a purchase order or contract being executed by the County.]

An original certificate of insurance, indicating that the awarded vendor has coverage in accordance with the requirements of this section, shall be furnished by the vendor to the Contracting Officer within five (5) working days of such request and must be received and accepted by the County prior to contract execution and/or before any work begins.

The vendor shall provide and maintain at all times during the term of any contract, without cost or expense to the County, policies of insurance, with a company or companies authorized to do business in the State of Florida, and which are acceptable to the County, insuring the vendor against any and all claims, demands or causes of action whatsoever, for injuries received or damage to property relating to the performance of duties, services and/or obligations of the vendor under the terms and provisions of the contract. The vendor is responsible for timely provision of certificate(s) of insurance to the County at the certificate holder address evidencing conformance with the contract requirements at all times throughout the term of the contract.

Such policies of insurance, and confirming certificates of insurance, shall insure the vendor is in accordance with the following minimum limits:

General Liability insurance on forms no more restrictive than the latest edition of the Occurrence Form Commercial General Liability policy (CG 00 01) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

Each Occurrence/General Aggregate	$500,000
Products-Completed Operations	$500,000
Personal & Adv. Injury	$500,000
Fire Damage	$50,000
Medical Expense	$5,000
Contractual Liability	Included

Automobile liability insurance, including owned, non-owned, and hired autos with the following minimum limits and coverage:

Combined Single Limit	$300,000
or	
Bodily Injury (per person)	$100,000
Bodily Injury (per accident)	$300,000
Property Damage	$100,000

Workers' compensation insurance based on proper reporting of classification codes and payroll amounts in accordance with Chapter 440, Florida Statutes, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc). If not required by law to maintain workers compensation insurance, the vendor must provide a notarized statement that if he or she is injured; he or she will not hold the County responsible for any payment or compensation.

Employers Liability insurance with the following minimum limits and coverage:

Each Accident	$100,000
Disease-Each Employee	$100,000
Disease-Policy Limit	$500,000

Professional liability and/or specialty insurance (medical malpractice, engineers, architect, consultant, environmental, pollution, errors and omissions, etc.) as applicable, with minimum limits of $500,000 and annual aggregate of $1,000,000.

The following additional coverage must be provided if a dollar value is inserted below:

Loss of Use at coverage value:	$ _____
Garage Keepers Liability at coverage value:	$ _____

Lake County, a Political Subdivision of the State of Florida, and the Board of County Commissioners, shall be named as additional insured as their interest may appear on all applicable liability insurance policies.

The certificate(s) of insurance shall provide for a minimum of thirty (30) days prior written notice to the County of any change, cancellation, or nonrenewal of the provided insurance. It is the vendor's specific responsibility to ensure that any such notice is provided within the stated timeframe to the certificate holder.

If it is not possible for the Vendor to certify compliance, on the certificate of insurance, with all of the above requirements, then the Vendor is required to provide a copy of the actual policy endorsement(s) providing the required coverage and notification provisions.

Certificate(s) of insurance shall identify the applicable solicitation (ITB/RFP/RFQ) number in the Description of Operations section of the Certificate.

Certificate holder shall be:

LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, AND THE BOARD OF COUNTY COMMISSIONERS.
P.O. BOX 7800
TAVARES, FL 32778-7800

Certificates of insurance shall evidence a waiver of subrogation in favor of the County, that coverage shall be primary and noncontributory, and that each evidenced policy includes a Cross Liability or Severability of Interests provision, with no requirement of premium payment by the County.

The Vendor shall be responsible for subcontractors and their insurance. Subcontractors are to provide certificates of insurance to the prime vendor evidencing coverage and terms in accordance with the Vendor's requirements.

All self-insured retentions shall appear on the certificate(s) and shall be subject to approval by the County. At the option of the County, the insurer shall reduce or eliminate such self-insured retentions or the vendor or subcontractor shall be required to procure a bond guaranteeing payment of losses and related claims expenses.

The County shall be exempt from, and in no way liable for, any sums of money, which may represent a deductible or self-insured retention in any insurance policy. The payment of such deductible or self-insured retention shall be the sole responsibility of the vendor and/or sub contractor providing such insurance.

Failure to obtain and maintain such insurance as set out above will be considered a breach of contract and may result in termination of the contract for default.

Neither approval by the County of any insurance supplied by the vendor or Subcontractor(s), nor a failure to disapprove that insurance, shall relieve the vendor or Subcontractor(s) of full responsibility for liability, damages, and accidents as set forth herein.

Section 1.9 Bonds

Not applicable

Section 1.10 Delivery

Audits shall be performed annually. The completion date for this project shall be ninety (90) calendar days following October 1st of each year. For additional services requested by the County there will be an agreed upon completion date.

Section 1.11 Acceptance of Services

The services rendered as a result of an award from this solicitation shall not be deemed complete, until accepted by the County and shall be in compliance with the terms herein, fully in accord with the specifications and of the highest quality.

In the event that the service does not conform to the specifications, the County reserves the right to terminate the contract and will not be responsible to pay for any such service.

Section 1.12 Warranty

Not applicable

Section 1.13 Delivery of Solicitation Response

Unless a package is delivered by the vendor in person, all incoming mail from the U.S. Postal Service and any package delivered by a third party delivery organization (FedEx, UPS, DHL, private courier, etc.) will be opened for security and contamination inspection by the Lake County Clerk of the Circuit Court Mail Receiving Center in an off-site secure controlled facility prior to delivery to any Lake County Government facility, which includes the Lake County Office of Procurement Services.

To be considered for award, a bid or proposal must be received and accepted in the Office of Procurement Services prior to the date and time established within the solicitation. A response will not be considered for award if received in the Office of Procurement Services after the official due date and time regardless of when or how it was received by the Lake County Clerk of Court Mail Receiving Center. Allow sufficient time for transportation and inspection.

Each package shall be clearly marked with the applicable solicitation number, title, and company name. Ensure that your bid or proposal is securely sealed in an opaque envelope/ package to provide confidentiality of the bid or proposal prior to the due date for the solicitation.

If you plan on submitting your bid or proposal **IN PERSON**, please bring it to:

LAKE COUNTY PROCUREMENT SERVICES
315 W. MAIN STREET
4TH FLOOR, ROOM 441
TAVARES, FLORIDA

If you submit your bid or proposal by the **UNITED STATES POSTAL SERVICE, (USPS)** please mail it to:

LAKE COUNTY PROCUREMENT SERVICES
PO BOX 7800
TAVARES, FL 32778-7800

If you submit your bid or proposal by a **THIRD PARTY CARRIER** such as FedEx, UPS, or a private courier, please send it to:

LAKE COUNTY PROCUREMENT SERVICES
MAIL RECEIVING CENTER
32400 COUNTY ROAD 473
LEESBURG, FL 34788

Facsimile (fax) or electronic submissions (e-mail) will not be accepted.

Section 1.14 Completion Requirements for RFP

The original proposal and three (3) complete copies of the proposal shall be submitted by the vendor in a sealed envelope and delivered to the Office of Procurement Services no later than the official proposal due date and time. Any proposal received after this time will not be considered and will be returned unopened to the submitter. The County is not liable or responsible for any costs incurred by any vendor in responding to this RFP including, without limitation, costs for product and/or service demonstrations if requested. When you submit your proposal, you are making a binding offer to the County.

Each proposal shall be prepared simply and economically, providing a straightforward, concise description of the proposer's capabilities to satisfy the conditions and requirements of this RFP. Fancy bindings, colored displays, and promotional material are not desired. The County emphasizes that the proposer concentrate on accuracy, completeness, and clarity of content.

To facilitate analysis of its proposal, the proposer shall prepare its proposal in accordance with the instructions outlined in this section. If the proposal deviates from these instructions, such proposal may, in the County's sole discretion, be rejected.

Page Size and Format: Page size shall be 8.5 x 11 inches, not including foldouts. The text size shall be 11 point or larger.

Section 1.15 Proposal Content

The following items shall be included and submitted with your proposal:

Tab A RFP Coversheet completed.

Tab B Statement of Interest – to be submitted on the firm's letterhead and include the following:

1. Concisely state the firm's understanding of the services required by the County.
2. Provide a list of any exemptions your firm may have to this RFP. If none please provide the statement "No Exemptions".

3. The signature on the statement shall be that of a person authorized to represent and bind the firm.

Tab C Firm Profile Form (copy attached). Attach proof of license to practice in Florida.

Tab D Team Composition Form (copy attached). Identify key professional staff assigned to this project. Personnel assigned to this project should have experience working with governmental entities. Identify the person with the FSA designation and the ASA if applicable. Make copies of this form as needed.

Tab E Similar Projects Form (copy attached). Reference similar work efforts (at least five (5) verifiable) performed by your firm within the last three (3) years, to other governmental entities. Examples should best illustrate current qualifications relevant to this project. Make copies of this form as needed.

Tab F Pricing/Certifications/Signature Forms. Complete and provide Section 4 of this solicitation with all entries completed.

Tab G Proof of Insurance. Provide either a completed Accord form or a signed letter from your insurance agency on its letterhead stating that you have or can get the required insurance coverage.

Tab H. Provide information of the nature, magnitude, and outcome of all litigation and proceedings for the previous three (3) years where a court or administrative agency has ruled for or against you or your organization in any matter related to you or your organization's professional activities.

Tab I. Financial Stability. Each proposer shall certify and provide a statement that it is financially stable and have the necessary resources, human and financial, to provide the services at the level required by County. Each proposer shall be prepared to supply a financial statement upon request. If a subcontractor or joint venture arrangement is being proposed, provide similar information for those participants in the proposal. Provide clear and succinct information that will provide insight to the County about the financial qualifications, fitness and stability of the proposer.

Section 1.16 Public Records/ Copyrights

All electronic files, audio and/or video recordings, and all papers pertaining to any activity performed by the contractor for or on behalf of the County shall be the property of the County and will be turned over to the County upon request. In accordance with Chapter 119, Florida Statutes, each file and all papers pertaining to any activities performed for or on behalf of the County are public records available for inspection by any person even if the file or paper resides

in the contractor's office or facility. The vendor shall maintain the files and papers for not less than three (3) complete calendar years after the project has been completed or terminated, or in accordance with any grant requirements, whichever is longer. Prior to the close out of the contract, the contractor shall appoint a records custodian to handle any records request and provide the custodian's name and telephone number(s) to the Contracting Officer.

Any copyright derived from any agreement derived from this solicitation shall belong to the author. The author and the contractor shall expressly assign to the County nonexclusive, royalty free rights to use any and all information provided by the contractor in any deliverable and/or report for the County's use which may include publishing in County documents and distribution as the County deems to be in the County's best interests. If anything included in any deliverable limits the rights of the County to use the information, the deliverable shall be considered defective and not acceptable and the contractor will not be eligible for any compensation.

Section 1.17 Additional Work

Although this solicitation and resultant contract identifies specific services to be provided, it is hereby agreed and understood that additional work may be added to this contract at the option of the County. When required, the contractor will be invited to submit price quotes, utilizing the hourly fee schedule for these additional services. If these quotes are determined to be fair and reasonable, then the additional work will be awarded to the current contract. The additional work shall be added to this contract by formal modification.

Section 2.1 Scope of Work

Provide an actuarial study of the County's self-insured group health insurance program.

1. Evaluate the actuarial soundness of the County's self-insured group health plan and properly file the valuation with the Florida Department of Financial Services, Office of Insurance Regulations The certification shall meet the requirements of Florida Statute 112.08.

2. Provide an annual actuarial analysis of the self-insured group health plan. This analysis shall include but not be limited to an estimate of claims liability, and recommendations for future funding. Using data provided by the County the Consultant shall:

   a. Review the data for reasonableness as is deemed necessary and appropriate.

   b. State the methods and standards used in the actuarial study.

   c. Provide a statement as to the adequacy of the net assets of the Plan as of the valuation date to fund the existing liabilities as of the same date.

   d. Provide a statement as to the adequacy of the rate structure of the plan, taking into consideration available plan assets, investment income earning, assets needed to support the projected claims and other expenses of the plan for the upcoming plan year.

   d. Provide a statement as to the actuarial soundness of the County's self-funded employee health plan based on the review of the benefits, funding method and sources of funds.

   e. Provide a five (5) year projected Claims Trend.

   f. Other work may be requested as necessary, such as Plan Design evaluation, Mid-Year IBNR calculations, etc.

3.1 DEFINITIONS

Addenda: A written change to a solicitation.

Contract: The agreement to perform the services set forth in this document signed by both parties with any addenda and other attachments specifically incorporated.

Contractor: The vendor to whom award has been made.

County: Shall refer to Lake County, Florida.

Modification: A written change to a contract.

Proposal: Shall refer to any offer(s) submitted in response to a Request for Proposal.

Proposer: Shall refer to anyone submitting an offer in response to a Request for Proposal.

Request for Proposal (RFP): Shall mean this solicitation documentation, including any and all addenda. An RFP involves evaluation of proposals, and award may be made on a best value basis with price, technical, and other factors considered.

Solicitation: The written document requesting either bids or proposals from the marketplace.

Vendor: a general reference to any entity responding to this solicitation or performing under any resulting contract.

The County has established for purposes of this Request for Proposal (RFP) that the words "shall", "must", or "will" indicate an essential requirement or condition which may not be waived.

3.2 INSTRUCTIONS TO PROPOSERS

A. Proposer Qualification

It is the policy of the County to encourage full and open competition among all available qualified vendors. All vendors regularly engaged in the type of work specified in the solicitation are encouraged to submit proposals. Vendors may enroll with the County to be included on a mailing list for selected categories of goods and services. To be recommended for award the County requires that vendors provide evidence of compliance with the requirements below upon request:

1. Disclosure of Employment
2. Disclosure of Ownership.
3. Drug-Free Workplace.
4. W-9 and 8109 Forms – The vendor must furnish these forms as required by the Internal Revenue Service.
5. Social Security Number – The vendor must provide a copy of the primary owner's social security card if the social security number is being used in lieu of the Federal Identification Number (F.E.I.N.)
6. Americans with Disabilities Act (A.D.A.)
7. Conflict of Interest
8. Debarment Disclosure Affidavit.
9. Nondiscrimination
10. Family Leave
11. Antitrust Laws – By acceptance of any contract, the vendor agrees to comply with all applicable antitrust laws.

B. Public Entity Crimes

Pursuant to Section 287.133(2)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 of the Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

C. Request for Additional Information

Any communication or inquiries, except for clarification of process or procedure already contained in the solicitation, are to be made in writing to the attention of the procurement representative identified in the solicitation no later than five (5) working days prior to the proposal due date. Such inquiries or request for information shall be submitted to the procurement representative in writing and shall contain the requester's name, address, and telephone number. The Procurement Services office may issue an addendum in response to any inquiry received, which changes or clarifies the terms, provisions, or requirements of the solicitation. The proposer should not rely on any representation, statement or explanation whether written or verbal, other than those made in this solicitation document or in any addenda issued. Where there appears to be a conflict between this solicitation and any addenda, the last addendum issued shall prevail. It is the proposer's responsibility to ensure receipt of all addenda and any accompanying documentation. Failure to acknowledge each addendum may prevent the proposal from being considered for award.

D. Contents of Solicitation and Proposers' Responsibilities

The proposer shall become thoroughly familiar with the requirements, terms, and conditions of this solicitation. Pleas of ignorance of these matters by the proposer of conditions that exist or may exist will not be accepted as a basis for varying the requirements of the County, or the compensation to be paid.

E. Restricted Discussions

From the date of issuance of this solicitation until final County action, vendors should <u>not</u> discuss the solicitation or any part thereof with any employee, agent, or any other representative of the County except as expressly authorized by the designated procurement representative. The only communications that shall be considered pertinent to this solicitation are appropriately signed written documents from the vendor to the designated procurement representative and any relevant written document promulgated by the designated procurement representative.

F. Change or Withdrawal of Proposals

1. Changes to Proposal- Prior to the scheduled due date, a proposer may change its proposal by submitting a new proposal specified in the solicitation with a letter on the firm's letterhead, signed by an authorized agent stating that the new submittal replaces the original submittal. The new submittal shall contain the letter and all information as required for submitting the original proposal.

2. Withdrawal of Proposal – A proposal shall be irrevocable unless the proposal is withdrawn as provided herein. A proposal may be withdrawn, either physically or by written notice, at any time prior to the proposal due date. If withdrawn by written notice, that notice must be addressed to, and received by, the designated procurement representative prior to the designated receipt date and time. A proposal may also be withdrawn after expiration of the designated acceptance period, and prior to award, by submitting a letter to the designated procurement representative. The letter must be on company letterhead and signed by an authorized agent of the proposer.

G. Conflicts within the Solicitation

Where there appears to be a conflict between the General Terms and Conditions, Special Conditions, the Technical Specifications, the Pricing Section, or any addendum issued, the order of precedence shall be: the last addendum issued, the Proposal Price Section, the Technical Specifications, the Special Conditions, and then the General Terms and Conditions. It is incumbent upon the vendor to identify such conflicts to the designated procurement representative prior to the proposal due date.

H. Prompt Payment Terms

It is the policy of the County that payment for all purchases by County agencies shall be made in a timely manner and that interest payments will be made on late payments in accordance with Part VII, Chapter 218, Florida Statutes, known as the Florida Prompt Payment Act. The proposer may offer cash discounts for prompt payments; however, such discounts will not be considered in determining the lowest price during proposal evaluation.

3.3 PREPARATION OF PROPOSALS

A. The Pricing Section of this solicitation defines requirements of items to be purchased, and must be completed and submitted with the proposal. Use of any other form or alteration of the form may result in rejection of the proposal

B. The proposal submitted must be legible. Bidders shall use typewriter, computer or ink. All changes must be crossed out and initialed in ink. Failure to comply with these requirements may cause the bid to be rejected.

C. An authorized agent of the proposers firm must sign the proposal. **<u>FAILURE TO SIGN THE PROPOSAL MAY</u>**

BE CAUSE TO REJECT THE PROPOSAL.

D. The proposer may submit alternate proposal(s) for the same solicitation provided that such offer is allowable under the terms and conditions. The alternate proposal must meet or exceed the minimum requirements and be submitted as a separate proposal marked "Alternate Proposal".

E. When there is a discrepancy between the unit prices and any extended prices, the unit prices will prevail.

F. Any proposal received after the designated receipt date through no fault or error of the County will be considered late, and, except under the most exceptional circumstances, may not be considered for award

3.4 COLLUSION

Where two (2) or more related parties, as defined herein, each submit a proposal for the same contract, such proposals shall be presumed to be collusive. Related parties shall mean proposer or the principals thereof which have a direct or indirect ownership interest in another proposer for the same contract or in which a parent company or the principals thereof of one proposer have a direct or indirect ownership interest in another proposer for the same contract. Furthermore, any prior understanding, agreement, or connection between two (2) or more corporations, firms, or persons submitting a proposal for the same materials, supplies, services, or equipment shall also be presumed to be collusive. Proposals found to be collusive shall be rejected. Proposers which have been found to have engaged in collusion may be considered non-responsible, and may be suspended or debarred. Any contract resulting from collusive bidding may be terminated for default.

3.5 PROHIBITION AGAINST CONTINGENT FEES

The vendor warrants that they have not employed or retained any company or person, other than a bona fide employee working solely for the vendor to solicit or secure the contract and that they have not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the vendor, any consideration contingent upon or resulting from the award or making of the contract.

3.6 CONTRACTING WITH COUNTY EMPLOYEES

Any County employee or member of his or her immediate family seeking to contract with the County shall seek a conflict of interest opinion from the County Attorney prior to submittal of a response to contract with the County. The affected employee shall disclose the employee's assigned function within the County and interest or the interest of his or her immediate family in the proposed contract and the nature of the intended contract.

3. 7 INCURRED EXPENSES

This RFP does not commit the County to make an award nor shall the County be responsible for any cost or expense which may be incurred by any proposer in preparing and submitting a proposal, or any cost or expense incurred by any proposer prior to the execution of a purchase order or contract.

3.8 COUNTY IS TAX-EXEMPT

When purchasing on a direct basis, the County is generally exempt from Federal Excise Taxes and all State of Florida sales and use taxes. The County will provide an exemption certificate upon request by the seller for such purchases. Except for item(s) specifically identified by the vendor and accepted by the County for direct County purchase under the Sales Tax Recovery Program, Contractors doing business with the County are not exempt from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any contractor be authorized to use any of the County's Tax Exemptions in securing such materials.

3.9 PROPRIETARY/CONFIDENTIAL INFORMATION

Proposers are hereby notified that all information submitted as part of a proposal will be available for public inspection in compliance with Chapter 119 of the Florida Statutes (the "Public Record Act"). The proposer should not submit any information in response to this RFP which the proposer considers proprietary or confidential. The submission of any information to the County in connection with this solicitation shall be deemed conclusively to be a waiver from release of the submitted information unless such information is exempt or confidential under the Public Records Act.

3.10 CANCELLATION OF SOLICITATION

The County reserves the right to cancel, in whole or in part, any solicitation when doing so reflects the best interest of the County.

3.11 AWARD

A. The contract resulting from this solicitation may be awarded to the responsible proposer which submits a proposal determined to provide the best value to the County with price, technical, and other applicable factors considered. The County reserves the right to reject any and all proposals, to waive irregularities or technicalities and to re-advertise for all or any part of this solicitation as deemed in its best interest. The County shall be the sole judge of its best interest.

B. When there are multiple line items in a solicitation, the County reserves the right to award on an individual item basis, any combination of items, total low bid or in whichever manner deemed in the best interest of the County. This provision specifically supersedes any method of award criteria stated in the solicitation when such action is clearly necessary to protect the best interests of the County.

C. The County reserves the right to reject any and all proposals if it is determined that prices are excessive or determined to be unreasonable, or it is otherwise determined to be in the County's best interest to do so.

D. Award of this solicitation will only be made to firms that satisfy all necessary legal requirements to do business with the County. The County may conduct a pre-award inspection of the proposer's site or hold a pre-award qualification hearing to determine if the proposer is capable of performing the requirements of this solicitation.

E. The proposer's performance as a prime contractor or subcontractor on previous County contracts shall be taken into account in evaluating the responsibility of a proposer that submitted a proposal under this solicitation.

F. Any tie situations will be resolved in consonance with current written procedure in that regard.

G. Award of the contract resulting from this solicitation may be predicated on compliance with and submittal of all required documents as stipulated in the solicitation.

H. A vendor wishing to protest any award decision resulting from this solicitation shall do so as set forth in the County's Purchasing Procedure Manual.

3.12 GENERAL CONTRACT CONDITIONS

The contract shall be binding upon and shall inure to the benefit of each of the parties and of their respective successors and permitted assigns. The contract may not be amended, released, discharged, rescinded or abandoned, except by a written instrument duly executed by each of the parties hereto. The failure of any party hereto at any time to enforce any of the provisions of the contract will in no way constitute or be construed as a waiver of such provision or of any other provision hereof, nor in any way affect the validity of, or the right thereafter to enforce, each and every provision of the contract. Any dispute arising during the course of contract performance that is not readily rectified by coordination between the vendor and the County user department shall be referred to Procurement Services office for resolution.

3.13 OTHER AGENCIES

With the consent of the vendor, other agencies may make purchases in accordance with the contract. Such purchases shall be governed by the same terms and conditions as stated herein with the exception of the change in agency name.

3.14 CONTRACT EXTENSION

The County has the unilateral option to extend a contract for up to ninety (90) calendar days beyond the current contract period. In such event, the County will notify the vendor(s) in writing of such extensions. The contract may be extended beyond the initial ninety (90) day extension upon mutual agreement between the County and the vendor(s). Exercise of the above options requires the prior approval of the Procurement Services Manager.

3.15 WARRANTY

All warranties express and implied, shall be made available to the

County for goods and services covered by this solicitation. All goods furnished shall be fully guaranteed by the vendor against factory defects and workmanship. At no expense to the County, the vendor shall correct any and all apparent and latent defects that may occur within the manufacturer's standard warranty period. The special conditions of the solicitation may supersede the manufacturer's standard warranty.

3.16 ESTIMATED QUANTITIES

Estimated quantities or dollars are for vendor's guidance only. No guarantee is expressed or implied as to quantities or dollar value that will be used during the contract period. The County is not obligated to place any order for a given amount subsequent to the award of this solicitation. The County may use estimated quantities in the award evaluation process. Estimated quantities do not contemplate or include possible additional quantities that may be ordered by other entities that may utilize this contract. In no event shall the County be liable for payments in excess of the amount due for quantities of goods or services actually ordered.

3.17 NON-EXCLUSIVITY

It is the intent of the County to enter into an agreement that will satisfy its needs as described within this solicitation. However, the County reserves the right to perform, or cause to be performed, all or any of the work and services herein described in the manner deemed to represent its best interests. In no case will the County be liable for billings in excess of the quantity of goods or services actually provided under this contract.

3.18 CONTINUATION OF WORK

Any work that commences prior to, and will extend, beyond the expiration date of the current contract period shall, unless terminated by mutual written agreement between the County and the vendor, continue until completion without change to the then current prices, terms and conditions.

3.19 LAWS, RULES, REGULATIONS AND LICENSES

The vendor shall comply with all federal, state, and local laws and regulations applicable to provision of the goods and/or services specified in this solicitation. During the term of the contract the vendor assures that it is in compliance with Title VII of the 1964 Civil Rights Act, as amended, and the Florida Civil Rights Act of 1992, in that the vendor does not on the grounds of race, color, national origin, religion, sex, age, disability or marital status, discrimination in any form or manner against the end/or employees or applicants for employment. The vendor understands that any contract is conditioned upon the veracity of this statement.

3.20 SUBCONTRACTING

Unless otherwise stipulated herein, the vendor shall not subcontract any portion of the work without the prior written consent of the County. Subcontracting without the prior consent of the County may result in termination of the contract for default.

3.21 ASSIGNMENT

The vendor shall not assign or transfer any contract resulting from this solicitation, including any rights, title or interest therein, or its power to execute such contract to any person, company or corporation without the prior written consent of the County. This provision specifically includes any acquisition or hostile takeover of the awarded vendor. Failure to comply in this regards may result in termination of the contract for default.

3.22 RESPONSIBILITY AS EMPLOYER

The employee(s) of the vendor shall be considered at all times its employee(s), and not an employee(s) or agent(s) of the County, The contractor shall provide employee(s) capable of performing the work as required. The County may require the contractor to remove any employee it deems unacceptable. All employees of the contractor may be required to wear appropriate identification.

3.23 INDEMNIFICATION

To the extent permitted by law, the vendor shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorney's fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of the agreement by the vendor or its employees, agents, servants, partners, principals or subcontractors. The vendor shall pay all claims and losses in connection therewith, and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may be incurred thereon. The vendor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by the vendor shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

3.24 MODIFICATION OF CONTRACT

Any contract resulting from this solicitation may be modified by mutual consent of duly authorized parties, in writing through the issuance of a modification to the contract and/or purchase order as appropriate. This presumes the modification itself is in compliance with all applicable County procedures.

3.25 TERMINATION FOR CONVENIENCE

The County, at its sole discretion, reserves the right to terminate this contract upon thirty (30) days written notice. Upon receipt of such notice, the vendor shall not incur any additional costs under this contract. The County shall be liable only for reasonable costs incurred by the vendor prior to notice of termination. The County shall be the sole judge of "reasonable costs."

3.26 TERMINATION DUE TO UNAVAILABILITY OF CONTINUING FUNDING

When funds are not appropriated or otherwise made available to support continuation of performance in a current or subsequent fiscal year, the contract shall be cancelled and the vendor shall be reimbursed for the reasonable value of any non-recurring costs incurred amortized in the price of the supplies or services/tasks delivered under the contract.

3.27 TERMINATION FOR DEFAULT

The County reserves the right to terminate this contract, in part or in whole, or affect other appropriate remedy in the event the vendor fails to perform in accordance with the terms and conditions stated herein. The County further reserves the right to suspend or debar the vendor in accordance with the County ordinances, resolutions and/or administrative orders. The vendor will be notified by letter of the County's intent to terminate. In the event of termination for default, the County may procure the required goods and/or services from any source and use any method deemed in its best interest. All re-procurement cost shall be borne by the vendor.

3.28 FRAUD AND MISREPRESENTATION

Any individual, corporation or other entity that attempts to meet its contractual obligations through fraud, misrepresentation or other material misstatement, may be debarred for up to five (5) years. The County as a further sanction may terminate or cancel any other contracts with such individual, corporation or entity with such vendor held responsible for all direct or indirect costs associated with termination or cancellation, including attorney's fees.

3.29 RIGHT TO AUDIT

The County reserves the right to require the vendor to submit to an audit by any auditor of the County's choosing. The Contractor shall provide access to all of its records, which relate directly or indirectly to this Agreement at its place of business during regular business hours. The vendor shall retain all records pertaining to this Agreement and upon request make them available to the County for a minimum of three (3) years, or as required by Florida law, whichever is longer, following expiration of the Agreement. The vendor agrees to provide such assistance as may be necessary to facilitate the review or audit by the County to ensure compliance with applicable accounting and financial standards. Additionally, CONTRACTOR agrees to include the requirements of this provision in all contracts with subcontractors and material suppliers in connection with the work performed hereunder. If an audit inspection or examination pursuant to this section discloses overpricing or overcharges of any nature by the CONTRACTOR to the COUNTY in excess of one percent (1%) of the total contract

billings, in addition to making adjustments for the overcharges, the reasonable actual cost of the COUNTY's audit shall be reimbursed to the COUNTY by the CONTRACTOR. Any adjustments and/or payments which must be made as a result of any such audit or inspection of the CONTRACTOR's invoices and/or records shall be made within a reasonable amount of time, but in no event shall the time exceed ninety (90) days, from presentation of the COUNTY's audit findings to the CONTRACTOR.

3.30 PUBLIC RECORDS/ COPYRIGHTS

Pursuant to Section 119.0701, Florida Statutes, the awarded contractor shall comply with the Florida Public Records' laws, and shall: 1. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the services identified herein. 2. Provide the public with access to public records on the same terms and conditions that the County would provide the records and at a cost that does not exceed the cost provided for by law. 3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.

4. Meet all requirements for retaining public records and transfer, at no cost, to the County all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the County in a format that is compatible with the information technology systems of the County. Failure to comply with this section shall be deemed a breach of the contact and enforceable as set forth in Section 119.0701, Florida Statutes.

Any copyright derived from this Agreement shall belong to the author. The author and the CONSULTANT shall expressly assign to the COUNTY nonexclusive, royalty free rights to use any and all information provided by the CONSULTANT in any deliverable and/or report for the COUNTY's use which may include publishing in COUNTY documents and distribution as the COUNTY deems to be in the COUNTY's best interests. If anything included in any deliverable limits the rights of the COUNTY to use the information, the deliverable shall be considered defective and not acceptable and the CONSULTANT will not be eligible for any compensation.

3.31 GOVERNING LAWS

The interpretation, effect, and validity of any contract(s) resulting from this solicitation shall be governed by the laws and regulations of the State of Florida, and Lake County, Florida. Venue of any court action shall be in Lake County, Florida. In the event that a suit is brought for the enforcement of any term of the contract, or any right arising there from, the parties expressly waive their respective rights to have such action tried by jury trial and hereby consent to the use of non-jury trial for the adjudication of such suit.

3.32 STATE REGISTRATION REQUIREMENTS

Any corporation submitting a bid in response to this RFP shall either be registered or have applied for registration with the Florida Department of State in accordance with the provisions of Chapter 607, Florida Statutes. A copy of the registration/ application may be required prior to award of a contract. Any partnership submitting a bid in response to this RFP shall have complied with the applicable provisions of Chapter 620, Florida Statutes. For additional information on these requirements, please contact the Florida Secretary of State's Office, Division of Corporations, 800.755.5111 (http://www.dos.state.fl.us).

3.33 PRIME CONTRACTOR

The vendor awarded the contract shall act as the prime contractor and shall assume full responsibility for the successful performance under the contract. The vendor shall be considered the sole point of contact with regard to meeting all requirements of the contract. All subcontractors will be subject to advance review by the County in regards to competency and security concerns. After the award of the contract no change in subcontractors will be made without the consent of the County. The vendor shall be responsible for all insurance, permits, licenses, and related matters for any and all subcontractors. Even if the subcontractor is self-insured, the County may require the contractor to provide any insurance certificates required by the work to be performed.

3.34 FORCE MAJEURE

The parties will exercise every reasonable effort to meet their respective obligations hereunder, but shall not be liable for delays resulting from force majeure or other causes beyond their reasonable control, including, but not limited to, compliance with revisions to Government law or regulation, acts of nature, acts or omissions of the other party, fires, strikes, national disasters, wars, riots, transportation problems and/or any other cause whatsoever beyond the reasonable control of the parties. Any such cause may be cause for appropriate extension of the performance period.

3.35 NO CLAIM FOR DAMAGES

No claim for damages or any claim other than for an extension of time shall be made or asserted against the County because of any delays. No interruption, interference, inefficiency, suspension, or delay in the commencement or progress of the Work shall relieve the vendor of duty to perform, or give rise to any right to damages or additional compensation from the County. The vendor's sole remedy shall be the right to seek an extension to the contract time. However, this provision shall not preclude recovery of damages by the vendor for hindrances or delays due solely to fraud, bad faith, or active interference on the part of the County.

3.36 TRUTH IN NEGOTIATION CERTIFICATE

For each contract that exceeds One Hundred Ninety Five Thousand dollars ($195,000.00), any organization awarded a contract must execute a truth-in-negotiation certificate stating that the wage rates and other factual unit costs are accurate, complete, and current, at the time of contracting. Any contract requiring this certificate shall contain a provision that the original contract price and any additions shall be adjusted to exclude any significant sums by which the County determines the contract price was increased due to inaccurate, incomplete, or non-current wage rates and other factual unit costs. All such contract adjustments shall be made within one (1) year following the end of the contract.

3.37 GRANT FUNDING

In the event any part of the contract is to be funded by federal, state, or other local agency monies, the vendor hereby agrees to comply with all requirements of the funding entity applicable to the use of the monies, including full application of requirements involving the use of minority firms, women's business enterprises, and labor surplus area firms. Vendors are advised that payments under the contract may be withheld pending completion and submission of all required forms and documents required of the vendor pursuant to the grant funding requirements. .

WAKELY
CONSULTING GROUP

CONSULTING ACTUARIES & HEALTHCARE SPECIALISTS

BOSTON · CLEARWATER · DENVER · LOUISVILLE · MINNEAPOLIS

Request for Proposal

For

LAKE COUNTY, FLORIDA

ACTUARIAL CONSULTING SERVICES TO PROVIDE ANALYSIS AND CERTIFICATION FOR THE GROUP HEALTH PLAN

RFP #14-0036

To be opened
August 20, 2014

Prepared by:

Wakely Consulting Group, Inc.

17757 US Highway 19 N • Suite 310 Clearwater, FL 33764
Tel 727.507.9858 • Fax 727.507.9658

Lake County
RFP #14-0036
Actuarial Services for the Self-insured Group Health Plan

The following is our understanding of the consulting services for Lake County (the County)' Group Health Plan:

- For the Self-insured Group Health Plan (the Plan), the County is seeking a qualified vendor to provide actuarial, financial and consulting services including rate adequacy for the self-insured health plan. The vendor will be required to prepare an actuarial review, analysis and certification of reserves for the self-insured health plan. The plan report will include, at a minimum, the following:

    - Review the health plan for actuarial soundness annually as required by Florida Statute 112.08;

    - Complete and file the documents required by F.S. 112.08;

    - Provide an annual review of the plan that includes but is not limited to:

        - Claim liability estimates as requested,
        - Review data provided for study for reasonableness;
        - Review the adequacy of contribution rates in relation to all expenses of the plan;
        - Propose and review proposed benefit changes and provide studies as to the impact to contribution rates;
        - Provide a statement of the adequacy of assets and actuarial soundness of the plan;
        - Validation of methods and standards used in the actuarial study;
        - Statement of actuarial soundness as appropriate to the funding levels and anticipated operating results, including a five-year projection of claims;
        - Verify that the Plan has met all requirements of the Office of Insurance Regulation (OIR) for the filing of a self-insured health plan under FS112.08.

Wakely Consulting Group (Wakely) understands that other work such as evaluation of plan designs and mid-year IBNR calculations may be requested, and is prepared to handle such requests. Wakely routinely provides health care projections (scenario analysis), reserve fund estimates and determination of outstanding medical liabilities (IBNR) for our clients. Wakely provides similar services for *over 40* self-funded government health programs under Florida Statute 112.08 each year, as well as for commercial employers not covered by F.S. 112.08.

Using statistical tools and various modeling techniques, we are able to help our clients see the risks involved in their programs and make sure they have set aside an appropriate amount of assets to cover both anticipated and unanticipated future obligations and to assure financial solvency.

Our consultants who specialize in this type of analysis have been performing these services for over 15 years. Because of the large number of self-insured health programs that we analyze of

this nature every year, we have developed proprietary software that allows us to quickly and efficiently get to the key items above — expense projections, reserve balances, IBNR estimates and rate projections.

Following this page are the resumes of the key personnel expected to be employed on this project. Following the resumes is a print from the Directory of Actuarial Memberships showing the credentialed actuaries working for Wakely. All actuaries at Wakely Consulting Group are Members of the American Academy of Actuaries and Society of Actuaries.

Wakely Consulting Group, Inc. is confident we can provide all the required services and more, as we have for many years. Working with you and your staff to achieve financially successful programs for a very reasonable cost will be a mutually rewarding outcome. We look forward to continuing our long-term relationship.

Actuary Study
Analysis and Certification for the Group Health Plan

NOTES:

- When purchasing on a direct basis, Lake County is exempt from all taxes (Federal, State, Local). A Tax Exemption Certificate will be furnished upon request for such purchases. **However, the vendor will be responsible for payment of taxes on all materials purchased by the vendor for incorporation into the project (see provision 3.8 for further detail).**
- The vendor shall not alter or amend any of the information (including, but not limited to stated units of measure, item description, or quantity) stated in the Pricing Section. If any quantities are stated in the pricing section as being "estimated" quantities, vendors are advised to review the "Estimated Quantities" clause contained in Section 3 of this solicitation.
- Any bid containing a modifying or "escalator" clause not specifically allowed for under the solicitation will not be considered.
- All pricing shall be FOB Destination unless otherwise specified in this solicitation document.
- All pricing submitted shall remain valid for a 90 day period. By signing and submitting a response to this solicitation, the vendor has specifically agreed to this condition.
- **Vendors are advised to visit our website at http://www.lakecountyfl.gov and register as a potential vendor. Vendors that have registered on-line receive an e-mail notice when the County issues a solicitation matching the commodity codes selected by a vendor during the registration process.**

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: Complete Part I or Part II, whichever applies

Part I:
The bidder must list below the dates of issue for each addendum received in connection with this RFP: Addendum #1, Dated: _____ Addendum #2, Dated: _____ Addendum #3, Dated: _____ Addendum #4, Dated: _____
Part II:
☒ No Addendum was received in connection with this RFP.

Actuary Study
Analysis and Certification for the Group Health Plan

Description	Price
Firm fixed total price to be paid to the vendor upon completion of the Actuary Analysis and Certification as specified within Section 2 of this solicitation.	$ 3,950 (Firm Fixed Total Price)

Optional additional services:
Optional additional service (similar actuarial efforts) may be requested by the County as necessary, such as Plan Design evaluation, Mid-Year IBNR calculations, etc Provide a blended hourly rate, including administrative services, that can be applied to these optional additional services:

$ 350 or less blended hourly rate

Note: This "blended hourly rate" for the optional additional services above shall be a single hourly rate encompassing all personnel classifications that may be required for completion of any additional given task under the resulting contract. The "blended hourly rate" The " blended hourly rates" shall be fully loaded rates to include but not be limited to, all salary, benefits, overhead, profit, and local travel costs (defined as travel within Lake County and within a seventy-five (75) mile radius of Tavares, Florida).

Purchasing Agreements with Other Government Agencies
This section is optional and will not affect contract award. If Lake County awarded you the proposed contract, would you sell under the same terms and conditions, for the same price, to other governmental agencies in the State of Florida? Each governmental agency desiring to accept to utilize this contract shall be responsible for its own purchases and shall be liable only for materials or services ordered and received by it. ☒ Yes ☐ No (Check one)

Certification Regarding Felony Conviction
Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? ☐ Yes ☒ No (Check one)

Reciprocal Vendor Preference:
Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:
1. Primary business location of the responding vendor (city/state): _____
2. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: ☐ Yes ☒ No If "yes" is checked, provide supporting detail:
_____
_____

Conflict of Interest Disclosure Certification
Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this bid 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.

SECTION 4 – PRICING/ CERTIFICATIONS/ SIGNATURES

RFP Number: 14-0036

Exceptions: None

DUNS Number (Insert if this action involves a federal funded project): _____

By Signing This Proposal the Proposer Attests and Certifies That:

- It satisfies all legal requirements (as an entity) to do business with the County.
- The undersigned vendor acknowledges that award of a contract may be contingent upon a determination by the County that the vendor has the capacity and capability to successfully perform the contract.
- The proposer hereby certifies that it understands all requirements of this solicitation, and that the undersigned individual is duly authorized to execute this proposal document and any related contract(s).

General Vendor Information and Proposal Signature:

Firm Name: Wakely Consulting Group, Inc.

Street Address: 17757 US Highway 19 N, Suite 310, Clearwater FL 33764

Mailing Address (if different): _____

Telephone No.: 727-507-9858 Fax No.: 727-507-9658 E-mail: juliaL@wakely.com

FEIN No. 59 - 3554482 Prompt Payment Terms: _____ % _____ days, net _____

Signature: Julia S. Lambert Date: 08/18/2014

Print Name: Julia S. Lambert, FSA, MAAA Title: President

Award of Contract by the County: (Official Use Only)

By signature below, the County confirms award to the above-identified vendor under the above identified solicitation. A separate purchase order will be generated by the County to support the contract.

Vendor awarded as:

- ☑ Sole vendor
- ☐ Pre-qualified pool vendor based on price
- ☐ Pre-qualified pool vendor (spot bid)
- ☐ Primary vendor for items: _____
- ☐ Secondary vendor for items: _____
- ☐ Other status: _____

Signature of authorized County official: _____ Date: 17 SEP 14

Printed name: Barnett Schwartzman Title: Procurement Manager.

THE FOLLOWING DOCUMENTS ARE ATTACHED

Attachment 1: Firm Profile Form
Attachment 2: Team Composition Form
Attachment 3: Similar Projects/Reference Form

FIRM PROFILE FORM

1. Firm (or joint venture) Name & Address:

Wakely Consulting Group
17757 US Highway 19 N
Suite 310
Clearwater, FL 33764

1a. FEIN #
59-3554482

1b. Year Firm was established 1999

1c. Are you a "Not for Profit" 501(c)(3) organization?

Yes _____ No X

If you answered yes, please provide proof.

1d. Firm is a Certified Minority Business Enterprise

Yes _____ No X

1e. Licensed to do business in the State of Florida?

X Yes _____ No

1f. Name, Title & Telephone Number of Principal to Contact

Julia S. Lambert, FSA, MAAA
727-507-9858

1g. Address of office to perform work, if different from Item 1.

2. Please list number of people by discipline that your firm/joint venture will commit to the County's project.

2 Senior Consulting Actuaries and 2 Actuarial Analysts

3. If submittal is by joint venture, list participating firms and outline specific areas of responsibility (including administrative, technical, and financial) for each firm:

Not applicable

3a. Has this joint venture previously worked together? Yes _____ No _____

State of Florida
Department of State

I certify from the records of this office that WAKELY CONSULTING GROUP, INC. is a corporation organized under the laws of the State of Florida, filed on February 2, 1999.

The document number of this corporation is P99000010362.

I further certify that said corporation has paid all fees due this office through December 31, 2013, that its most recent annual report/uniform business report was filed on April 23, 2013, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of January, 2014

Ken Detzner

Secretary of State

Authentication ID: CU2553487888

To authenticate this certificate,visit the following site,enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

TEAM COMPOSITION

Brief resumes of prime consultant(s) and other key persons who shall be assigned to the project. Utilize one sheet per person. (Brief resumes and additional information may be attached.)

Name: Alison Pool, ASA, MAAA

Title: Senior Consulting Acturay

Project assignment:
Review claim liability estimates
Prepare Actuarial Certification
Prepare exhibits for F.S. 112.08 Filings
Prepare final report

Name of firm with which associated:
Wakely Consulting Group

Years of experience:

With this firm 15 With other firms 15

Education: Certifications/Degree(s)/year/school/specialization:

See attachment

Other experience and qualifications relevant to the proposed project:

See attachment

TEAM COMPOSITION

Brief resumes of prime consultant(s) and other key persons who shall be assigned to the project. Utilize one sheet per person. (Brief resumes and additional information may be attached.)

Name: George Hawkins, FSA, MAAA

Title: Senior Consulting Actuary

Project assignment:
Peer review claim liability estimates
Peer review F.S. 112.08 documents
Peer review final report

Name of firm with which associated:
Wakely Consulting Group

Years of experience:

With this firm 9 With other firms 36

Education: Certifications/Degree(s)/year/school/specialization:

See attachment

Other experience and qualifications relevant to the proposed project:

See attachment

TEAM COMPOSITION

Brief resumes of prime consultant(s) and other key persons who shall be assigned to the project. Utilize one sheet per person. (Brief resumes and additional information may be attached.)

Name: Jackson Hall Title: Actuarial Analyst
Project assignment: Data verification Exhibits development
Name of firm with which associated: Wakely Consulting Group
Years of experience: With this firm 1 With other firms 0 Prior to Wakely at Florida State University
Education: Certifications/Degree(s)/year/school/specialization: See attachment
Other experience and qualifications relevant to the proposed project: See attachment

TEAM COMPOSITION

Brief resumes of prime consultant(s) and other key persons who shall be assigned to the project. Utilize one sheet per person. (Brief resumes and additional information may be attached.)

Name:	Yingfei Ma
Title:	Actuarial Analyst
Project assignment:	Data verification Exhibit development Review report and filing requirements
Name of firm with which associated:	Wakely Consulting Group
Years of experience:	With this firm 2 With other firms 0
Education: Certifications/Degree(s)/year/school/specialization:	See attachment
Other experience and qualifications relevant to the proposed project:	See attachment

Biography

Alison Pool, ASA, MAAA
Senior Consulting Actuary

Current Responsibility

Alison is a senior consulting actuary with Wakely Consulting Group. She joined the firm in 1996 and has worked as a health actuary for more than 25 years.

Experience

Since entering the actuarial profession in 1983, Alison was employed with a Blue Cross/Blue Shield company and the nation's largest independent third party administrator (TPA) of health insurance plans for small employers. Alison joined Wakely and Associates in 1996, and was one of the original employees of WCG on its founding in 1999.

Alison's areas of specialization include the following:

- Third-party plan administration
- Self-Funded employer funding/contribution rate development
- State rate filings and actuarial certifications
- Claim liability analysis
- Rate adequacy analysis
- Effectiveness and pricing of managed care products
- Management of Medicare Plan Benefit Packages (PBPs)
- Retiree Drug Subsidy attestations and management
- Medicare Advantage
- Affordable Care Act

Professional Designations

- Associate, Society of Actuaries
- Member, American Academy of Actuaries

Education

M.S. studies, Statistics, University of South Florida
B.S. Mathematics, Birmingham-Southern College

Biography

George K. Hawkins, Jr., F.S.A., M.A.A.A.
Senior Consulting Actuary

Current Responsibility

George is a consulting actuary with Wakely Consulting Group. He joined the firm in 2005 and has worked as a health actuary for more than 30 years.

Experience

George started his career with a small mutual insurance company in 1969, rising to the position of chief group actuary, before becoming chief actuary of HealthPlan Services, the nation's largest third party administrator of small employer plans. He joined Wakely and Associates, the predecessor firm to Wakely Consulting Group, in 1996. He has been the lead consultant for the Board of a large state plan covering more than 150,000 members and directed all the services Wakely provided to the Board. He has worked in the group insurance area since 1971. George has presented teaching seminars and other seminars at meetings of the Society of Actuaries and other organizations, and co-wrote a study note on the financial management of small employer group insurance that was on the Society of Actuaries examination syllabus.

George's areas of specialization include the following:

- Medical benefits
- Valuation of liabilities for health plans, particularly government programs
- Experience rating and experience studies
- Projections for self-funded medical programs
- Retiree Drug Subsidy attestations and management

Professional Designations

- Fellow, Society of Actuaries (F.S.A.)
- Member, American Academy of Actuaries (M.A.A.A.)
- Chartered Life Underwriter (CLU)
- Fellow, Life Management Institute (F.L.M.I.)

Education

M.S. Actuarial Science, Northeastern University
B.S. Mathematics, University of Virginia

Biography

Jackson Hall
Actuarial Analyst

Current Responsibility
Jackson is an actuarial analyst with Wakely Consulting Group. He joined the firm in 2013 and is working towards becoming an Associate of the Society of Actuaries

Experience
Jackson joined Wakely in May of 2013 after graduating from Florida State University with a B.S. in actuarial science. He has been involved in projects such as claim liability analysis, GASB valuation, Medicare Advantage bid development, projections for self-funded medical programs, and rate reviews for various state exchanges throughout the country.

Education
B.S. Actuarial Science, Florida State University

Biography

Yingfei Ma (Elley)
Actuarial Analyst

Current Responsibility
Elley joined Wakely Consulting Group as an actuarial analyst in 2012 and has worked as a health actuary for over 2 years.

Experience
Prior to joining Wakely, she graduated from Purdue University with a Bachelor's Degree in Actuarial Science and Applied Statistics. Since joining Wakely Consulting Group, she has worked with consultants in areas such as:

- Medicare Advantage/Prescription Drug Plan Bid Process
- State Rate Review
- Claim Liability Analysis
- State Evaluation of the Basic Health Plan Option for Exchange Planning

Education
BS, Actuarial Science and Applied Statistics, Purdue University, West Lafayette, IN (2012)

Tab E

This tab includes a list of clients (using the sample *Similar Projects Form*) for whom Wakely has provided similar work within the last three years. Please note that this is not a comprehensive list of similar projects that Wakely has done in the past three years. One additional sample report that Wakely prepared for self-funded group clients has been attached to this tab (starting page 8).

SIMILAR PROJECTS FORM

Work by firm or individual which best illustrates current qualifications relevant to the County's project that has been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects. (This form may be reproduced.)

Project Name, Entity Name, Address & Location	Contact Person:
Polk County Government Drawer AS06, P.O. Box 9005 Bartow, FL 33831	Mr. Mike Kushner
	Title:
Project Manager (from your firm): Alison Pool, ASA, MAAA	Risk Manager
	Telephone Number:
Completion Date (Actual or Estimated) 8/2014 Estimated Project Cost: $ 5,500 Work for which you firm was/is responsible: $ 5,500	863-534-5365

Scope of Entire Project: List the tasks accomplished (Attach samples of deliverables, outlines or descriptions of items).

Claim liability estimate
Filing required documents for compliance with F.S. 112.08
Review benefits
Review and verify rates
Prepare final report

Firm's personnel (name/project assignment) that worked on the stated project that shall be assigned to the County's project.

Alison Pool, ASA, MAAA

SIMILAR PROJECTS FORM

Work by firm or individual which best illustrates current qualifications relevant to the County's project that has been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects. (This form may be reproduced.)

Project Name, Entity Name, Address & Location	Contact Person:
Sarasota County Government 1660 Ringling Blvd., 4th Floor Sarasota, FL 34236 Project Manager (from your firm): Alison Pool, ASA, MAAA	Ms. Karin Botelho Title: Senior Benefits Analyst Telephone Number: 941-232-6726
Completion Date (Actual or Estimated) 9/30/2014 Estimated Project Cost: $ 4,950 Work for which you firm was/is responsible: $ 4,950	

Scope of Entire Project: List the tasks accomplished (Attach samples of deliverables, outlines or descriptions of items).

Claim liability estimate
Filing required documents for compliance with F.S. 112.08
Review benefits
Review and verify rates
Prepare final report

Firm's personnel (name/project assignment) that worked on the stated project that shall be assigned to the County's project.

Alison Pool, ASA, MAAA; Jackson Hall

SIMILAR PROJECTS FORM

Work by firm or individual which best illustrates current qualifications relevant to the County's project that has been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects. (This form may be reproduced.)

Project Name, Entity Name, Address & Location	Contact Person:
Pinellas County Government 400 South Fort Harrison Clearwater, FL 34616-5113 Project Manager (from your firm): Alison Pool, ASA, MAAA	Mr. David Blasewitz Title: Employee Benefits Manager Telephone Number: 727-464-3316
Completion Date (Actual or Estimated) 10/1/2014 Estimated Project Cost: $ 7,500 Work for which you firm was/is responsible: $ 7,500	

Scope of Entire Project: List the tasks accomplished (Attach samples of deliverables, outlines or descriptions of items).

Claim liability estimate
Filing required documents for compliance with F.S. 112.08
Review benefits
Review and verify rates
Prepare final report

Firm's personnel (name/project assignment) that worked on the stated project that shall be assigned to the County's project.

Alison Pool, ASA, MAAA; Yingfei Ma

SIMILAR PROJECTS FORM

Work by firm or individual which best illustrates current qualifications relevant to the County's project that has been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects. (This form may be reproduced.)

Project Name, Entity Name, Address & Location	Contact Person:
Polk District Public Schools 1915 S. Floral Avenue Bartow, FL 33830 Project Manager (from your firm): Alison Pool, ASA, MAAA	Ms. Joy Myers Title: Director - Risk Management & Insurance Telephone Number: 863-519-3858
Completion Date (Actual or Estimated) 5/16/2014 Estimated Project Cost: $ 7,500 Work for which you firm was/is responsible: $ 7,500	

Scope of Entire Project: List the tasks accomplished (Attach samples of deliverables, outlines or descriptions of items).

Claim liability estimate
Filing required documents for compliance with F.S. 112.08
Review benefits
Review and verify rates
Prepare final report

Firm's personnel (name/project assignment) that worked on the stated project that shall be assigned to the County's project.

Alison Pool, ASA, MAAA

SIMILAR PROJECTS FORM

Work by firm or individual which best illustrates current qualifications relevant to the County's project that has been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects. (This form may be reproduced.)

Project Name, Entity Name, Address & Location	Contact Person:
City of Sarasota, Florida P.O. Box 1058 Sarasota, FL 34230 Project Manager (from your firm): Alison Pool, ASA, MAAA	Ms. Stacie L. Mason Title: Human Resources Director Telephone Number: 941-951-3634
Completion Date (Actual or Estimated) 3/10/2014 Estimated Project Cost: $ 4,000 Work for which you firm was/is responsible: $ 4,000	

Scope of Entire Project: List the tasks accomplished (Attach samples of deliverables, outlines or descriptions of items).

Claim liability estimate
Filing required documents for compliance with F.S. 112.08
Review benefits
Review and verify rates
Prepare final report

Firm's personnel (name/project assignment) that worked on the stated project that shall be assigned to the County's project.

Alison Pool, ASA, MAAA; Yingfei Ma

SIMILAR PROJECTS FORM

Work by firm or individual which best illustrates current qualifications relevant to the County's project that has been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects. (This form may be reproduced.)

Project Name, Entity Name, Address & Location	Contact Person:
Lake County Board of County Commissioners 315 W. Main Street Box 7800 Tavares, FL 32778 Project Manager (from your firm): Alison Pool, ASA, MAAA	Ms. Susan Irby Title: Manager Telephone Number: 352-343-9596
Completion Date (Actual or Estimated) 1/2014 Estimated Project Cost: $ 3,500 Work for which you firm was/is responsible: $ 3,500	

Scope of Entire Project: List the tasks accomplished (Attach samples of deliverables, outlines or descriptions of items).

Claim liability estimate
Filing required documents for compliance with F.S. 112.08
Review benefits
Review and verify rates
Prepare final report

Firm's personnel (name/project assignment) that worked on the stated project that shall be assigned to the County's project.

Alison Pool, ASA, MAAA; Yingfei Ma

WAKELY
CONSULTING GROUP

CONSULTING ACTUARIES & HEALTHCARE SPECIALISTS
BOSTON · CLEARWATER · DENVER · HOUSTON

February 13, 2014

Ms. Nadine Ohlinger
Risk & Benefits Manager
Lake County Board of County Commissioners
315 W. Main Street
Box 7800
Tavares, FL 32778

Subject: Lake County Board of County Commissioners Self-Funded Employee Benefit Fund

Dear Ms. Ohlinger:

Wakely Consulting Group, Inc. has been retained on behalf of the Lake County Board of County Commissioners (the Board) to report upon the liabilities and actuarial soundness of the Self-Funded Health Benefit Plan (the Plan). This letter is to report our conclusions on the actuarial soundness of the Plan as of September 30, 2013.

Our methods follow American Academy of Actuaries standards and guidelines:

Actuarial Standard of Practice No. 5, "Incurred Health and Disability Claims"

We followed his ASOP with no deviation.

Actuarial Standard of Practice No. 23, "Data Quality"

We followed his ASOP with no deviation. We relied on the claim or other data received from you or your vendors. We reviewed the data for reasonability and completeness, but did not audit the data. We believe the data to be appropriate and usable for the purpose.

Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life and Property/Casualty Coverages"

With approximately 1,150 employees covered monthly, the Plan is considered mostly credible. Projected trends are consistent with published industry medical trend as well as the Plan's experience. Our method is consistent with ASOP 25.

17757 US Highway 19 N • Suite 310 Clearwater, FL 33764
Tel 727.507.9858 • Fax 727.507.9658

September 30, 2013 Claim Liability Determination

The accompanying Exhibit A displays calculated claim liability for September 30, 2013. The claim liability based upon this Exhibit is estimated at $834,000. The claim liability is for all claims incurred before October 1, 2013 and unpaid as of September 30, 2013.

In addition to estimating the claim liability for September 30, 2013, we reviewed our estimate of the September 30, 2012 claim liability using data through September 2013 (additional 12 months of data). Our restated liability estimate for September 2012 is approximately 19.4% lower than our original estimate.

Claim liabilities are prospective estimates of claims which have been incurred but not paid, calculated by using trends and relationships observed in the past and applying them to the future. Wide fluctuations can occur in the difference between the 'estimates' and 'actual' claim liability, even if the methodology for calculating the liability is actuarially sound. Some of those reasons include:

1) The average period between the time a claim is incurred and the date it is paid in the future may not be the same as in the past. A change in a TPA's processing or the number of experienced claims examiners greatly influences the length of time between the date of service and date of payment.

2) Large claims may not be present in the same magnitude (higher or lower) for the future relative to the past.

Additional Liability Adjustments

The Actuarial Standards Board (ASB) of the American Academy of Actuaries has proposed items which could have an effect on the calculation of liabilities included on financial statements. No adjustment has been included on this report for those ASB items, however we believe the Board should be aware of possible adjustments to the liability calculation. Some of those items are (recommendations quoted from various Actuarial Standards of Practice):

Recognition of the Time Value of Money

"The time value of money should be recognized whenever doing so will have a material effect in the determination of liabilities for incurred but unpaid claims." This statement means claim liabilities should include an interest discount to recognize that claim liabilities are paid out over a period of time and the present value of that payment stream is less than the sum of the payments.

Based on an interest rate of 2.75%, the calculated claim liability discount factor is .9964. Therefore, the September 30, 2013, unadjusted claim liabilities can be reduced

Our calculations indicate the revenue for the 2013-14 plan year) is expected to be insufficient to cover expenses by approximately 10.9% or approximately $1,206,000. We expect investment income as well as surplus will be used to offset the anticipated deficit.

Based on our understanding and as illustrated in the projections shown in the OIR-B2-573, the Board intends to use surplus to offset deficiencies in rates over the next 3 plan years at least. So far, the Plan has sufficient surplus to support the expenses. However, we do caution the Board that surplus tends to go down more quickly than it builds. Allowing the rates to remain below the level needed to support expenses may necessitate a large increase sometime in the future.

Reinsurance

Specific stop-loss and aggregate reinsurance for 2012-2013 was provided by Symetra Life Insurance Company. The specific stop-loss provided reinsurance above a $200,000 retention per individual claimant for medical claims paid during the contract year. As of the date of this analysis the County expects no reimbursements from the specific stop loss contract for 2013. There was no aggregate reinsurance recovery in 2013.

For the 2013-2014 contract year, specific stop-loss and aggregate reinsurance is provided by Symetra Life Insurance Company. The specific stop-loss contract provides reinsurance above $200,000 per individual claimant for medical claims for 2013-2014. Based on the limited information provided, we don't anticipate claims above $200,000 in the 2013-2014 plan year.

The reported aggregate attachment point is approximately $13,088,000 for the 2014 plan year based on the projected 1,148 contracts. Our projection for incurred claims for 2013-2014 is approximately $10,555,000 or 19.4% less than the attachment point. If our claim cost assumptions prove correct the Board should not expect to see an aggregate recovery in 2014.

Concluding Remarks

The following is a summary of our conclusions as a result of our analysis of this program:

1) The medical claim liability (including prescription drugs) as of September 30, 2013 is $834,000.

2) If the time value of money is to be recognized, the claim liability can be reduced by $3,000.

3) If the administrator is not responsible for the adjudication expense of the claim liability at the time of termination of their services, the claim liability should be increased by $58,000.

4) We recommend a contingency reserve of 15% to 25% of annual incurred claims or $1,439,000 - $2,399,000. The plan is currently holding a surplus of $8.498 million which is sufficient to meet this requirement.

Exhibit A

LAKE COUNTY BOARD of COUNTY COMMISSIONERS
SELF-FUNDED HEALTH PLAN

	30-Sep-13	30-Sep-12
PAID SINCE VALUATION DATE	$0	$617,451
ESTIMATED UNPAID - MEDICAL	$668,758	$1,053
PLUS MARGIN OF 15%	$100,314	$30,925
TOTAL MEDICAL LIABILITY WITH MARGIN	$769,072	$649,429
ESTIMATED UNPAID - PRESCRIPTION DRUGS	$65,124	$32,793
TOTAL ESTIMATED CLAIM LIABILITY	$834,195	$682,222
TOTAL CLAIM LIABILITY WITH MARGIN	**$834,195**	**$682,222**
PRIOR LIABILITY CALCULATION	**NA**	**$846,186**
Percentage difference	**NA**	**-19.4%**

Lake County Board of County Commissioners

Renewal Rating Projection
Projection Period: 10/13 - 09/14
Experience Period: 10/12 - 09/13

(a) Incurred & Paid Medical Claims (paid through Sep-13	$8,365,555
(b) Capitation/Non-Lag Claims	$0
(c) Medical Claim Liability (Valuation Date = 09/30/13)	$667,704
(d) Total Medical Expenses = (a) + (b) + (c)	$9,033,259
(e) Specific Recoveries	$943,030
Paid	$943,030
Unpaid Liability Estimate	$0
(f) Charged Claims = (d) - (e)	$8,090,229
(g) Trend Factor (7% per annum)	1.070
(h) Trended Medical Claims = (f) x (g)	$8,656,545
(i) Prescription Drug Claims	$1,693,218
(j) Drug Claim Liability	$65,124
(k) Total Prescription Drug Expenses = (i) + (j)	$1,758,342
(l) Drug Trend Factor (6.4% per annum)	1.064
(m) Trended Drug Claims = (k) x (l)	$1,870,876
(n) Total Trended Claims = (h) + (m)	$10,527,421
(o) Network Reimbursement Adjustment	0.0%
(p) Benefit Adjustments	0.0%
(q) Expected Claims Fund (net of Spec) =(n) x [1+(o)] x [1+(p)]	$10,527,421
(r) Margin	$0
(s) Claim Fund = (q) + (r)	$10,527,421
(t) Average # Employees for Incurral Period	1,145
(u) Expected Claims Cost/Ee/mo = (s)/(t)/(months of experience)	$766.19
(v) Insurance Expense	$39.55
(w) Total Medical Cost = (u) + (v)	$805.74
(x) Fees+ ACA Fees	$98.98
(y) Required Premium = (w) + (x)	$904.72
(z) Expected Premium for Projection Period	$815.77
(aa) Required Increase = (y)/(z)	10.9%

EXHIBIT E

ACTUARIAL CERTIFICATION
And
REQUIRED EXHIBITS

FINANCIAL SERVICES COMMISSION

RICK SCOTT
GOVERNOR

JEFF ATWATER
CHIEF FINANCIAL OFFICER

PAM BONDI
ATTORNEY GENERAL

ADAM PUTNAM
COMMISSIONER OF AGRICULTURE

OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

via email: alisonp@wakely.com

January 9, 2014

Ms. Alison L. Pool, Senior Consulting Actuary
Lake County Board of County Commissioners
17757 US Highway 19N, Suite 310
Clearwater, FL 33764

RE: LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
FILE LOG NUMBER: SIP 13-21637
PLEASE REFER TO THIS FILE NUMBER WHEN CORRESPONDING

Dear Ms. Pool:

The Office of Insurance Regulation has reviewed your annual report for the above referenced plan for plan year ending 2013, including the statement as to the plan's actuarial soundness. Since the liabilities and assets appear to produce adequate positive surplus, your filing is **ACCEPTED** as being in compliance with the requirements of Section 112.08, F.S. We look forward to receiving your plan year 2014 report within three months following the end of that plan year.

Thank you for filing the required information.

Sincerely,

Office of Insurance Regulation

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

FISCAL YEAR COVERING OCTOBER THROUGH SEPTEMBER

PART 1

		CURRENT YEAR October 2013 - September 2014	PLAN YEAR 1 October 2014 - September 2015	PLAN YEAR 2 October 2015- September 2016
1.	NUMBER OF EMPLOYEES	1,148	1,148	1,148
2.	PREMIUM INCOME	$ 11,238,000	$ 12,249,000	$ 13,106,000
3.	OTHER INCOME (INCLUDES INVESTMENT INCOME)	$ 20,000	$ 17,000	$ 15,000
4.	TOTAL INCOME (2 + 3)	$ 11,258,000	$ 12,266,000	$ 13,121,000
5.	TOTAL INCURRED CLAIMS*	$ 11,100,000	$ 11,944,000	$ 12,900,000
6.	TOTAL EXPENSES	$ 1,364,000	$ 1,364,000	$ 1,324,000
7.	TOTAL DISBURSEMENTS (5 + 6)	$ 12,464,000	$ 13,308,000	$ 14,224,000
8.	TOTAL GAIN OR LOSS (4 - 7)	$ (1,206,000)	$ (1,042,000)	$ (1,103,000)
9.	SURPLUS BEGINNING OF YEAR	$ 8,498,000	$ 7,292,000	$ 6,250,000
10.	SURPLUS END OF YEAR (8 + 9)	$ 7,292,000	$ 6,250,000	$ 5,147,000

PART 2 - ASSUMPTIONS

		CURRENT YEAR	PLAN YEAR 1	PLAN YEAR 2
1.	Premium Increase	Actual Premium	9.0%	7.0%
2.a.	Claim Trend	6.9%	7.6%	8.0%
2.b.	Expense Trend	Actual Expenses	0.0%	0.0%
2.c.	Expense Adjustment for ACA (PMPY)	$63.00	$42.00	$26.00
3.	Premium Contributions (See Below)			
4.	Specific Stop Loss Attachment Point	$200,000		
	Corridor Deductible	$65,000		

MONTHLY MEDICAL PREMIUM CONTRIBUTIONS

			Current	Effective 10/2014	Effective 10/2015
PPO	SINGLE	County	$575.00	$626.75	$670.62
		Employee	$69.30	$75.54	$80.82
	FAMILY	County	$575.00	$626.75	$670.62
		Employee	$273.92	$298.57	$319.47
HMO-	SINGLE	County	$575.00	$626.75	$670.62
Open Access		Employee	$52.50	$57.23	$61.23
	FAMILY	County	$575.00	$626.75	$670.62
		Employee	$226.38	$246.75	$264.03
			RETIREES		
PPO		SINGLE	$556.17	$606.23	$648.66
		FAMILY	$1,306.87	$1,424.49	$1,524.20
HMO-		SINGLE	$540.87	$589.55	$630.82
Open Access		FAMILY	$1,270.92	$1,385.30	$1,482.27
			COBRA		
PPO		SINGLE	$567.29	$618.35	$661.63
		FAMILY	$1,333.01	$1,452.98	$1,554.69
HMO-		SINGLE	$551.69	$601.34	$643.44
Open Access		FAMILY	$1,296.34	$1,413.01	$1,511.92

IF LINE 8 IS NEGATIVE, PROVIDE AN EXPLANATION AS TO WHY PREMIUM RATES CAN NOT BE INCREASED.

* INCLUDES PREMIUMS FOR STOP LOSS INSURANCE.

OIR-B2-573
Rev. 12/03

GENERAL INFORMATION ON SELF-FUNDED HEALTH BENEFIT PLANS

PLAN FISCAL YEAR October 1 through September 30

PLAN NAME Lake County Board of County Commissioners
Health Benefit Plan (Self-Funded)

INDIVIDUAL CONTACT
Mr. Robert Anderson, Human Resources Director

ADDRESS 315 W. Main Street, Room 430
P.O. Box 7800
Tavares, FL 32778

PHONE NUMBER 352-343-9596
FAX NUMBER 352-343-9883
E-MAIL randerson@lakecountyfl.gov

ADMINISTRATOR Blue Cross Blue Shield of Florida

INDIVIDUAL CONTACT Ms. Pam Ross
Account Manager

ADDRESS 610 Crescent Executive Court, Suite #600
Lake Mary, FL 32746

PHONE NUMBER 407-833-7700 Ext. 37735
FAX NUMBER 407-804-4415
E-MAIL Pamela.Ross@bcbsfl.com

ACTUARIAL FIRM Wakely Consulting Group, Inc.

ACTUARY Ms. Alison L. Pool, ASA, MAAA
Senior Consulting Actuary

ADDRESS 17757 US Highway 19N
Suite 310
Clearwater, FL 33764

PHONE NUMBER 727-507-9858, ext. 7469
FAX NUMBER 727-507-9658
E-MAIL alisonp@wakelyconsulting.com

OIR-B2-570
Rev. 12/03

Medical Only

May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Total
(3,765)	68	-	-	-													552,606
-	72	(8,053)	-	-													591,897
-	-	124	-	(1,623)													490,988
-	-	-	98	-													523,804
-	44	908	-	(624)													762,001
125	-	8	-	(55)													586,732
-	4	-	(156)	(288)													730,740
75	33	156	(73)	(357)													617,119
377	(155)	30	-	-													449,898
(47)	(17)	-	(34)	(36)													626,748
(253)	654	61	(25)	910													490,113
(402)	889	75	399	33													701,007
15,209	1,071	1,127	916	2,462	262	(4,778)	(1,783)	1,075	-	-	-	(2,019)	(451)	-	-	-	773,366
1,008	3,028	14,331	3,406	240	1	(109)	(1,447)	(258)	-	(73)	-	-	(10)	-	-	-	464,644
5,823	13,267	5,618	98	(34)	492	1,082	260	315	105	22	29	-	(1,269)	(72)	-	-	691,515
6,616	2,523	9,318	2,143	(3,958)	2,875	2,607	283	143	105	-	488	18	(72)	522	-	-	687,117
21,300	4,608	9,117	2,719	2,115	57	3,041	627	1,547	1,520	413	148	(102)	(71)	-	-	40	569,041
86,325	8,080	24,127	3,402	2,701	(797)	355	593	871	(187)	-	598	243	(88)	-	-	179	698,847
263,770	33,375	11,766	3,362	236	3,909	627	459	(274)	122	724	729	(48)	1,271	-	-	451	610,492
338,355	282,068	105,715	3,794	4,921	797	28	321	(108)	131	(73)	888	(4)	95	-	-	-	736,926
-	341,795	291,301	10,691	9,383	790	2,524	1,932	325	3,571	633	770	(205)	820	(70)	428	-	664,689
-	-	250,949	261,415	167,447	1,874	38,179	1,832	(2,878)	10,069	1,203	-	(3,877)	1,578	274	28	514	728,607
-	-	-	355,290	237,947	39,423	5,357	(13,424)	4,720	(882)	482	6,296	(94)	1,020	1,781	4,420	948	643,285
-	-	-	-	209,631	335,056	67,437	9,069	10,452	3,889	(11,416)	25,532	(12,289)	1,385	1,376	(548)	(1,053)	638,519
-	-	-	-	-	135,395	482,840	53,181	15,162	3,117	1,811	2,225	1,322	1,747	(23)	796	782	698,356
-	-	-	-	-	-	378,756	333,278	77,268	15,920	1,340	1,090	(9,565)	4,123	315	(11,339)	94	791,280
-	-	-	-	-	-	-	279,613	330,959	49,311	20,765	3,643	3,473	2,794	(237)	851	587	691,761
-	-	-	-	-	-	-	-	229,187	182,213	14,317	350,917	291,225	11,954	36,077	183	1,556	1,117,629
-	-	-	-	-	-	-	-	-	190,843	181,552	250,927	16,009	2,083	22,423	4,725	1,158	669,720
-	-	-	-	-	-	-	-	-	-	295,471	413,814	18,587	219,604	10,546	2,636	3,765	964,422
-	-	-	-	-	-	-	-	-	-	-	288,231	273,130	231,044	7,992	20,010	1,204	821,611
-	-	-	-	-	-	-	-	-	-	-	-	326,551	220,802	29,043	18,765	5,217	600,378
-	-	-	-	-	-	-	-	-	-	-	-	-	296,102	220,747	31,977	5,223	554,049
-	-	-	-	-	-	-	-	-	-	-	-	-	-	305,100	229,424	132,810	667,335
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	322,346	195,698	518,045
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	270,969	270,969
734514.8	691406.9	716675.67	647445.15	631050.42	520133.7	977944.6	664792.9	668505.3	459846.5	507172.2	1346325	902353.7	994461.2	635793.3	624703.7	620142.6	23,396,255

Tab H

No litigation or proceedings for the previous three years

James Carruthers
Wakely Consulting Group Inc.
17757US Hwy 19 N, Suite 310
Clearwater, FL, 33764
August 15, 2014

Wakely Consulting Group has been in business for over 15 years and has been financially stable throughout its existence.

Wakely has evaluated the proposal being submitted and finds it to be similar in size and scope to the work that we have performed for other clients over the years and therefore feel confident in certifying that we will be able to apply the necessary resources, both human and financial, to the proposal in order to meet the level of service required by the County.

Sincerely,

James Carruthers
Finance Director