

June 7, 2026

REQUEST FOR PROPOSAL

Employee Benefits Brokerage and Consulting Services

RFP No. 20260607

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Sealed Proposals Accepted Until

Tuesday, July 7, 2026 @ 10:00 am CDT

NOTE: throughout this document...

The Housing Authority of the City of Columbia, Missouri = Columbia Housing Authority = CHA

CHA reserves the right to reject any or all Proposals
and to waive any informalities in the process

***The Housing Authority of the City of Columbia, Missouri
is an Equal Opportunity Agency***

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- Attachment I: Current Employee Benefits Summary
- Attachment II: Detailed Benefit Information
- Attachment III: Census Information
- Attachment IV: Proposal Evaluation Forms
- Attachment V: Required Forms & Certifications
 - Non-Collusion Affidavit
 - Proposal Agreement
 - HUD-5369-B
 - HUD-5369-C
 - HUD-5370-C
 - Debarment/Suspension Certification
 - Byrd Anti-Lobbying Certification, if applicable
 - Missouri Affidavit of Work Authorization – see § 11.10
 - Section 3 Clause (24 CFR Part 75; formerly 24 CFR 135.38), to the extent Section 3 applies to the services procured

REQUEST FOR PROPOSAL ADVERTISEMENT

Employee Benefits Brokerage and Consulting Services

RFP No. 20260607

Sealed Proposals Accepted Until
Tuesday, July 7, 2026 @ 10:00 am CDT

PROPOSALS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED

Columbia Housing Authority (CHA) is seeking proposals from qualified employee benefits brokerage and consulting firms capable of providing comprehensive brokerage, consulting, employee support, and administrative services in support of CHA’s employee benefit programs. Please read the scope of services in the Request for Proposal (RFP) for a more detailed description.

Proposals will be reviewed and evaluated based on the criteria defined in the “EVALUATION CRITERIA & SELECTION PROCESS” section of the RFP packet. A contract will be awarded to the responsible firm whose service capabilities, qualifications, price, and other factors considered are most advantageous to CHA.

An RFP packet may be obtained at www.columbiaha.com (on the homepage under “Bid Opportunities”); at CHA’s Administration Building - 201 Switzler Street / Columbia, MO 65203, or by contacting Nathan Hoemann @ (573) 554-7022; Fax (573) 234-4139; e-mail nhoemann@columbiaha.com.

Register as Participant by submitting a very brief “Letter of Intent” to Nathan Hoemann via mail, e-mail, or fax stating:

- An interest in submitting a proposal and receiving all RFP updates and modifications,
- The name, title, role in this process, and contact information for all persons who you wish to receive RFP updates and modifications (addenda),
- That you are requesting an RFP packet (if applicable),
- **The last date and time to submit questions/explanations (Sunday, June 11, 2026 @ 11:59 pm CDT),**
- **The due date and time for submitting proposals (Tuesday, July 7, 2026 @ 10:00 am CDT).**

SCHEDULE OF EVENTS (Events relevant to Proposers are bolded. Full procurement schedule & timeline in RFP Packet)

Solicitations (Legal Notices):	Sunday, June 7 / Sunday, June 14, 2026
RFP Meeting:	Thursday, June 18, 2026 @ 10:00 AM
Deadline for Questions/Letter of Intent:	Sunday, June 21, 2026 @ 11:59 pm CDT
Release of Final Addendum:	Wednesday, June 24, 2026 by 5:00 pm CDT
<u>DEADLINE FOR SUBMITTING PROPOSALS:</u>	<u>Tuesday, July 7, 2026, by 10:00 am CDT</u>
Evaluation of Proposals:	Tuesday, July 7 (thru) Friday, July 10, 2026
Finalist Interviews & Presentations:	Monday, July 13 (thru) Thursday, July 16, 2026
Contract Negotiations:	Wednesday, July 29, 2026 (thru) Thursday, August 6, 2026
Final Contract Approval by CHA Board of Commissioners:	Friday, August 7, 2026 (thru) Saturday, August 15, 2026

Columbia Housing Authority:

- Reserves the right to reject any and all proposals and to waive any informality in the solicitation,
- Is prohibited from making an award to an individual, firm, or sub-service provider that is debarred from receiving awards from the U.S. Government,
- Is an equal opportunity employer.

1.0

INTRODUCTION & ORGANIZATION OVERVIEW

1.1 Organization Overview

The Columbia Housing Authority (“CHA”) is requesting proposals from qualified firms to provide employee benefits brokerage and consulting services for its employee benefit programs.

The Columbia Housing Authority was formally established in 1956 by City Ordinance. The establishment of a local housing authority allowed for the award of federal urban renewal grant funding to provide safe and clean dwellings at rents which low-income individuals and families could afford. CHA has served thousands of Columbia and Boone County’s most vulnerable citizens with housing and supportive services for more than 70 years.

CHA has steadily increased its annual budget, staffing capacity, assets, housing portfolio, voucher programs, and supportive services throughout its history. The organization has experienced multiple phases of operational growth, facility expansion, modernization, and reinvestment while continuing to strengthen partnerships with the City of Columbia, Boone County, local nonprofit organizations, businesses, and community stakeholders.

Today, CHA serves more than 2,000 households and nearly 4,000 individuals through affordable housing programs and supportive services designed to foster stability and upward mobility throughout the community.

1.2 Mission Statement

CHA’s mission is to provide quality affordable housing opportunities with supportive and economic resources to eligible households in Columbia and Boone County.

1.3 Vision Statement

CHA strives to be the community’s leading affordable housing provider with a diverse and expanding portfolio of safe, energy-efficient, and affordable housing options connected to supportive resources that foster stability and upward mobility.

1.4 Organizational Values

CHA is guided by the following organizational values:

- **Integrity** – Acting honestly and ethically in all aspects of the organization while continuously strengthening policies and standards in support of the mission.
- **Accountability** – Maintaining responsibility and stewardship to employees, residents, stakeholders, and the community.
- **Respect** – Recognizing the dignity and value of all residents, employees, and community partners.
- **Diversity, Equity, and Inclusion** – CHA is committed to diversity, equity, and inclusion in our staff, board, and services to residents. We recognize and value everyone’s life experience, perspective, and culture.
- **Safety** – Promoting safe environments through partnerships with residents, employees, and community stakeholders.

1.5 Workforce Overview

CHA currently employs approximately 82 employees, including approximately 66 benefit-eligible employees, with an estimated 125 covered lives enrolled in benefit programs.

CHA employs a diverse workforce that includes administrative, property management, voucher operations, development, maintenance, finance, and resident services personnel. The organization values employee retention, operational continuity, and employee engagement, and seeks benefit programs and communication strategies that support a broad range of employee needs and levels of benefits familiarity.

1.6 Purpose of the Request for Proposal

CHA is issuing this Request for Proposal (“RFP”) as part of its commitment to periodic market evaluation, procurement best practices, and continuous improvement of employee benefits consulting and brokerage services.

CHA seeks to identify a qualified brokerage and consulting partner capable of providing responsive service, strategic guidance, employee support, and long-term partnership in support of the organization’s employee benefits objectives.

2.0 RFP OBJECTIVES

The Columbia Housing Authority seeks proposals from qualified employee benefits brokerage and consulting firms capable of delivering comprehensive brokerage services, strategic consulting, and ongoing support for CHA’s employee benefits programs.

The selected firm will be expected to serve as a trusted advisor and advocate for CHA and its employees while assisting the organization in maintaining competitive, sustainable, and employee-focused benefit offerings.

CHA’s primary objectives in issuing this RFP include:

- Securing a brokerage partner that demonstrates responsiveness, professionalism, and proactive communication
- Obtaining strategic guidance related to employee benefits planning, market trends, renewal management, and cost containment strategies
- Enhancing employee advocacy and support services for benefit-related questions and issue resolution
- Improving employee communication and enrollment support throughout the plan year and annual open enrollment process
- Evaluating marketplace opportunities and carrier solutions that support long-term sustainability and value
- Ensuring access to compliance guidance and regulatory support related to employee benefit programs
- Strengthening reporting, analytics, benchmarking, and renewal forecasting capabilities
- Establishing a collaborative, long-term partnership focused on supporting CHA’s workforce and organizational objectives

CHA values a service-oriented approach and seeks a broker partner that can effectively balance strategic consulting capabilities with responsive day-to-day account management and employee support.

3.0 CURRENT BENEFITS ENVIRONMENT

CHA currently maintains a comprehensive employee benefits program designed to support the health, financial wellness, and overall wellbeing of eligible employees and their dependents.

Current benefit offerings include medical, dental, vision, life insurance, disability coverage, flexible spending arrangements, health savings accounts, employee assistance resources, and related employee benefit programs. Current programs and vendors include, but are not limited to, the following:

Benefit/Service	Current Vendor
Medical Insurance	UnitedHealthcare
Employee Assistance Program	UnitedHealthcare
Dental Insurance	Guardian
Vision Insurance	Guardian
Life & AD&D Insurance	Guardian
Short-Term Disability	Guardian
Long-Term Disability	Guardian
Employee Assistance Program	Guardian
Health Savings Account (HSA) Administration	Lively
Flexible Spending Account (FSA) Administration	ASI Flex
COBRA Administration	ASI COBRA
Health Payment Account (HPA)	Paytient
Benefits Enrollment Platform	Employee Navigator
Payroll Platform	Paycor

CHA currently offers employees a choice between multiple medical plan options, including a PPO plan with Flexible Spending Account (FSA) option, as well as a High Deductible Health Plan (HDHP) with Health Savings Account (HSA) compatibility. Additional plan information, summaries of benefits, and related documentation may be included as appendices or supplemental materials to this RFP.

CHA currently provides access to two Employee Assistance Program (EAP) offerings. Employees enrolled in a UnitedHealthcare medical plan have access to EAP services through UnitedHealthcare, while all benefits-eligible employees have access to EAP services through Guardian. Accordingly, EAP services are listed under both vendors within this section.

The current benefits program serves approximately 66 benefit-eligible employees and approximately 125 covered lives, including enrolled dependents.

CHA seeks a brokerage partner capable of supporting both the strategic and operational aspects of benefits administration, including renewal planning, employee communications, vendor management, compliance support, enrollment assistance, and ongoing employee advocacy.

CHA is particularly interested in identifying a partner that demonstrates:

- Proactive communication practices
- Responsive service capabilities

- Strong employee support resources
- Strong vendor management capabilities
- Strategic planning expertise
- The ability to provide market insight and long-term benefits guidance

4.0 SCOPE OF REQUESTED BROKERAGE SERVICES

The Columbia Housing Authority (“CHA”) seeks a qualified employee benefits brokerage and consulting partner capable of providing comprehensive brokerage, consulting, employee support, and administrative services in support of CHA’s employee benefit programs.

The selected firm will be expected to provide both strategic guidance and responsive day-to-day service support throughout the plan year while serving as a collaborative partner to CHA leadership, Human Resources, payroll administration staff, and employees.

The scope of services outlined below is intended to establish the minimum expectations of the selected brokerage partner. Respondents are encouraged to identify additional value-added services, resources, or capabilities available to CHA.

4.1 Strategic Consulting Services

The selected broker shall provide strategic consulting services related to the planning, evaluation, and ongoing management of CHA’s employee benefits programs.

Services shall include, but not be limited to:

- Annual strategic planning and renewal review meetings with CHA leadership
- Evaluation of annual renewal options and alternative plan design strategies
- Market analysis and benchmarking against similarly sized employers and comparable benefit offerings
- Cost containment recommendations designed to maintain competitive and sustainable employee benefits
- Renewal forecasting and budgeting support to assist CHA with annual budget planning
- Evaluation of funding alternatives, including fully insured, level-funded, and other available funding arrangements as appropriate
- Carrier market analysis and negotiation support
- Pharmacy cost analysis, including specialty drug review, utilization trends, and formulary strategy recommendations
- Guidance regarding emerging market trends, legislative developments, and innovative benefit solutions relevant to public sector employers
- Recommendations intended to balance employee affordability, organizational sustainability, and benefit competitiveness

CHA anticipates conducting an annual strategic review process in advance of open enrollment planning and annual budget preparation. The selected broker shall be expected to provide sufficient analysis, recommendations, and renewal projections to support informed decision-making by CHA leadership.

4.2 Traditional Brokerage Services

The selected broker shall provide comprehensive brokerage and account management services necessary for the effective administration and ongoing support of CHA’s employee benefits programs.

Services shall include, but not be limited to:

- Annual renewal negotiation and carrier management services
- Preparation, review, and presentation of renewal options and recommendations
- Coordination with insurance carriers and benefit vendors regarding implementation, eligibility, enrollment, and ongoing administration
- Assistance with carrier issue resolution and escalation management
- Claims advocacy and employee support related to claim denials, billing concerns, eligibility disputes, and related matters
- Ongoing consultation and support to CHA Human Resources and payroll administration staff
- Coordination and oversight of open enrollment activities
- Assistance with plan implementation and transition management if carrier or vendor changes occur
- Timely communication regarding carrier requirements, renewal timelines, and administrative responsibilities
- Maintenance of a dedicated account management team familiar with CHA's benefit programs and organizational structure

CHA expects the selected broker to provide responsive and proactive service support throughout the plan year. Respondents should describe anticipated response time expectations, service standards, and account team structure within their proposal responses.

CHA anticipates a combination of remote support and limited onsite support throughout the year. At minimum, the selected broker should anticipate onsite participation in:

- An annual strategic planning and renewal review meeting
- A Board presentation related to annual benefit recommendations
- An employee open enrollment meeting and benefits presentation

4.3 Employee Service & Communication Support

CHA values employee-focused service and seeks a brokerage partner capable of supporting employee understanding, engagement, and access to benefit resources.

The selected broker shall provide employee communication and enrollment support services including, but not limited to:

- Open enrollment planning and employee communication support
- Preparation of employee benefit communication materials and enrollment guides
- Development of employee-friendly educational materials summarizing available benefit offerings
- Support for employee benefits presentations and enrollment meetings
- Assistance with employee questions regarding enrollment, eligibility, and benefit options
- Availability to assist employees with benefit-related concerns and escalation support when appropriate
- Assistance with claims advocacy and carrier communication for employees experiencing benefit issues
- Support for employees utilizing the online enrollment platform and related benefit administration tools
- Ongoing communication support as reasonably requested by CHA

CHA values communication materials that are clear, practical, and accessible to employees with varying levels of familiarity with employee benefits and enrollment systems.

The selected broker shall be expected to work collaboratively with CHA Human Resources staff while also remaining available to assist employees directly when necessary.

4.4 Compliance Support Services

The selected broker shall provide general compliance guidance and support related to employee benefits administration and applicable regulatory requirements.

Services shall include, but not be limited to:

- General Affordable Care Act (ACA) guidance and support
- COBRA administration coordination and support
- HIPAA-related benefits administration guidance
- Assistance with required employee notices and disclosures
- Section 125 and cafeteria plan support
- Medicare Part D notice support and related annual disclosure assistance
- General legislative and regulatory updates impacting employee benefits
- Assistance coordinating compliance-related information with carriers and third-party administrators as appropriate

CHA recognizes that certain compliance matters may require consultation with legal counsel or specialized advisors. Brokerage firms should describe the scope and limitations of their compliance support services within their proposal responses.

4.5 Data Analytics & Reporting Services

CHA seeks practical and actionable reporting support that assists leadership with renewal planning, budgeting, and strategic benefits decision-making.

The selected broker shall provide reporting and analytical services including, but not limited to:

- Annual claims analysis and renewal reporting
- Utilization trend analysis
- Pharmacy utilization and cost reporting
- Renewal forecasting and budget projection support
- Comparative analysis of renewal and plan design alternatives
- Benchmarking analysis against comparable employers and benefit offerings
- Executive-level summaries and presentations suitable for leadership and Board review
- Reporting and analysis reasonably requested by CHA during the annual renewal and planning process

CHA does not anticipate requiring extensive quarterly reporting or advanced actuarial analysis; however, respondents should describe available reporting capabilities and analytical resources available to support CHA as needed.

4.6 Technology & Administrative Support Services

The selected broker shall provide administrative and technology-related support services necessary for the effective administration of CHA's employee benefit programs.

Services shall include, but not be limited to:

- Support related to online enrollment systems and employee enrollment functionality

- Assistance with employee enrollment platform administration and troubleshooting
- Coordination with carriers and vendors regarding eligibility information and enrollment file management
- Support for implementation activities associated with carrier or vendor transitions
- Enrollment file testing and implementation coordination when applicable
- Assistance with onboarding and enrollment communication processes
- Support for carrier integrations and related administrative coordination as needed
- Availability of digital communication and enrollment support tools where appropriate

CHA currently utilizes **Employee Navigator** as its enrollment platform and **Paycor** as its payroll platform. Respondents should identify any relevant experience supporting these or similar systems and describe any available technology resources that may enhance the employee enrollment and administration experience.

CHA reserves the right to modify, expand, or reduce the scope of services described herein based upon organizational needs, negotiated agreements, or changing operational requirements.

5.0 BROKER QUALIFICATIONS & EXPERIENCE

The Columbia Housing Authority (“CHA”) seeks proposals from qualified employee benefits brokerage and consulting firms with demonstrated experience providing responsive service, strategic guidance, employee advocacy, and operational support for employee benefit programs.

Respondents should provide clear, concise, and complete responses to the information requested below. CHA encourages respondents to provide practical examples and detailed explanations demonstrating the firm’s ability to meet the service expectations outlined throughout this RFP.

CHA strongly values service quality, staffing continuity, employee support capabilities, and public-sector experience in evaluating proposals.

5.1 Firm Background & Organizational Overview

Provide a general overview of your firm and organizational structure.

Responses should include, at minimum:

1. Firm name, headquarters location, and office locations relevant to servicing the CHA account;
2. Year established and years providing employee benefits brokerage services;
3. Ownership structure and organizational background;
4. Description of the firm’s employee benefits practice and core service offerings;
5. Number of employees within the employee benefits division;
6. Description of the firm’s experience within the Missouri insurance and employee benefits marketplace.

CHA strongly prefers firms with demonstrated familiarity with Missouri insurance markets, carriers, and regulatory environments.

5.2 Relevant Experience & Client Base

Describe the firm’s experience providing employee benefits brokerage and consulting services to organizations comparable to CHA.

Responses should include:

1. Description of experience serving employers of similar size and complexity;
2. Description of experience supporting public-sector or governmental employers;
3. Description of experience supporting nonprofit, housing authority, or affordable housing organizations, if applicable;
4. Average client tenure for employee benefits clients;
5. Client retention statistics for the past five (5) years;
6. Description of the firm's approach to maintaining long-term client relationships and service continuity;
7. Examples of employee advocacy, claims escalation support, or service issue resolution provided for clients.

CHA values firms capable of establishing long-term, collaborative relationships supported by responsive service and consistent account management.

5.3 Account Management & Staffing Structure

CHA places significant importance on staffing continuity, responsiveness, and quality of account management support.

Respondents shall provide detailed information regarding the proposed account team structure, including:

1. Identification of all proposed account team members who would support CHA;
2. Titles, roles, responsibilities, and years of experience for each proposed team member;
3. Identification of the primary day-to-day contact for CHA;
4. Description of the escalation process for service issues or claims concerns;
5. Description of backup coverage procedures during staff absences or transitions;
6. Description of the firm's staffing continuity practices;
7. Description of employee advocacy and claims assistance resources available to clients and employees;
8. Description of anticipated response time expectations and service standards;
9. Disclosure of whether servicing responsibilities are handled locally, regionally, nationally, or through outsourced resources.

Respondents shall also disclose:

- Anticipated staffing changes relevant to the proposed account team, if known
- Use of subcontractors, offshore support resources, outsourced call centers, or third-party support services related to account servicing or employee support

CHA expects respondents to provide a dedicated account team familiar with CHA's operations and employee benefits programs.

5.4 Carrier & Vendor Relationships

Provide information regarding the firm's relationships and experience with insurance carriers and benefit vendors relevant to CHA's employee benefits program.

Responses should include:

1. Description of carrier appointments and market access capabilities;
2. Experience working with CHA's current carriers and vendors, including but not limited to:
 - UnitedHealthcare
 - Guardian
 - Lively
 - Paytient
 - ASI Flex
 - ASI Cobra
 - Employee Navigator
 - Paycor
3. Description of the firm's carrier negotiation approach and renewal management process;
4. Description of vendor management and coordination capabilities;
5. Description of the firm's process for evaluating alternative carriers, vendors, and plan structures when appropriate.

5.5 Service Model & Communication Approach

Describe the firm's overall service philosophy and communication approach.

Responses should include:

1. Description of the firm's client service model;
2. Description of communication practices and client responsiveness expectations;
3. Description of the annual renewal planning process;
4. Description of onsite support capabilities and availability;
5. Description of open enrollment support services;
6. Description of employee communication and education support;
7. Description of claims advocacy and employee escalation support processes;
8. Description of how the firm works collaboratively with Human Resources and payroll administration staff;
9. Description of how the firm balances strategic consulting with day-to-day operational support.

CHA values a service-oriented brokerage relationship emphasizing accessibility, practical support, employee advocacy, and proactive communication.

5.6 Technology & Reporting Capabilities

Describe the firm's technology resources, reporting capabilities, and administrative support tools relevant to CHA's employee benefits programs.

Responses should include:

1. Experience supporting Employee Navigator or similar enrollment platforms;
2. Description of available enrollment support and troubleshooting resources;
3. Description of reporting and analytics capabilities;
4. Description of claims analysis, renewal forecasting, and benchmarking resources;
5. Description of implementation support capabilities for carrier or vendor transitions;
6. Description of available digital communication or enrollment support tools;
7. General overview of cybersecurity and data protection practices relevant to employee benefits administration.

CHA values practical, reliable technology support and reporting capabilities that assist with benefits administration, renewal planning, and employee communication.

5.7 Compliance & Professional Qualifications

Provide information regarding the firm's professional qualifications and compliance-related resources.

Responses should include:

1. Confirmation that the firm and applicable staff are properly licensed to provide services in the State of Missouri;
2. Disclosure of any regulatory actions, disciplinary actions, or litigation relevant to employee benefits brokerage services within the past five (5) years;
3. Description of available compliance support resources;
4. Description of professional certifications or specialized qualifications held by proposed account team members;
5. Confirmation of current Errors & Omissions (E&O) insurance coverage.

CHA reserves the right to request supporting documentation related to licensing, insurance coverage, and regulatory standing.

5.8 Transition & Implementation Experience

Describe the firm's experience managing implementation activities and client transitions.

Responses should include:

1. Description of the firm's implementation and onboarding process;
2. Description of project management resources available during transitions;

3. Experience transitioning public-sector or similarly sized employers;
4. Description of communication practices during implementation periods;
5. Description of enrollment support and employee communication strategies during transitions;
6. Description of coordination processes involving carriers, enrollment platforms, payroll systems, and related vendors.

CHA seeks a brokerage partner capable of supporting smooth and organized implementations while minimizing disruption to employees and internal operations.

5.9 References

Respondents shall provide a minimum of three (3) professional references for clients receiving employee benefits brokerage or consulting services from the firm.

References should include:

- Organization name
- Organization location
- Contact name and title
- Phone number and email address
- Approximate number of employees covered
- Length of client relationship
- Indication whether the client is public-sector/governmental, nonprofit, Missouri based, and/or similar in size to CHA

CHA strongly prefers references that collectively demonstrate experience serving:

- Public-sector or governmental organizations
- Missouri-based employers
- Organizations similar in size and complexity to CHA

6.0 PROPOSAL RESPONSE REQUIREMENTS & QUESTIONNAIRE

The Columbia Housing Authority (“CHA”) requests that respondents provide complete, organized, and concise proposals addressing the requirements outlined in this Request for Proposal (“RFP”).

The purpose of this section is to establish a consistent proposal structure that:

- Facilitates fair and efficient proposal evaluation
- Improves comparability between submissions
- Ensures respondents address the operational, service, and strategic priorities identified by CHA

Respondents are encouraged to provide practical, focused responses directly related to the services requested within this RFP.

6.1 Proposal Format & Submission Organization

Respondents shall organize proposals in the same order as presented within this RFP and clearly identify each section and corresponding response.

Proposals should include responses and supporting information corresponding to all sections of this RFP, including but not limited to:

1. Cover Letter
2. Firm Background & Organizational Overview
3. Relevant Experience & Qualifications
4. Account Management & Staffing Structure
5. Service Model & Brokerage Capabilities
6. Responses to Questionnaire Items
7. Compensation & Fee Disclosure Information (See Section 7)
8. Required Attachments & Exhibits
9. Exceptions, Assumptions, or Deviations
10. References

CHA encourages concise and focused responses. Excessively lengthy or overly marketing-oriented submissions are discouraged.

Marketing materials should be limited to information directly relevant to the services requested within this RFP.

Respondents may include supplemental materials as appendices; however, CHA reserves the right to prioritize evaluation of information specifically requested within the proposal response requirements.

Respondents should clearly identify any materials considered proprietary or confidential.

6.2 General Proposal Requirements

Respondents shall provide complete and accurate information and disclose any material assumptions, exclusions, deviations, or exceptions related to the requested services or requirements contained within this RFP.

CHA reserves the right to request clarification, supplemental information, or additional supporting documentation from any respondent during the evaluation process.

Respondents shall disclose the use of any subcontractors, outsourced support services, offshore resources, third-party call centers, or third-party enrollment support services that may be utilized in servicing the CHA account.

CHA may, at its discretion, invite selected respondents to participate in finalist interviews, presentations, demonstrations, or follow-up discussions. Finalists may be requested to:

- Introduce proposed account team members
- Demonstrate reporting or technology capabilities
- Discuss implementation strategies
- Explain service models
- Respond to follow-up questions related to the proposal

6.3 Required Attachments & Supporting Materials

Respondents shall include the following supporting materials with their proposal submissions:

- Organizational chart and proposed account team structure
- Resumes or biographies for key account team members
- Sample renewal or strategic planning report
- Sample employee-facing communication or enrollment guide
- Sample implementation or transition timeline
- Any additional materials directly relevant to the services requested within this RFP

CHA reserves the right to request additional supporting documentation during the evaluation process.

6.4 Detailed Questionnaire & Required Responses

Respondents shall provide detailed responses to the following questions and discussion items.

Responses should be clear, concise, and specifically tailored to the needs and priorities identified by CHA throughout this RFP.

6.4.1 Strategic Services

1. Describe your firm's overall approach to strategic employee benefits consulting.
2. Describe your annual renewal strategy and planning process.
3. Describe how your firm evaluates alternative plan designs and funding arrangements.
4. Describe your benchmarking capabilities and experience comparing clients against similarly sized organizations or public-sector employers.
5. Provide examples of cost containment recommendations your firm has implemented for clients.
6. Describe your approach to pharmacy analysis, specialty drug review, and pharmacy cost management strategies.

6.4.2 Employee Advocacy & Claims Support

1. Describe your employee advocacy model and approach to employee support.
2. Describe your process for handling employee claims issues and escalation support.
3. Provide examples of how your firm has assisted clients with complex claims or employee service concerns.
4. Describe how employees access support resources and account representatives.
5. Describe a challenging client or employee issue and explain how your firm resolved it.

6.4.3 Renewal Management & Carrier Relations

1. Describe your process for managing annual renewals and carrier negotiations.
2. Describe how your firm communicates renewal recommendations and strategic options to clients.
3. Describe your experience negotiating with insurance carriers on behalf of clients.
4. Describe how your firm approaches marketplace evaluations and alternative carrier reviews.

5. Describe your approach to balancing cost management with employee benefit quality and stability.

6.4.4 Communication & Enrollment Support

1. Describe your approach to employee communication and education.
2. Describe your open enrollment support process.
3. Describe the onsite and remote enrollment support services available to clients.
4. Describe the types of employee communication materials your firm provides.
5. Describe your experience supporting employees with varying levels of benefits familiarity and technology proficiency.

6.4.5 Staffing & Service Model

1. Describe your proposed service model for the CHA account.
2. Identify the proposed account team members and describe their respective roles and responsibilities.
3. Describe your firm's staffing continuity practices and approach to account transitions.
4. Describe your backup coverage procedures during staff absences or staffing changes.
5. Describe expected response time standards for client and employee inquiries.
6. Describe how your firm ensures consistent service quality across account teams.

6.4.6 Public Sector & Relevant Experience

1. Describe your experience serving public-sector employers.
2. Describe your experience serving Missouri-based employers.
3. Describe your experience serving housing authorities, nonprofit organizations, or affordable housing organizations, if applicable.
4. Describe how your experience supporting governmental or nonprofit employers influences your service approach.

6.4.7 Technology & Administrative Support

1. Describe your experience supporting Employee Navigator or similar enrollment platforms.
2. Describe your technology support capabilities related to enrollment administration and employee support.
3. Describe your reporting and analytics capabilities.
4. Describe your implementation support capabilities for carrier or vendor transitions.
5. Describe any digital tools or enrollment support resources available to employees and administrators.
6. Describe your firm's current and anticipated use of artificial intelligence (AI), automation, or digital technologies in support of brokerage services, employee engagement, communication, analytics, and administrative support. Include examples of current applications and any safeguards related to data privacy, quality assurance, and human oversight.

6.4.8 Implementation & Transition Support

1. Describe your implementation and onboarding process for new clients.
2. Describe your project management approach during transitions.
3. Describe your communication process during implementation periods.
4. Describe how your firm coordinates with carriers, enrollment vendors, payroll systems, and related vendors during implementation.
5. Provide a sample implementation timeline or transition work plan.

6.4.9 Cost Management & Financial Transparency

1. Describe your approach to helping clients manage long-term benefits costs.
2. Describe your approach to balancing employee affordability with organizational sustainability.
3. Describe your process for identifying cost-saving opportunities.
4. Describe how compensation, commissions, fees, or incentives may impact your recommendations or carrier relationships.

6.4.10 Compliance Support

1. Describe your firm's compliance support capabilities related to employee benefits administration.
2. Describe how your firm communicates legislative or regulatory updates to clients.
3. Describe the compliance resources available to your clients.
4. Describe the limitations of your compliance support services, if any.

6.5 Exceptions, Assumptions & Deviations

Respondents shall clearly identify any: assumptions, exclusions, deviations, exceptions, or limitations related to the services, requirements, or expectations outlined within this RFP.

Failure to disclose material exceptions or limitations may be considered during the evaluation process.

7.0 COMPENSATION & FEE DISCLOSURE

The Columbia Housing Authority ("CHA") values transparency, accountability, and clear communication regarding broker compensation structures and financial relationships that may relate to employee benefits consulting, brokerage services, carrier recommendations, or vendor arrangements.

The purpose of this section is to provide CHA with a reasonable understanding of how respondents are compensated for services related to the CHA account and to ensure transparency regarding potential financial relationships or incentive arrangements that may influence recommendations or service delivery.

CHA recognizes that compensation structures may vary among brokerage firms and does not require a specific compensation model. However, respondents are expected to provide clear and complete disclosure regarding all material compensation arrangements relevant to the services proposed within this RFP.

7.1 Compensation Disclosure Requirements

Respondents shall disclose and describe all compensation arrangements, financial relationships, and incentive structures that may apply to services provided to CHA, including but not limited to:

- Carrier-paid commissions
- Consulting fees
- Flat-fee or fee-based service arrangements
- Indirect compensation arrangements
- Performance-based compensation
- Contingent compensation
- Carrier incentives or bonuses
- Vendor compensation arrangements
- Technology platform compensation
- Pharmacy benefit management (PBM) or vendor incentive arrangements
- Carrier overrides or volume-based incentives
- Compensation associated with enrollment, communication, wellness, navigation, or related vendor partnerships

Disclosure should include sufficient detail to allow CHA to reasonably understand:

- The general nature of the compensation arrangement
- The parties involved
- How compensation is calculated or structured
- Whether such arrangements may apply to the CHA account

Respondents are not required to disclose proprietary financial information or confidential carrier agreements beyond what is reasonably necessary to satisfy the disclosure expectations outlined within this section.

7.2 Required Compensation & Transparency Responses

Respondents shall provide responses to the following questions and disclosure items.

7.2.1 Compensation Structure

1. Describe the compensation model your firm proposes for servicing the CHA account.
2. Describe whether compensation is primarily commission-based, fee-based, hybrid, or another structure.
3. Describe any available fee-based service options offered by your firm.
4. Describe how compensation amounts are determined for the services proposed within this RFP.

7.2.2 Carrier Compensation & Incentives

1. Describe any commission arrangements associated with medical, dental, vision, life, disability, voluntary, or related benefit products.
2. Describe any contingent compensation, bonus structures, profitability incentives, retention incentives, or production-based incentives your firm may receive from carriers or vendors.
3. Describe any carrier override arrangements, premium volume incentives, or market-share-based compensation programs applicable to your firm.

4. Describe how your firm manages potential conflicts of interest related to carrier compensation arrangements.

7.2.3 Vendor & Third-Party Compensation

1. Disclose whether your firm receives compensation, referral fees, incentives, or other financial consideration from:
 - enrollment platform vendors;
 - pharmacy benefit managers (PBMs);
 - wellness vendors;
 - navigation vendors;
 - communication vendors;
 - HSA/FSA vendors;
 - COBRA administrators; or
 - other third-party benefit service providers.
2. Describe the general nature of any such compensation arrangements.
3. Describe whether vendor compensation arrangements may influence recommendations provided to clients.

7.2.4 Transparency & Client Communication

1. Describe your firm's philosophy regarding compensation transparency and disclosure.
2. Describe how compensation-related information is communicated to clients during the relationship.
3. Describe any policies, procedures, or governance practices your firm maintains to address potential conflicts of interest.

7.2.5 Compensation Changes & Ongoing Disclosure

1. Describe how your firm communicates material changes to compensation arrangements during the course of a client relationship.
2. Describe whether your firm provides updated compensation disclosures upon request or during renewal periods.

7.3 Additional Information

CHA reserves the right to request additional clarification or supporting information related to compensation disclosures, incentive arrangements, or financial relationships identified within proposal responses.

Failure to disclose material compensation arrangements or financial relationships relevant to the services proposed may be considered during the evaluation process.

8.0 IMPLEMENTATION & TRANSITION EXPECTATIONS

The Columbia Housing Authority ("CHA") seeks a brokerage partner capable of providing organized, responsive, and collaborative implementation and transition support services designed to minimize disruption to employees, internal operations, carriers, and benefit administration processes.

The selected broker shall be expected to provide implementation planning, transition coordination, enrollment support, communication assistance, and vendor coordination services necessary to support successful annual renewals, open enrollment activities, and any future carrier or vendor transitions.

CHA values practical project management, proactive communication, and clearly defined timelines throughout all implementation and transition activities.

8.1 General Implementation Expectations

The selected broker shall provide implementation and transition support services including, but not limited to:

- Implementation planning and coordination
- Carrier and vendor transition management
- Enrollment planning and coordination
- Employee communication support
- Payroll and enrollment integration coordination
- Eligibility and enrollment file coordination
- Implementation timeline development and management
- Coordination with carriers, vendors, enrollment platforms, and payroll systems
- Ongoing communication with CHA leadership and Human Resources staff throughout implementation activities

The selected broker shall serve as a primary coordination resource during implementation and transition activities and shall work collaboratively with CHA staff to ensure timely completion of required tasks and deliverables.

8.2 Transition & Carrier Change Support

If carrier, vendor, or brokerage changes occur, the selected broker shall provide comprehensive transition support designed to ensure continuity of benefits administration and minimize disruption to employees.

Transition support services shall include, but not be limited to:

- Development of a detailed implementation and transition timeline
- Coordination of implementation meetings and planning session
- Carrier onboarding and transition coordination
- Enrollment platform coordination and support
- Payroll deduction and eligibility coordination support
- Enrollment file testing and validation support
- Coordination of employee communications related to benefit or carrier changes
- Oversight of implementation deliverables and deadlines
- Coordination with third-party administrators and benefit vendors
- Support related to open enrollment scheduling and implementation activities

Respondents should describe their experience managing carrier transitions and implementation activities for public-sector or similarly sized organizations.

8.3 Annual Renewal & Open Enrollment Expectations

CHA anticipates conducting annual renewal planning and open enrollment activities according to a structured annual schedule.

The selected broker shall be expected to support the following general annual timeline expectations:

- Annual strategic review and renewal planning discussions occurring in advance of annual budget preparation and open enrollment planning, typically during late September to Early October
- Presentation of renewal recommendations and benefit strategy options to CHA leadership
- Attendance at and participation in a Board presentation regarding annual benefit recommendations, typically occurring during October
- Coordination and support for annual open enrollment activities, typically occurring during early to mid-November
- Employee open enrollment meetings and benefits presentations
- Preparation and distribution of employee communication and enrollment materials

The selected broker shall provide sufficient planning support, communication, and coordination to assist CHA in maintaining a timely and organized annual renewal and enrollment process.

8.4 Employee Communication & Enrollment Support

The selected broker shall provide employee communication and enrollment support services during implementation and open enrollment periods including, but not limited to:

- Preparation of employee enrollment guides and communication materials
- Support for employee benefits presentations and informational meetings
- Assistance with employee enrollment questions and enrollment platform navigation
- Availability to assist employees experiencing enrollment or benefit-related issues
- Support for both onsite and remote enrollment assistance activities as reasonably requested by CHA

CHA values communication materials that are clear, practical, and employee-friendly.

The selected broker should demonstrate the ability to communicate effectively with employees possessing varying levels of familiarity with benefits administration systems and enrollment technology.

8.5 Onsite Meeting Expectations

CHA anticipates a combination of remote and onsite support throughout the plan year.

At minimum, the selected broker should anticipate participation in the following onsite meetings and activities annually:

1. An annual strategic review and renewal planning meeting with CHA leadership.
2. A Board presentation related to annual benefit recommendations and renewal planning.
3. An employee open enrollment meeting and benefits presentation.

Additional onsite meetings may be requested periodically as reasonably necessary based upon operational needs, implementation activities, or significant benefit changes.

8.6 Communication & Project Management Expectations

CHA expects the selected broker to maintain clear, proactive, and timely communication throughout implementation and transition activities.

Respondents should describe:

- Their implementation project management approach
- Primary implementation contacts
- Communication practices during implementation periods
- Methods used to track implementation timelines and deliverables
- Escalation procedures for implementation issues or delays
- Coordination practices involving carriers, enrollment vendors, payroll systems, and third-party administrators

CHA values implementation processes that are organized, collaborative, and minimally disruptive to employees and internal operations.

8.7 Implementation Deliverables

Respondents should be prepared to provide implementation-related materials and support resources including, where applicable:

- Implementation timelines or work plans
- Enrollment communication materials
- Onboarding schedules
- Carrier implementation checklists
- Enrollment testing coordination
- Employee presentation materials
- Other implementation documentation reasonably necessary to support successful enrollment and transition activities

CHA reserves the right to request additional implementation planning information during the evaluation or negotiation process.

9.0 PROPOSAL SUBMISSION INSTRUCTIONS

The Columbia Housing Authority (“CHA”) is issuing this Request for Proposal (“RFP”) to solicit proposals from qualified employee benefits brokerage and consulting firms capable of providing comprehensive employee benefits brokerage, consulting, and support services.

This section outlines the procurement process, submission requirements, timeline expectations, and administrative procedures applicable to this RFP.

CHA reserves the right to modify the procurement schedule or process as necessary to support organizational needs, evaluation requirements, or Board review timelines.

9.1 Procurement Schedule & Timeline

The following timeline is intended to provide respondents with general expectations regarding the anticipated procurement schedule. CHA reserves the right to modify these dates as necessary through written addenda.

Schedule of Events:

Procurement Activity	Date
RFP Issued	June 7, 2026
RFP Meeting	June 18, 2026 @ 10:00 AM
Letter of Intent/Written Questions Due	June 21, 2026 @ 11:59 PM
Responses/Addenda Issued	June 24, 2026
Proposal Submission Deadline	July 7, 2026 @ 10:00 AM CT
Proposal Receipt and Opening (Administrative Review)	July 7, 2026 @ 10:05 AM CT
Proposal Review Period	July 7 - July 10, 2026
Finalist Interviews & Presentations	July 13 - 16, 2026
CHA Staff Recommendations Finalized	July 20, 2026
CHA Board of Commissioners Review/Authorization to Negotiate	July 23 - July 28, 2026
Contract Negotiations	July 29 - August 6, 2026
Final Contract Approval by CHA Board of Commissioners	August 7 – August 15, 2026
Contract Award Announcement (On or Before)	August 18, 2026
Implementation Planning Begins (On or Before)	August 19, 2026
Anticipated Effective Date	January 1, 2027

CHA reserves the right to modify the procurement timeline or scheduling requirements at its discretion through written addenda.

9.2 Letter of Intent to Participate

Firms intending to submit a proposal are strongly encouraged to submit a brief Letter of Intent to Participate as soon as practical following issuance of this RFP.

The Letter of Intent should include:

- Confirmation of the firm’s interest in participating in the RFP process
- The name, title, role, phone number, and email address for all individuals who should receive RFP updates, clarifications, or addenda
- Acknowledgment of the deadline for submitting questions
- Acknowledgment of the proposal submission deadline

Submission of a Letter of Intent is intended to assist CHA in distributing updates and addenda fairly and efficiently throughout the procurement process. Submission of a Letter of Intent is not a precondition to submitting a proposal. CHA will post all addenda at www.columbiaha.com and will also email them to firms that have registered by Letter of Intent; however, all respondents remain responsible for monitoring the CHA website to confirm receipt of every addendum, whether or not a Letter of Intent has been submitted.

Letters of Intent may be submitted via mail or email to:

Nathan Hoemann
HR Manager
Columbia Housing Authority
201 Switzler Street
Columbia, MO 65203
Email: nhoemann@columbiaha.com

9.3 Questions & Requests for Clarification

Respondents may submit questions or requests for clarification related to this RFP in writing via email to the contact identified below.

Nathan Hoemann
HR Manager
Columbia Housing Authority
Email: nhoemann@columbiaha.com

All official questions must be submitted by the deadline identified within the procurement schedule.

CHA may conduct an optional question and discussion meeting during the procurement process. Participation in any discussion meeting does not eliminate the requirement that official questions be submitted in writing.

Responses to material questions, clarifications, interpretations, or modifications related to this RFP may be issued through written addenda distributed to participating firms.

CHA reserves the right to decline to respond to questions received after the stated deadline.

9.4 Proposal Submission Requirements

To be eligible for consideration, respondents shall submit:

- One (1) original proposal clearly identified as containing original signatures; and
- Two (2) copies identical to the original proposal.

Respondents shall also provide an electronic PDF copy of the proposal submission on an electronic storage device (e.g. USB flash drive) sealed within the proposal package. To preserve the integrity of the sealed proposal process, electronic copies shall not be transmitted by email or file-transfer link prior to the submission deadline.

All proposals shall be sealed and delivered no later than the proposal submission deadline identified within this RFP.

Late submissions may be rejected and returned unopened.

9.5 Proposal Delivery Instructions

Proposal submissions shall be delivered to:

Columbia Housing Authority
Attn: Nathan Hoemann, HR Manager
201 Switzler Street
Columbia, MO 65203

Proposals shall clearly identify the respondent's name and indicate that the submission relates to the Employee Benefits Brokerage Services RFP.

CHA assumes no responsibility for delays in delivery or proposal submission resulting from mail service interruptions, courier issues, or electronic transmission problems.

9.6 Proposal Validity Period

All proposals submitted in response to this RFP shall remain valid for a minimum period of ninety (90) days following the proposal submission deadline unless otherwise extended by mutual agreement between CHA and the respondent.

9.7 Finalist Interviews & Presentations

CHA reserves the right to invite selected respondents to participate in finalist interviews, presentations, demonstrations, or follow-up discussions as part of the evaluation process.

Finalist presentations may include:

- Introduction of proposed account team members
- Discussion of service models and staffing structures
- Demonstration of reporting or administrative capabilities
- Discussion of implementation and transition strategies
- Review of employee advocacy and claims support processes
- Discussion of strategic consulting capabilities
- Responses to follow-up questions from CHA leadership and evaluation participants

CHA may also conduct reference checks, request supplemental information, or seek clarification regarding proposal responses during the evaluation process.

Participation in finalist interviews or presentations does not guarantee contract award or selection.

9.8 Proposal Withdrawal & Modification

A respondent may withdraw or modify a submitted proposal at any time prior to the proposal submission deadline through written notice submitted by an authorized representative of the respondent.

Following the submission deadline, proposals may not be modified except upon request by CHA for purposes of clarification or correction of administrative errors.

9.9 Costs of Proposal Preparation

All costs associated with preparation, submission, interviews, presentations, demonstrations, travel, negotiations, or other activities related to this RFP shall be the sole responsibility of the respondent.

Issuance of this RFP does not obligate CHA to award a contract, reimburse proposal costs, or pay any expenses incurred in connection with the preparation or submission of proposals.

9.10 Addenda & Modifications

CHA reserves the right to modify, clarify, revise, or amend this RFP at any time through written addenda. Addenda issued by CHA shall become part of the RFP and shall be binding upon respondents. Respondents are responsible for ensuring they have received and reviewed all addenda issued related to this RFP.

9.11 Reservation of Rights

CHA reserves the right to:

- Reject any or all proposals
- Waive informalities or irregularities in proposals received
- Request clarification or additional information from respondents
- Negotiate with one or more respondents
- Cancel or modify the RFP process at any time
- Accept any proposal deemed to be in the best interest of CHA
- Conduct investigations as necessary to evaluate respondent qualifications and proposal responses
- Contact references and current or former clients

Nothing contained within this RFP shall create any contractual obligation between CHA and any respondent unless and until a formal written agreement has been executed and approved by all necessary parties, including formal approval by the CHA Board of Commissioners.

9.12 Protests

Any actual or prospective respondent may protest the terms of this solicitation or the award of a contract under this RFP, consistent with CHA's Procurement Policy (Appeals and Remedies – Formal Appeals Procedure).

A Protest against the terms of this solicitation must be received in writing before the proposal due date and time. A protest against an award must be received in writing within ten (10) calendar days after the date the protesting party is notified of the contract award. Protests received after these deadlines will not be considered.

All protests shall be in writing and submitted to the Contracting Officer (or designee) at the address identified in § 9.5, who will issue a written decision on the matter. The Contracting Officer may, in his or her discretion, suspend the procurement pending resolution of a protest if the facts so warrant. Consistent with CHA policy, CHA will seek to resolve protests informally and without litigation where possible.

10.0 EVALUATION CRITERIA & SELECTION PROCESS

The Columbia Housing Authority ("CHA") intends to conduct a fair, transparent, and comprehensive evaluation process designed to identify the respondent best qualified to provide employee benefits brokerage and consulting services aligned with CHA's operational needs, employee support priorities, and long-term organizational objectives.

Proposal evaluations will consider both qualitative and quantitative factors, including service capabilities, responsiveness, communication approach, employee advocacy resources, public-sector experience, strategic consulting capabilities, and overall organizational fit.

CHA reserves the right to evaluate proposals using the criteria and process described below while maintaining flexibility to consider the overall best interests of the organization.

10.1 Evaluation Methodology

Proposals submitted in response to this RFP will be evaluated by an internal evaluation committee designated by CHA.

The evaluation process may include:

- Review of written proposal submissions
- Evaluation of required questionnaire responses
- Assessment of qualifications and experience
- Review of references
- Interviews or presentations with selected finalists
- Clarification requests
- Other evaluation activities deemed appropriate by CHA

CHA may consider:

- Responsiveness to the RFP requirements
- Overall quality and completeness of the proposal
- Demonstrated understanding of CHA's operational needs
- Communication style and responsiveness
- Staffing continuity and account management approach
- Employee advocacy capabilities
- Organizational fit and compatibility
- Respondent's ability to provide reliable, long-term support

CHA reserves the right to request additional information, clarification, revised proposals, or best and final offers ("BAFOs") if deemed necessary during the evaluation process.

Lowest cost proposals will not necessarily receive award consideration or selection.

10.2 Evaluation Criteria & Scoring

Proposals will be evaluated based on the criteria listed below. The evaluation committee may assign scores ranging from 1 to 5 for each criterion, with higher scores indicating a stronger demonstrated ability to meet CHA's needs and objectives.

Evaluation Category	Scoring
Service Model & Account Team	1 - 5
Brokerage & Strategic Capabilities	1 - 5
Employee Advocacy & Communication	1 - 5
Finalist Interview & Presentation	1 - 5

Evaluation Category	Scoring
Public Sector Experience	1 - 5
Compensation Transparency & Cost Structure	1 - 5
Technology & Reporting Capabilities	1 - 5
Compliance Support	1 - 5
Total 40	

10.2.1 Service Model & Account Team

Evaluation may include consideration of:

- Proposed account team structure
- Staffing continuity practices
- Responsiveness expectations
- Claims support capabilities
- Employee support resources
- Service philosophy
- Backup coverage procedures
- Overall operational support approach

10.2.2 Brokerage & Strategic Capabilities

Evaluation may include consideration of:

- Renewal strategy capabilities
- Market analysis and benchmarking
- Cost containment recommendations
- Carrier negotiation experience
- Strategic consulting approach
- Pharmacy analysis capabilities
- Long-term planning support

10.2.3 Employee Advocacy & Communication

Evaluation may include consideration of:

- Employee advocacy resources
- Claims escalation support
- Employee communication approach
- Open enrollment support
- Communication materials
- Employee accessibility
- Demonstrated commitment to employee service

10.2.4 Finalist Interview & Presentation

Finalist interviews and presentations may include evaluation of:

- Communication effectiveness
- Professionalism
- Responsiveness
- Proposed account team interaction
- Organizational fit
- Service approach
- Ability to respond effectively to questions and discussion topics

10.2.5 Public Sector Experience

Evaluation may include consideration of:

- Experience serving public-sector employers
- Missouri market familiarity
- Experience serving nonprofit or governmental organizations
- Housing authority or affordable housing experience, if applicable
- Overall relevance of client experience

10.2.6 Compensation Transparency & Cost Structure

Evaluation may include consideration of:

- Clarity of compensation disclosures
- Transparency regarding commissions and incentives
- Overall cost structure
- Conflict management practices
- Reasonableness of proposed compensation arrangements

10.2.7 Technology & Reporting Capabilities

Evaluation may include consideration of:

- Enrollment platform support capabilities
- Reporting and analytics resources
- Implementation support tools
- Administrative support resources
- Practical technology solutions supporting CHA operations and employees

10.2.8 Compliance Support

Evaluation may include consideration of:

- Compliance support resources
- Legislative update practices
- Benefits administration guidance capabilities
- Overall understanding of employee benefits compliance requirements

10.3 Negotiation Process

Following completion of the evaluation process, CHA may enter into negotiations with one or more respondents regarding:

- Scope of services
- Staffing arrangements
- Compensation structures
- Implementation expectations
- Contract terms
- Related service considerations

CHA reserves the right to:

- Request revised proposals
- Request best and final offers
- Discontinue negotiations with any respondent
- Negotiate with alternate respondents if necessary

The evaluation criteria and scoring matrix described herein are intended as general evaluation guidelines. CHA reserves the right to consider qualitative factors, references, interviews, organizational fit, responsiveness, and overall compatibility during the evaluation process.

11.0 TERMS, CONDITIONS & RESERVATIONS

The Columbia Housing Authority (“CHA”) reserves the right to administer this Request for Proposal (“RFP”) process in a manner determined to be in the best interests of the organization and consistent with applicable procurement requirements and organizational objectives.

Submission of a proposal in response to this RFP constitutes acknowledgment and acceptance of the terms, conditions, and reservations outlined herein.

11.1 Right to Reject Proposals

CHA reserves the right to:

- Reject any or all proposals
- Waive informalities, irregularities, or technical deficiencies
- Request clarification or additional information from respondents
- Cancel, revise, suspend, or reissue this RFP
- Revise evaluation procedures or timelines
- Conduct investigations regarding respondent qualifications
- Accept any proposal deemed to be in the best interests of CHA

CHA shall not be obligated to select the lowest cost proposal or any proposal submitted in response to this RFP.

11.2 No Obligation to Award

Issuance of this RFP does not obligate CHA to:

- Award a contract
- Enter into negotiations

- Reimburse any respondent for proposal preparation costs
- Procure any services described herein

Any contract award resulting from this RFP shall be subject to final approval by all necessary parties, including formal approval by the CHA Board of Commissioners.

11.3 Contract Negotiation Rights

CHA reserves the right to negotiate:

- Scope of services
- Compensation arrangements
- Implementation timelines
- Staffing structures
- Contract terms
- Related service provisions

with one or more respondents following completion of the evaluation process.

CHA also reserves the right to request revised proposals, clarifications, or best and final offers if deemed necessary during negotiations or evaluation activities.

11.4 Contract Term & Renewal Options

CHA anticipates entering into an agreement with the selected respondent for an initial term of three (3) years.

Following the initial contract term, CHA may, at its discretion and subject to mutual agreement and any required approvals, elect to renew the agreement for up to two (2) additional one-year renewal periods.

CHA reserves the right to review service performance, compensation arrangements, and overall contractual terms prior to exercising any renewal option.

11.5 Proposal Accuracy & Responsibility

Respondents are responsible for ensuring the accuracy and completeness of all information submitted in response to this RFP.

CHA reserves the right to rely upon representations, statements, and information provided within proposal submissions during the evaluation and negotiation process.

If inaccuracies, omissions, or misrepresentations are identified, CHA reserves the right to:

- reject the proposal
- discontinue negotiations
- or terminate further consideration of the respondent

11.6 Confidentiality & Public Records

Respondents should clearly identify any materials considered proprietary or confidential.

CHA will make reasonable efforts to protect properly identified confidential information to the extent permitted by applicable law.

Respondents should be aware that proposal materials submitted to CHA may be subject to public records requests, disclosure requirements, or other applicable governmental transparency obligations.

CHA does not guarantee confidentiality of submitted materials except as required by law.

11.7 Insurance & Professional Requirements

Prior to commencement of services, the selected respondent shall provide evidence of insurance coverage, professional qualifications, and related documentation to CHA.

Required coverage and documentation shall include, but is not limited to, the following:

- Professional Liability / Errors & Omissions Insurance: minimum limits of \$2,000,000 per claim and \$2,000,000 aggregate
- Commercial General Liability Insurance: minimum limits of \$1,000,000 per occurrence and \$2,000,000 aggregate
- Workers' Compensation Insurance: statutory limits as required by the State of Missouri
- Employer's Liability Insurance: minimum limits of \$1,000,000
- Cyber Liability / Data Security Liability Insurance: minimum limits of \$2,000,000, particularly if the respondent will access, store, transmit, or manage personally identifiable information ("PII"), protected health information ("PHI"), payroll data, enrollment information, or other confidential employee information.

The selected respondent may also be required to provide:

- Evidence of applicable professional licenses or certifications
- Proof of good standing within the State of Missouri
- A sworn Affidavit of Work Authorization, together with documentation affirming enrollment and participation in a federal work authorization program (E-Verify), as required by § 285.530.2 RSMo as a condition for the award of any contract exceeding \$5,000 by a political subdivision of the State of Missouri
- Certificates of insurance acceptable to CHA

CHA may require that the selected respondent name CHA as an additional insured under the Commercial General Liability policy (and any applicable automobile liability policy); additional insured status is generally not available under Professional Liability / Errors & Omissions coverage, subject to policy limitations and acceptable endorsement language.

Because the selected firm will access, receive, or maintain protected health information (PHI) in connection with CHA's group health plan, the selected respondent shall execute a HIPAA Business Associate Agreement (BAA) in a form acceptable to CHA as a condition of the contract.

Insurance coverage shall be maintained throughout the duration of the contract term, including any approved renewal periods.

CHA reserves the right to review and approve all insurance documentation and to request reasonable modifications to coverage requirements during contract negotiations or prior to contract execution.

Failure to provide satisfactory documentation within the timeframe requested by CHA may result in withdrawal of a proposed award, discontinuation of negotiations, or selection of an alternate respondent.

11.8 Conflict of Interest & Disclosure Requirements

Respondents shall disclose any actual, potential, or perceived conflicts of interest that may reasonably relate to the services requested within this RFP.

Disclosure shall include, but not be limited to:

- Any business relationship, financial arrangement, referral arrangement, compensation agreement, or other affiliation between the respondent (including its principals, affiliates, parent company, subsidiaries, subcontractors, or related entities) and any insurance carrier, vendor, enrollment platform provider, pharmacy benefit manager (“PBM”), third-party administrator, wellness vendor, or other entity that may be recommended to CHA.
- Any contingent compensation arrangements, carrier incentive programs, bonus structures, override agreements, production incentives, vendor compensation arrangements, or other financial relationships that could reasonably influence recommendations or services provided to CHA.
- Any current or anticipated business relationship between the respondent and any current CHA employee, Board member, consultant, contractor, or other party that may present an actual or perceived conflict of interest.
- Any role the respondent may have played in advising, assisting with, scoping, drafting, or otherwise participating in the development of specifications, requirements, evaluation criteria, or other components of this procurement process that could create an unfair competitive advantage or otherwise affect eligibility to participate in this procurement pursuant to applicable procurement requirements, including 2 CFR § 200.319(b).

Respondents shall disclose any such relationships, arrangements, or circumstances within their proposal submissions and provide sufficient detail for CHA to evaluate the nature and potential impact of the disclosed matter.

Failure to disclose material conflicts of interest, financial relationships, or procurement-related involvement may result in disqualification of the respondent, discontinuation of negotiations, withdrawal of a proposed award, or other action deemed appropriate by CHA.

11.9 No Guarantee of Volume or Exclusivity

Nothing contained within this RFP or any resulting agreement shall be interpreted as guaranteeing a specific volume of services, future work, or exclusivity unless expressly agreed upon in writing.

11.10 Required Contract Clauses & Certifications

Consistent with CHA’s Procurement Policy (Contract Clauses) and applicable federal requirements, any contract resulting from this RFP will incorporate the HUD-required contract clauses and certifications applicable to non-construction contracts of a public housing authority. By submitting a proposal, each respondent acknowledges that the resulting contract will include these provisions.

The following forms, certifications, and clauses comprise Attachment V and shall apply to this procurement; where indicated, they must be completed and returned with the proposal or prior to contract execution:

- Non-Collusion Affidavit of Prime Offeror
- Proposal Agreement
- HUD-5369-B, Instructions to Offerors – Non-Construction;
- HUD-5369-C, Certifications and Representations of Offerors – Non-Construction (to be completed and returned with the proposal);

- HUD-5370-C, General Conditions for Non-Construction Contracts, which incorporate the contract clauses required by 2 CFR 200.327 and Appendix II to 2 CFR Part 200 (the provisions formerly found at 24 CFR 85.36(i));
- Certification Regarding Debarment, Suspension, and Other Responsibility Matters, together with confirmation of active, non-excluded status in SAM.gov (2 CFR Part 180; 24 CFR Part 24);
- Byrd Anti-Lobbying Certification, required if the resulting contract is expected to exceed \$100,000 (31 U.S.C. § 1352);
- Missouri Affidavit of Work Authorization, with supporting E-Verify documentation (§ 285.530 RSMo); and
- The Section 3 Clause (24 CFR Part 75; formerly 24 CFR 135.38), to the extent Section 3 applies to the services procured.

CHA will confirm the applicable form numbers and clauses before issuance. To the extent any form listed above has been superseded or renumbered by HUD, the then-current HUD form shall control.

Columbia Housing Authority

Employee Benefits Brokerage and
Consulting Services

RFP No. 20260607

Attachment #1

Current Employee Benefits Summary



Employee Benefits Plan

January 1, 2026 to December 31, 2026

Deductible Year

Deductible runs from January 1st to December 31st of each year.

Enrollment Periods – all enrollments need to be completed online through employee navigator.

- New Hire – first of the month following date of hire (unless otherwise noted by benefit)
- Timely Enrollment - Enrollment forms must be completed, signed and returned to your employer within 30 days of your effective date of coverage.
- Special Enrollment/Qualifying Event - If you or your dependents experience a life event during the year such as marriage, birth, adoption, or involuntary loss of coverage (spouse changing jobs, reaching dependent age limit on parent's plan, divorce, etc.), **you have 30 days from the life event date to enroll in benefits.** Date of coverage due to a special enrollment/qualifying event will begin on the date of the event. **Enrollments must be submitted within 30 days of the life event.** If the enrollment is submitted late, the enrollment change will be effective at the next renewal date.
- End of Coverage Dates –life and disability end on your last day worked with medical, dental and vision ending the last day of the month in which you are no longer benefit eligible.
- Annual Open Enrollment Period – The annual open enrollment period is the 30 days prior to your group's renewal date. All enrollments must be completed in Employee Navigator during the dates provided by Human Resources.

Eligible Employees

FOR MEDICAL An eligible employee is one who works an **average of 30 hours or more per week** defined by your employer and the Affordable Care Act (ACA) after satisfying any new hire waiting period, as specified above.

FOR ALL OTHER BENEFITS an eligible employee is one who works an **average of 40 hours or more per week** defined by your employer after satisfying any new hire waiting periods, as specified above.

Eligible Dependents

An eligible dependent would include your legally married spouse, dependent children of you or your spouse or dependent children for which you or your spouse have legal guardianship of. Refer to each benefit on the following pages to determine dependent age limit for each benefit.

Coordination of Benefits – insured under more than one insurance plan

If you, your spouse, and/or your children will be electing medical coverage AND will be enrolled by another insurance plan (spouse's employer's plan, individual plan, Medicaid, Medicare due to age, Medicare due to disability, Tri-Care, VA Benefits, etc), **it is your responsibility to notify both insurance plans about the other coverage to determine appropriate coordination of benefits.** Each plan has certain coordination of benefits rules it must follow. If you have questions about who pays primary and who pays secondary per family member, please review your plan document available on the carrier websites or by contacting member services (number on the back of your ID cards). If your other enrollment is Medicaid, please contact your local Social Security office with questions. If the other enrollment is Medicare, please review "Which insurance pays first" on www.medicare.gov. If your other coverage changes at any time, it is your responsibility to notify both plans of this change.

Section 125/Premium Only Plan

Premiums for medical, dental, vision, HSA and FSA will be deducted on a pre-tax basis unless you request otherwise. Premiums for life insurance and short-term disability will be deducted on a post-tax basis to avoid you paying taxes on the benefit amount you collect.

MEDICAL: United Healthcare

CHA offers medical benefits to **employees who regularly work a minimum 30 hours per week** and their dependents.

Whichever plan you choose, you will be enrolled in that plan for the full plan year. Please make an educated decision as to which plan will be best for you and/or your family. **The dependent age limit is to age 26 (end of the month).**

Amounts reflected below are the members' portion of deductibles, copays, coinsurance, etc.

	PPO \$1,500 (EFAW Rx C26)	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) HSA \$3,400 (EQUG Rx C26)
Network (www.myuhc.com)	Core Premier Network	Core Network
	IMPORTANT: These UHC networks DO NOT include BJC Hospital systems in STL; St. Francis Hospital system in Cape Girardeau; Mercy Hospital system in Springfield/Joplin; or their affiliate providers. In Kansas City, only includes St. Luke's Hospital system and affiliated providers.	
In Network (Individual/Family)		
Calendar Year Deductible	\$1,500/\$3,000	\$3,400/\$6,800
Coinsurance	20%	0%
Out of Pocket Max <i>(includes deductible, coinsurance & co-pays)</i>	\$7,150/\$14,300	\$6,250 / \$12,500
Preventive Care	No cost to you <i>(as long as billed by provider as preventive)</i>	
Virtual Visits	No Cost to you	Deductible, then \$0
Primary Care Co-pay	\$15 (\$0 for under age 19)	Deductible, \$35
Specialist Co-pay *	\$50 (Tier 1) / \$100 (In Network)	Deductible, \$70
Mental Health Office Visits	\$30	Deductible, then \$35
Chiropractic Services	50% (deductible does not apply)	Deductible, then \$0
Urgent Care Co-pay	\$25	Deductible, \$100
Emergency Room Co-pay	\$300 + deductible, then 20%	Deductible, \$300
Outpatient Lab testing *	Deductible, then 20% (Preferred) Deductible, then 50% (In Network)	Deductible, then \$0 (Preferred) Deductible, then 50% (In Network)
Outpatient Radiology *	Deductible, then 20% (Preferred) Deductible, then 40% (In Network)	Deductible, then \$0 (Preferred) Deductible, then 20% (In Network)
Retail Prescription Co-Pays – Essential 4-Tier Rx Formulary	Tier one - \$10 Tier two - \$50 Tier three - \$95 Tier four – \$250	Tier one – Deductible, then \$10 Tier two - Deductible, then \$50 Tier three - Deductible, then \$95 Tier four – Deductible, then \$250
Mail Order Prescription Co-pays – <i>OptumRx</i>	Tier one - \$25 Tier two - \$125 Tier three - \$237.50 Tier four – \$625	Tier one - Deductible, then \$25 Tier two - Deductible, then \$125 Tier three - Deductible, then \$237.50 Tier four – Deductible, then \$625
Out of Network (Individual/Family)		
Calendar Year Deductible	\$5,000/\$10,000	\$7,500/\$15,000
Coinsurance	50%	30%
Out of Pocket Max	\$10,000/\$20,000	\$15,000/\$30,000

Refer to the medical benefits and informational flyers available in the Documents library on Employee Navigator for additional details on the plans.

* **Preferred or Tier 1** for Specialists, Outpatient Lab Testing, and Outpatient Radiology – *lower cost share for using Preferred providers. These providers will be noted when searching the provider directory.*

Additional member services with United Healthcare (UHC):

- United Healthcare Rewards – Earn up to \$300 by participating in a variety of healthy activities such as getting an annual check-up, connecting a tracking device, taking a health survey, etc.
- Real Appeal on Rally Coach – Free weight management program for you & eligible family members.

*For additional details on these programs log into www.myuhc.com and check out flyers in the Documents library of Employee Navigator.

This is only intended to be a brief summary of benefits. If this summary differs from the Certificate of Coverage, the Certificate shall prevail.

2026 Medical Insurance Rates				
PPO \$1,500 (EFAW Rx C26)				
	TOTAL	CHA/month	EE/month	EE/check
EE Only	\$827.89	\$745.10	\$82.79	\$41.39
EE/Spouse	\$1,738.56	\$1,109.37	\$629.19	\$314.60
EE/Child(ren)	\$1,490.22	\$1,010.03	\$480.19	\$240.09
Family	\$2,483.67	\$1,407.41	\$1,076.26	\$538.13
HIGH DEDUCTIBLE HEALTH PLAN (HDHP) HSA \$3,400 (EQUG Rx C26)				
	TOTAL	CHA/month	EE/month	EE/check
EE Only	\$727.56	\$727.56	\$0	\$0
EE/Spouse	\$1,527.87	\$1,087.70	\$440.17	\$220.09
EE/Child(ren)	\$1,309.62	\$989.49	\$320.13	\$160.07
Family	\$2,182.68	\$1,382.36	\$800.32	\$400.16

***Health Savings Account (HSA) – LivelyHSA (www.livelyme.com)**

If you elect the HDHP/HSA plan, CHA will contribute the following into your HSA account.

	Annual Contributions	Monthly Contributions	Per Pay Check Contributions
Employee Only	\$900	\$75	\$37.50
Employee & Spouse	\$1,200	\$100	\$50.00
Employee & Child(ren)	\$1,140	\$95	\$47.50
Family	\$1,500	\$125	\$62.50

- For 2026, you can contribute up to **\$4,400** if you are enrolled as employee only or up to **\$8,750** if enrolled as a family through payroll deductions.
- If you are 55 year or older you can contribute an extra \$1,000.
- Annual limits include both employer and employee contributions together.
- Contributions to a Health Savings Account can be used to pay for [eligible medical expenses](#) such as deductibles, prescription co-pays, dental and vision services. This is the same list of services you can use your FSA funds for.
- Contributions are made on a pre-tax basis. Funds roll over from year to year.
- YOU CAN NOT CONTRIBUTE TO AN HSA and the Healthcare FSA in the same calendar year.
- For more information about HSAs, review the [HSA Guide](#) or the Lively [Resource Center](#).

FLEXIBLE SPENDING ACCOUNT: ASI Flex

CHA offers **employees who regularly work 40 hours per week** the option to participate in a medical reimbursement account and a dependent care account following a waiting period: **first of the month following 3 months**.

- You can contribute up to \$3,400 into the **healthcare FSA**. This account allows you to make PRE-TAX contributions through payroll to use for [eligible medical expenses](#) such as deductibles, co-pay, dental and vision services for yourself and your family members even if they are not enrolled in your benefits.
- You can contribute up to \$7,500 into the **dependent care FSA**. This account allows you to make PRE-TAX contributions through payroll to use for childcare/day care expenses throughout the year.

For additional details on your account, refer to your plan document available at www.asiflex.com or by contacting 1-800-659-3035.

HEALTH PAYMENT ACCOUNT (HPA) - Paytient

CHA offers **employees who regularly work 30 hours per week** an interest free line of credit to cover medical, dental, vision and veterinary expenses.

CREDIT LIMIT - \$1,000

REPAYMENT TERMS – up to 12 months; Payroll deductions set by you per transaction.

For more information on this benefit, please refer to the Paytient handouts located in the Documents library in Employee Navigator.

This is only intended to be a brief summary of benefits. If this summary differs from the Certificate of Coverage, the Certificate shall prevail.

United Healthcare's Employee Assistance Program (EAP)

(Available to employees enrolled in either medical plan)

UHC offers access to personalized support, resources, and no-cost referrals. Includes 3 free confidential and private counseling sessions per incident, per year. Also provides support for you and family to help identify resources for anxiety, stress, depression and substance abuse issues, improving relationships at work or home, provides guidance on legal and financial concerns and finding ways to help cope with occupational stress and burnout.

Additional details on this program call 1-800-887-4114.

Guardian's Employee Assistance Program (EAP) – Uprise Health

(Available to employees who regularly work 40 hours per week)

Guardian provides a digitally enabled Employee Assistance Program that includes up to 3 face-to-face, video, or telephonic counseling sessions, 24-hour crisis help, online peer support groups, Tess – 24-hour AI Chat-bot for emotional support and check-ins, financial and legal help, will prep services, online legal forms, child & parenting services, adult & eldercare services, monthly newsletters, etc.

Additional details on this program can be found at <https://worklife.uprisehealth.com/>. Access code: *worklife* or by calling 1-800-386-7055.

VOLUNTARY DENTAL: [Guardian](#)

CHA offers a dental plan to **employees who regularly work 40 hours per week** and their eligible dependents. Dependent age limit is to End of Month in which the dependent turns age 26.

Amounts reflected below is what Guardian will pay towards a claim.

Network: PPO Network: DentalGuard Preferred	In Network	Out of Network	Estimate Cost of Dental Care Tool
Calendar Year Deductible (Individual/Family)	\$50/\$150		Waived for Class I services
Calendar Year Max	\$1,500		Max Rollover included*
Class I: Preventive	100%	100%	Oral exams, routine cleanings, x-rays, fluoride treatments, sealants
Class II: Basic	90%	80%	Fillings, oral surgery, periodontics, root canal therapy
Class III: Major	60%	50%	Bridges/Dentures, crowns, general anesthesia

***Maximum Rollover** – if you have at least one dental service that does not exceed a \$700 threshold during the calendar year, either \$350 (if using an out of network provider) or \$500 (if using an in network provider) of this year's annual max will be rolled over to next year's annual max. This annual max rollover will continue until you have an additional \$1,250.

For any claim you estimate will be more than \$300, it is recommended to do a PRE-DETERMINATION OF BENEFITS to get an estimated cost of service prior to the service being performed. You can either have your dental provider file this on your behalf or contact Guardian's customer service to request this service.

2026 Dental Insurance Rates				
<i>CHA pays 50% of the monthly premium for both employee and dependents dental insurance.</i>				
	TOTAL	CHA/month	EE/month	EE/check
EE Only	\$34.71	\$17.35	\$17.36	\$8.68
EE/Spouse	\$76.38	\$38.19	\$38.19	\$19.10
EE/Child(ren)	\$72.94	\$36.47	\$36.47	\$18.24
Family	\$114.38	\$57.19	\$57.19	\$28.60

VOLUNTARY VISION: Guardian

CHA offers a voluntary vision plan to **employees who regularly work 40 hours per week** and their eligible dependents. Dependent age limit is to End of Month in which the dependent turns age 26.

Benefit	Frequency	In-Network Member Cost
Vision Exam	Every 12 months	\$10 co-pay
Lenses	Every 12 months	\$25 co-pay for lenses & frames (includes single, lined bifocal, lined trifocal & lenticular).
Frames	Every 12 months	\$150 allowance for frames and 20% off the amount over your allowance
Contact Lenses	Every 12 months	\$150 allowance for contact lenses and contact lens exam (fitting & evaluation).

Network (www.guardiananytime.com or www.vsp.com): VSP Choice

2026 Vision Insurance Rates		
Per Pay Period Rates:	EE/mo	EE/ck
Employee Only	\$8.97	\$4.49
Employee & Spouse	\$17.92	\$8.96
Employee & Child(ren)	\$18.38	\$9.16
Family	\$27.34	\$13.67

BASIC LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): Guardian

CHA provides **employees who regularly work 40 hours per week** a basic life policy.

Benefit Amount: **\$20,000**

Benefits will reduce based on the following schedule: by 35% at age 65; and an additional 15% at age 70.

VOLUNTARY LIFE and ACCIDENTAL DEATH & DISMEMBERMENT: Guardian

CHA offers **employees who regularly work 40 hours per week** the option to purchase a voluntary life plan for themselves and eligible dependents.

- **Employee benefit:** you can purchase \$20,000 to \$250,000 in \$10,000 increments
- **Spouse benefit:** if you elect coverage for yourself, you can purchase up to 50% of your amount in \$5,000 increments to a max of \$100,000.
- **Child(ren) benefit:** if you elect coverage for yourself, you can purchase up to 50% of your amount in amounts of either \$5,000 or \$10,000. This will cover each of your children for one single premium.
- The Guarantee Issue (GI)* amount for an employee is **\$100,000**; a spouse is **\$30,000**; a child is **\$10,000**.
- Benefits will reduce based on the following schedule: by 35% at age 65; and an additional 15% at age 75.
- Premiums will be calculated for you based on your age when you complete your enrollment elections in Employee Navigator.

IMPORTANT enrollment information

For new hire: you can purchase up to the Guarantee Issue amounts for yourself, spouse and child(ren) without answering any medical questions. Anything higher than those amounts, an Evidence of Insurability (EOI) will need to be submitted to determine your eligibility.

During open enrollment, if you are currently enrolled and you have less than \$100,000 for yourself, you can increase your benefit by \$50,000 each year to a max benefit of \$100,000 without an EOI.

Any other changes for yourself or any changes for your dependents would require the EOI. EOI's can be submitted online at www.guardiananytime.com/eoi. Group ID/Plan Number: Benefit submitted for EOI are not guaranteed.

CONVERSION RIGHTS and PORTABILITY RIGHTS (FOR BASIC LIFE & VOLUNTARY LIFE)

If you terminate employment with Columbia Housing Authority you can elect to continue the basic life and/or voluntary life coverage by applying for coverage and paying the first month's premium within 30 days of your termination. For details about continuation rights contact Guardian at 1-800-433-5982 option 1 extension 5696.

VOLUNTARY SHORT TERM DISABILITY (STD): Guardian

CHA offers **employees who regularly work 40 hours per week** the option to purchase a short term disability policy.

- Benefits will begin on the **1st day if the disability is due to accident** or on the **8th day if the disability is due to sickness** and **pay 60% of your pre-disability income** to a max of \$1,000 weekly benefit.
- You will receive this benefit for **up to 13 weeks**. The length of disability will be dependent on how long your provider feels you need to be out for your disability.
- **Maternity leave claims** are paid based on a standard payout of 5 weeks for normal delivery and 7 weeks for cesarean delivery, unless complications arise and that benefit can be longer.
- Pre-existing condition period: for any condition you are treated for during the 3 months period prior to the effective date, that condition may not be payable for the first 12 months enrolled on the plan.
- Benefit Offset Notice – if you receive any other income while out on disability (such as retirement or government plans, other group disability plans, no-fault benefits, etc.), your short term disability benefit payout may be reduced.

IMPORTANT enrollment information

If you enroll when first eligible as a NEW HIRE, no health questions will be asked.

If you initially waive short-term disability and want to add at a future enrollment, you will have to submit an Evidence of Insurability (EOI).

EOI's can be submitted online at www.guardiananytime.com/eoi. Group ID/Plan Number: Benefit submitted for EOI are not guaranteed.

LONG TERM DISABILITY (LTD): Guardian

CHA provides **employees who regularly work 40 hours per week** a long term disability policy.

The benefit will pay **60% of your pre-disability income** to a max of \$5,000 monthly benefit after you are **unable to work for 90 days**. You will receive this benefit until you are either no longer disabled and can return to work or normal Social Security Retirement age.

Pre-existing conditions – for any condition you are treated for the 3 months prior to being insured on the plan, this condition would not be payable for the first 12 months covered by this plan.

Columbia Housing Authority

Employee Benefits Brokerage and
Consulting Services










RFP No. 20260607

Attachment #2

Detailed Benefit Information

Core plan details, all in one place

Use this benefit summary to learn more about this plan’s benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what’s included in the plan	Core
 <p>Network coverage only You can usually save money when you receive care for covered health care services from network providers.</p>	<input type="checkbox"/>
 <p>Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities – but staying in the network can help lower your costs.</p>	<input checked="" type="checkbox"/>
 <p>Primary care physician (PCP) required With this plan, you need to select a PCP – the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.</p>	<input type="checkbox"/>
 <p>Referrals required You’ll need referrals from your PCP before seeing a specialist or getting certain health care services.</p>	<input type="checkbox"/>
 <p>Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.</p>	<input checked="" type="checkbox"/>
 <p>Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.</p>	<input checked="" type="checkbox"/>
 <p>Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.</p>	<input checked="" type="checkbox"/>
 <p>Freestanding centers You may pay less when you use certain freestanding centers – health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.</p>	<input type="checkbox"/>
 <p>Health savings account (HSA) With an HSA, you’ve got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.</p>	<input type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don’t use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Core works

Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Individual	\$1,500	\$5,000
Family	\$3,000	\$10,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

*After the Annual Medical Deductible has been met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

	In Network	Out-of-Network
Annual Out-of-Pocket Limit		
Individual	\$7,150	\$10,000
Family	\$14,300	\$20,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Preventive Care Services			
Preventive Care Services		No copay	50%*
<p>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</p> <p>Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings and hearing screenings for newborns.</p>			
Office Services - Sickness & Injury			
Primary Care Physician			
All other covered persons	\$15 copay	\$15 copay	50%*
Covered persons less than age 19	No copay	No copay	50%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.</p> <p>Telehealth is covered at the same cost share as in the office.</p>			

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
--	--------------------	---------	----------------

Specialist

\$50 copay

\$100 copay

50%*

Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.

Telehealth is covered at the same cost share as in the office.

Urgent Care Center Services

\$25 copay

50%*

Virtual Care Services

No copay

50%*

Network Benefits are available only when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only. You can find a 24/7 Virtual Visit Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups.

Vision Exams

\$15 copay

50%*

Limited to 1 exam every 24 months.

Find a listing of UnitedHealthcare Vision Network Providers at myuhcvision.com.

Emergency Care

Ambulance Services - Emergency Ambulance

Air Ambulance

20%*

20%*

Ground Ambulance

20%*

20%*

Ambulance Services - Non-Emergency Ambulance¹

Air Ambulance

20%*

20%*

Ground Ambulance

20%*

50%*

Dental Services - Accident Only

20%*

20%*

Emergency Health Care Services - Outpatient¹

\$300 copay then 20%*

\$300 copay then 20%*

Notification is required if it results in confinement to an Out-of-Network Hospital.

Inpatient Care

Congenital Heart Disease (CHD) Surgeries¹

20%*

50%*

Habilitative Services - Inpatient¹

The amount you pay is based on where the covered health care service is provided.

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.

Hospital - Inpatient Stay¹

20%*

50%*

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services¹

20%*

50%*

Limited to 60 days per year.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Outpatient Care			
Habilitative Services - Outpatient		\$15 copay	50%*
<i>Limits do not apply to Therapeutic Care for Treatment of Autism Spectrum Disorders or Early Intervention Services.</i>			
<i>Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy.</i>			
Home Health Care ¹		20%*	50%*
<i>Limited to 60 visits per year.</i>			
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>			
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	20%*	50%*	50%*
<i>For Designated Network Benefits, laboratory services must be received from a Designated Diagnostic Provider. Network Benefits include laboratory services received from a Network provider that is not a Designated Diagnostic Provider.</i>			
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹		20%*	50%*
<i>For network benefits you have no copay for a diagnostic mammogram or breast ultrasound.</i>			
Major Diagnostic and Imaging - Outpatient ¹	20%*	40%*	50%*
<i>For Designated Network Benefits, services must be received from a Designated Diagnostic Provider. Network Benefits include services received from a Network provider that is not a Designated Diagnostic Provider.</i>			
<i>For network benefits you have no copay for a breast MRI, diagnostic breast exams.</i>			
<i>You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.</i>			
Physician Fees for Surgical and Medical Services			
Primary care visits	20%*	20%*	50%*
Specialist care visits	20%*	20%*	50%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
Rehabilitation Services - Outpatient Therapy		\$15 copay	50%*
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			
<i>Limits do not apply to Therapeutic Care for treatment of Autism Spectrum Disorders or Early Intervention Services.</i>			
Scopic Procedures - Outpatient Diagnostic and Therapeutic		\$500 copay	50%*
<i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>			
<i>For network benefits you have no copay for a diagnostic colonoscopy for the first service in a year.</i>			
Surgery - Outpatient ¹		20%*	50%*
Therapeutic Treatments - Outpatient ¹		20%*	50%*
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>			
Supplies and Services			
Diabetes Self-Management Items ¹	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.		
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.		
Durable Medical Equipment (DME), Orthotics and Supplies ¹		20%*	50%*
<i>Limited to a single purchase of a type of DME or orthotic every 3 years.</i>			
<i>Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.</i>			
Enteral Nutrition		20%*	50%*
Hearing Aids		20%*	50%*
<i>Limited to a single purchase per hearing impaired ear every 3 years.</i>			
<i>Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.</i>			
Ostomy Supplies		20%*	50%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Pharmaceutical Products - Outpatient		20%*	50%*
<i>This includes medications given at a doctor's office, or in a covered person's home.</i>			
Prosthetic Devices ¹		20%*	50%*
Urinary Catheters		20%*	50%*
Pregnancy			
Pregnancy - Maternity Services ¹	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
Mental Health Care & Substance Related and Addictive Disorder Services			
Inpatient ¹		20%*	50%*
Intensive Behavioral Therapy (e.g. ABA) ¹		10%	50%*
Other Outpatient Services such as Electro-Convulsive Treatment, Psychological Testing, Transcranial Magnetic Stimulation and Medication Assisted Treatment ¹		10%	50%*
Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Programs ¹		20%*	50%*
Outpatient Office Visits		\$30 copay	50%*
Other Services			
Autism Spectrum Disorders Treatment ¹	The amount you pay is based on where the covered health care service is provided.		
<i>No visit limits apply for Therapeutic Care for the Treatment of Autism Spectrum Disorders, including but not limited to Habilitative or Rehabilitation Services.</i>			
Cellular and Gene Therapy ¹	The amount you pay is based on where the covered health care service is provided.		
<i>For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.</i>			
Chiropractic Services		50%	50%
<i>Co-insurance for Covered Health Care Services provided within the scope of a chiropractor's license will not exceed 50% of the total cost of any single chiropractic service as defined by Missouri law.</i>			
Clinical Trials ¹	The amount you pay is based on where the covered health care service is provided.		
Dental Anesthesia and Facility Charges ¹	The amount you pay is based on where the covered health care service is provided.		
Early Intervention Services ¹	The amount you pay is based on where the covered health care service is provided.		

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
Fertility Preservation for Iatrogenic Infertility ¹		20%*	50%*
<i>Limited to \$20,000 per Covered Person per lifetime.</i>			
<i>Limited to 1 cycle of fertility preservation for Iatrogenic Infertility per lifetime.</i>			
<i>This Benefit limit will be the same as, and combined with, those stated under Preimplantation Genetic Testing (PGT) and Related Services.</i>			
Gender Dysphoria ¹	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.		
Hospice Care ¹		20%*	50%*
Human Leukocyte Testing	The amount you pay is based on where the covered health care service is provided.		
Preimplantation Genetic Testing (PGT) and Related Services ¹		20%*	50%*
<i>Benefit limits for related services will be the same as, and combined with, those stated under Fertility Preservation for Iatrogenic Infertility. This limit does not include Preimplantation Genetic Testing (PGT) for the specific genetic disorder.</i>			
Reconstructive Procedures ¹	The amount you pay is based on where the covered health care service is provided.		
Speech and Hearing Services	The amount you pay is based on where the covered health care service is provided.		
Telehealth	The amount you pay is based on where the covered health care service is provided.		
Transplantation Services ¹	The amount you pay is based on where the covered health care service is provided.		
<i>For Network Benefits, transplantation services must be received from a Designated Provider.</i>			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

Pharmacy Benefits

Pharmacy Plan Details	
Pharmacy Network	National
Prescription Drug List	Essential

In Network

Annual Pharmacy Deductible	
Individual	You do not have to pay a pharmacy deductible
Family	You do not have to pay a pharmacy deductible

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	\$10	\$10	\$25
Tier 2 \$\$	\$50	\$50	\$125
Tier 3 \$\$\$	\$95	\$95	\$237.50
Tier 4 \$\$\$\$	\$250	\$250	\$625

* After the Annual Pharmacy Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For an out-of-network Pharmacy, you may have to pay the difference between the out-of-network reimbursement rate and the pharmacy's usual and customary charge.

Here's an example of how the plan's costs come into play

1 At the start of your plan year...

You're responsible for paying 100% of your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.

YOU PAY 100%

2 Once you reach your deductible...

Your health plan starts to share a percentage of costs (the allowed amounts, excluding copays) for covered health care services with you – this is your **coinsurance**.*

YOU PAY 20%*

YOUR PLAN PAYS 80%

3 When you reach your out-of-pocket limit...

Your plan covers your costs (the allowed amount) at 100%. Your **out-of-pocket limit** is the most you'll pay for covered health services in a plan year – copays and coinsurance count toward this.

YOUR PLAN PAYS 100%

Along the way, you may also be required to pay a fixed amount (for example, \$15) – or **copay** – for covered health care services, such as seeing a provider or purchasing a prescription. You pay 100% of the copay, usually when you receive the service.

*Your coinsurance may vary by service. This example is for illustrative purposes only.

Digital tools to keep you connected

Once you're a member, you can access your personalized digital tools – the **UnitedHealthcare® app** and **myuhc.com®** – these tools give you quick access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Access your health plan ID card and add your plan details to your smartphone's digital wallet
- Learn about covered preventive care
- Quickly compare cost estimates before you get care, which may help you save money

Get connected

Scan this code to download the UnitedHealthcare app or visit myuhc.com



Other important information about your benefits

Medical Exclusions

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult/Child)
- Glasses
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at an In-Network Retail Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The In-Network Retail Pharmacy Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from an In-Network Mail Order Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) or pharmaceutical product(s) for which Benefits are provided as described under the Certificate first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at myuhc.com or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

Certain Preventative Care Medications may be covered at zero cost share. You can get more information by contacting us at myuhc.com or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how In-Network Mail Order Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy.

Other important information about your benefits

Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product or Pharmaceutical Product as described in your Certificate.
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury. This exclusion does not apply to enteral nutrition for which Benefits are provided as described under Enteral Nutrition in Section 1: Covered Health Care Services.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Certain Prescription Drug Products for tobacco cessation.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives to another Prescription Drug Product or Pharmaceutical Product as described in your Certificate available, unless otherwise required by law or approved by us. Such determinations may be made up to six times during a calendar year. We may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.
- Certain compounded drugs.
- Diagnostic kits and products, including associated services.
- Drugs or products available over-the-counter.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Durable Medical Equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- Experimental or Investigational or Unproven Services and medications.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Prescription Drug Products used for cosmetic or convenience purposes.
- Prescription Drug Products when prescribed to treat infertility. This exclusion does not apply to Prescription Drug Products prescribed to treat Iatrogenic Infertility and Preimplantation Genetic Testing (PGT) as described in the Certificate.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.

UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تویوغللا تدع اسم الما تامدخ ناف، (Arabic) ةيبرعلا شدحت تنك اذا: هي بنت
يلع جردملا ينجامل افتاهل مقرب لاصتال ايجري. كل ةحاتم ةيناجمل
كعب فصاخل فيرعتل اقاطب

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यद्दि आप हद्दि (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti llocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.










DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitl'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વવના મૂલ્યે પરાપ્ય છ. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિપર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

Core plan details, all in one place

Use this benefit summary to learn more about this plan’s benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what’s included in the plan	Core
 <p>Network coverage only You can usually save money when you receive care for covered health care services from network providers.</p>	<input type="checkbox"/>
 <p>Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities – but staying in the network can help lower your costs.</p>	<input checked="" type="checkbox"/>
 <p>Primary care physician (PCP) required With this plan, you need to select a PCP – the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.</p>	<input type="checkbox"/>
 <p>Referrals required You’ll need referrals from your PCP before seeing a specialist or getting certain health care services.</p>	<input type="checkbox"/>
 <p>Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.</p>	<input checked="" type="checkbox"/>
 <p>Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.</p>	<input checked="" type="checkbox"/>
 <p>Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.</p>	<input checked="" type="checkbox"/>
 <p>Freestanding centers You may pay less when you use certain freestanding centers – health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.</p>	<input type="checkbox"/>
 <p>Health savings account (HSA) With an HSA, you’ve got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.</p>	<input checked="" type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don’t use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Core works

Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Individual	\$3,400	\$7,500
Family	\$6,800	\$15,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

*After the Annual Medical Deductible has been met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

	In Network	Out-of-Network
Annual Out-of-Pocket Limit		
Individual	\$6,250	\$15,000
Family	\$12,500	\$30,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Preventive Care Services			
Preventive Care Services		No copay	30%*
<p>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</p> <p>Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings and hearing screenings for newborns.</p>			
Office Services - Sickness & Injury			
Primary Care Physician		\$35 copay*	30%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.</p> <p>Telehealth is covered at the same cost share as in the office.</p>			
Specialist		\$70 copay*	30%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.</p> <p>Telehealth is covered at the same cost share as in the office.</p>			
Urgent Care Center Services		\$100 copay*	30%*

*After the Annual Medical Deductible has been met.

*Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
Virtual Care Services		No copay*	30%*
<p><i>Network Benefits are available only when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only. You can find a 24/7 Virtual Visit Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups.</i></p>			
Vision Exams		\$30 copay*	30%*
<p><i>Limited to 1 exam every 24 months.</i></p> <p><i>Find a listing of UnitedHealthcare Vision Network Providers at myuhcvision.com.</i></p>			
Emergency Care			
Ambulance Services - Emergency Ambulance			
Air Ambulance		No copay*	No copay*
Ground Ambulance		No copay*	No copay*
Ambulance Services - Non-Emergency Ambulance ¹			
Air Ambulance		No copay*	No copay*
Ground Ambulance		No copay*	30%*
Dental Services - Accident Only			
Emergency Health Care Services - Outpatient ¹		\$300 copay*	\$300 copay*
<p><i>Notification is required if it results in confinement to an Out-of-Network Hospital.</i></p>			
Inpatient Care			
Congenital Heart Disease (CHD) Surgeries ¹			
		No copay*	30%*
<p>Habilitative Services - Inpatient¹</p> <p>The amount you pay is based on where the covered health care service is provided.</p> <p><i>Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.</i></p>			
Hospital - Inpatient Stay ¹			
		No copay*	30%*
Skilled Nursing Facility/Inpatient Rehabilitation Facility Services ¹			
		No copay*	30%*
<p><i>Limited to 60 days per year.</i></p>			
Outpatient Care			
Habilitative Services - Outpatient			
		\$35 copay*	30%*
<p><i>Limits do not apply to Therapeutic Care for Treatment of Autism Spectrum Disorders or Early Intervention Services.</i></p> <p><i>Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy.</i></p>			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
Home Health Care ¹		No copay*	30%*
<i>Limited to 60 visits per year.</i>			
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>			
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	No copay*	50%*	30%*
<i>For Designated Network Benefits, laboratory services must be received from a Designated Diagnostic Provider. Network Benefits include laboratory services received from a Network provider that is not a Designated Diagnostic Provider.</i>			
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹		No copay*	30%*
<i>For network benefits you have no copay for a diagnostic mammogram or breast ultrasound after the deductible has been met.</i>			
Major Diagnostic and Imaging - Outpatient ¹	No copay*	20%*	30%*
<i>For Designated Network Benefits, services must be received from a Designated Diagnostic Provider. Network Benefits include services received from a Network provider that is not a Designated Diagnostic Provider.</i>			
<i>For network benefits you have no copay for a breast MRI, diagnostic breast exams and supplemental breast exams.</i>			
<i>You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.</i>			
Physician Fees for Surgical and Medical Services		No copay*	30%*
Rehabilitation Services - Outpatient Therapy		\$35 copay*	30%*
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			
<i>Limits do not apply to Therapeutic Care for treatment of Autism Spectrum Disorders or Early Intervention Services.</i>			
Scopic Procedures - Outpatient Diagnostic and Therapeutic		No copay*	30%*
<i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>			
<i>For network benefits you have no copay for a diagnostic colonoscopy after the deductible has been met for the first service in a year.</i>			
Surgery - Outpatient ¹		No copay*	30%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
Therapeutic Treatments - Outpatient ¹		No copay*	30%*
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>			
Supplies and Services			
Diabetes Self-Management Items ¹	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.		
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.		
Durable Medical Equipment (DME), Orthotics and Supplies ¹		No copay*	30%*
<i>Limited to a single purchase of a type of DME or orthotic every 3 years.</i>			
<i>Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.</i>			
Enteral Nutrition		No copay*	30%*
Hearing Aids		No copay*	30%*
<i>Limited to a single purchase per hearing impaired ear every 3 years.</i>			
<i>Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.</i>			
Ostomy Supplies		No copay*	30%*
Pharmaceutical Products - Outpatient		No copay*	30%*
<i>This includes medications given at a doctor's office, or in a covered person's home.</i>			
Prosthetic Devices ¹		No copay*	30%*
Urinary Catheters		No copay*	30%*
Pregnancy			
Pregnancy - Maternity Services ¹	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
Mental Health Care & Substance Related and Addictive Disorder Services			
Inpatient ¹		No copay*	30%*
Intensive Behavioral Therapy (e.g. ABA) ¹		No copay*	30%*
Other Outpatient Services such as Electro-Convulsive Treatment, Psychological Testing, Transcranial Magnetic Stimulation and Medication Assisted Treatment ¹		No copay*	30%*
Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Programs ¹		No copay*	30%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Outpatient Office Visits		\$35 copay*	30%*
Other Services			
Autism Spectrum Disorders Treatment ¹	The amount you pay is based on where the covered health care service is provided.		
<i>No visit limits apply for Therapeutic Care for the Treatment of Autism Spectrum Disorders, including but not limited to Habilitative or Rehabilitation Services.</i>			
Cellular and Gene Therapy ¹	The amount you pay is based on where the covered health care service is provided.		
<i>For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.</i>			
Chiropractic Services		No copay*	30%*
Clinical Trials ¹	The amount you pay is based on where the covered health care service is provided.		
Dental Anesthesia and Facility Charges ¹	The amount you pay is based on where the covered health care service is provided.		
Early Intervention Services ¹	The amount you pay is based on where the covered health care service is provided.		
Fertility Preservation for Iatrogenic Infertility ¹		No copay*	30%*
<i>Limited to \$20,000 per Covered Person per lifetime.</i>			
<i>Limited to 1 cycle of fertility preservation for Iatrogenic Infertility per lifetime.</i>			
<i>This Benefit limit will be the same as, and combined with, those stated under Preimplantation Genetic Testing (PGT) and Related Services.</i>			
Gender Dysphoria ¹	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.		
Hospice Care ¹		No copay*	30%*
Human Leukocyte Testing	The amount you pay is based on where the covered health care service is provided.		
Preimplantation Genetic Testing (PGT) and Related Services ¹		No copay*	30%*
<i>Benefit limits for related services will be the same as, and combined with, those stated under Fertility Preservation for Iatrogenic Infertility. This limit does not include Preimplantation Genetic Testing (PGT) for the specific genetic disorder.</i>			
Reconstructive Procedures ¹	The amount you pay is based on where the covered health care service is provided.		
Speech and Hearing Services	The amount you pay is based on where the covered health care service is provided.		
Telehealth	The amount you pay is based on where the covered health care service is provided.		
Transplantation Services ¹	The amount you pay is based on where the covered health care service is provided.		
<i>For Network Benefits, transplantation services must be received from a Designated Provider.</i>			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

Pharmacy Benefits

Pharmacy Plan Details	
Pharmacy Network	National
Prescription Drug List	Essential

In Network

Annual Pharmacy Deductible	
Individual	See the Annual Medical Deductible section
Family	See the Annual Medical Deductible section

Annual Deductible - Network and Out-of-Network

The Pharmacy Deductible is the amount you pay for pharmacy expenses per year before you begin to receive Pharmacy Benefits.

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	\$10*	\$10*	\$25*
Tier 2 \$\$	\$50*	\$50*	\$125*
Tier 3 \$\$\$	\$95*	\$95*	\$237.50*
Tier 4 \$\$\$\$	\$250*	\$250*	\$625*

* After the Annual Pharmacy Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For an out-of-network Pharmacy, you may have to pay the difference between the out-of-network reimbursement rate and the pharmacy's usual and customary charge.

Here's an example of how the plan's costs come into play

1 At the start of your plan year...

You're responsible for paying 100% of your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.

YOU PAY 100%

2 Once you reach your deductible...

Your health plan starts to share a percentage of costs (the allowed amounts, excluding copays) for covered health care services with you – this is your **coinsurance**.*

YOU PAY 20%*

YOUR PLAN PAYS 80%

3 When you reach your out-of-pocket limit...

Your plan covers your costs (the allowed amount) at 100%. Your **out-of-pocket limit** is the most you'll pay for covered health services in a plan year – copays and coinsurance count toward this.

YOUR PLAN PAYS 100%

Along the way, you may also be required to pay a fixed amount (for example, \$15) –or **copay** – for covered health care services, such as seeing a provider or purchasing a prescription. You pay 100% of the copay, usually when you receive the service.

*Your coinsurance may vary by service. This example is for illustrative purposes only.

Digital tools to keep you connected

Once you're a member, you can access your personalized digital tools - the **UnitedHealthcare® app** and **myuhc.com®** - these tools give you quick access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Access your health plan ID card and add your plan details to your smartphone's digital wallet
- Learn about covered preventive care
- Quickly compare cost estimates before you get care, which may help you save money

Get connected

Scan this code to download the UnitedHealthcare app or visit myuhc.com



Other important information about your benefits

Medical Exclusions

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult/Child)
- Glasses
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at an In-Network Retail Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The In-Network Retail Pharmacy Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from an In-Network Mail Order Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) or pharmaceutical product(s) for which Benefits are provided as described under the Certificate first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at myuhc.com or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

Certain Preventative Care Medications may be covered at zero cost share. You can get more information by contacting us at myuhc.com or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how In-Network Mail Order Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy.

Other important information about your benefits

Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product or Pharmaceutical Product as described in your Certificate.
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury. This exclusion does not apply to enteral nutrition for which Benefits are provided as described under Enteral Nutrition in Section 1: Covered Health Care Services.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Certain Prescription Drug Products for tobacco cessation.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives to another Prescription Drug Product or Pharmaceutical Product as described in your Certificate available, unless otherwise required by law or approved by us. Such determinations may be made up to six times during a calendar year. We may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.
- Certain compounded drugs.
- Diagnostic kits and products, including associated services.
- Drugs or products available over-the-counter.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Durable Medical Equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- Experimental or Investigational or Unproven Services and medications.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Prescription Drug Products used for cosmetic or convenience purposes.
- Prescription Drug Products when prescribed to treat infertility. This exclusion does not apply to Prescription Drug Products prescribed to treat Iatrogenic Infertility and Preimplantation Genetic Testing (PGT) as described in the Certificate.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.

UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تویوغللا تدع اسم الما تادخ ناف، (Arabic) ةيبرعلا شدحت تنك اذا: هي بنت
يلع جردملا ينجامل افتاهل مقرب لاصتال ايجري. كل ةحاتم ةيناجملا
كعب فصاخل فيرعتل اقاطب

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यद आप हदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti llocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitl'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વવના મૂલ્યે પરાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિપર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

You will receive these benefits if you meet the conditions listed in the policy.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.



Your dental coverage

PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred	Gold, Silver	Non-Contracted
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1500	\$1500
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Amount	\$500	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	



Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO <i>Plan pays (on average)</i>	
		Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis) Frequency:	100%	100%
	Fluoride Treatments Limits:	100%	100%
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
		X-rays other than bitewings in Basic 90%	
		2 in 12 Months (applies to all levels)	
Basic Care	Fillings‡	90%	80%
	Perio Surgery	90%	80%
	Periodontal Maintenance Frequency:	90%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
	Root Canal	90%	80%
	Scaling & Root Planing (per quadrant)	90%	80%
	Simple Extractions	90%	80%
	Surgical Extractions	90%	80%
Major Care	Anesthesia*	60%	50%
	Bridges and Dentures	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Single Crowns	60%	50%

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.GuardianAnytime.com to confirm your Dentist's tiered participation.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Your dental coverage

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00581321

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG6 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG6

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$500 Additional dollars added if only in-network providers were used during the benefit year	\$1,250 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.



Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Copay		
Exams Copay	\$ 10	
Materials Copay <i>(waived for elective contact lenses)</i>	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	80% of amount over \$150 ¹	Amount over \$70
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$80	
Contact Lenses <i>(Elective)</i>	Amount over \$150	Amount over \$120
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	20% off retail price ^{**}	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses <i>(for glasses or contact lenses)</i> ^{‡‡}	Every calendar year	
Frames	Every calendar year	
Network discounts <i>(glasses and contact lens professional service)</i>	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ^{**} For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.



Your vision coverage

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form # GP-I-GVSN-17



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$20,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	\$5,000 increments to a maximum of \$100,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age birth† to 26 years. \$5,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$20,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$100,000, 65-69 \$100,000, 70+ \$10,000. Spouse Less than age 65 \$30,000, 65-69 \$30,000, 70+ \$10,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70

Subject to coverage limits

† and Voluntary Life: Infant coverage is limited based on age.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

		Semi-monthly premiums displayed. Cost of AD&D is included.								
Policy Election Amount		Policy Election Cost Per Age Bracket								
Employee		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$20,000		\$1.34	\$1.70	\$2.12	\$2.90	\$4.46	\$6.50	\$13.40	\$21.14	\$35.92
\$30,000		\$2.01	\$2.55	\$3.18	\$4.35	\$6.69	\$9.75	\$20.10	\$31.71	\$53.88
\$40,000		\$2.68	\$3.40	\$4.24	\$5.80	\$8.92	\$13.00	\$26.80	\$42.28	\$71.84
\$50,000		\$3.35	\$4.25	\$5.30	\$7.25	\$11.15	\$16.25	\$33.50	\$52.85	\$89.80
\$60,000		\$4.02	\$5.10	\$6.36	\$8.70	\$13.38	\$19.50	\$40.20	\$63.42	\$107.76
\$70,000		\$4.69	\$5.95	\$7.42	\$10.15	\$15.61	\$22.75	\$46.90	\$73.99	\$125.72
\$80,000		\$5.36	\$6.80	\$8.48	\$11.60	\$17.84	\$26.00	\$53.60	\$84.56	\$143.68
\$90,000		\$6.03	\$7.65	\$9.54	\$13.05	\$20.07	\$29.25	\$60.30	\$95.13	\$161.64
\$100,000		\$6.70	\$8.50	\$10.60	\$14.50	\$22.30	\$32.50	\$67.00	\$105.70	\$179.60
\$110,000		\$7.37	\$9.35	\$11.66	\$15.95	\$24.53	\$35.75	\$73.70	\$116.27	\$197.56
\$120,000		\$8.04	\$10.20	\$12.72	\$17.40	\$26.76	\$39.00	\$80.40	\$126.84	\$215.52
\$130,000		\$8.71	\$11.05	\$13.78	\$18.85	\$28.99	\$42.25	\$87.10	\$137.41	\$233.48
\$140,000		\$9.38	\$11.90	\$14.84	\$20.30	\$31.22	\$45.50	\$93.80	\$147.98	\$251.44
\$150,000		\$10.05	\$12.75	\$15.90	\$21.75	\$33.45	\$48.75	\$100.50	\$158.55	\$269.40
\$160,000		\$10.72	\$13.60	\$16.96	\$23.20	\$35.68	\$52.00	\$107.20	\$169.12	\$287.36
\$170,000		\$11.39	\$14.45	\$18.02	\$24.65	\$37.91	\$55.25	\$113.90	\$179.69	\$305.32
\$180,000		\$12.06	\$15.30	\$19.08	\$26.10	\$40.14	\$58.50	\$120.60	\$190.26	\$323.28
\$190,000		\$12.73	\$16.15	\$20.14	\$27.55	\$42.37	\$61.75	\$127.30	\$200.83	\$341.24
\$200,000		\$13.40	\$17.00	\$21.20	\$29.00	\$44.60	\$65.00	\$134.00	\$211.40	\$359.20
\$210,000		\$14.07	\$17.85	\$22.26	\$30.45	\$46.83	\$68.25	\$140.70	\$221.97	\$377.16
\$220,000		\$14.74	\$18.70	\$23.32	\$31.90	\$49.06	\$71.50	\$147.40	\$232.54	\$395.12
\$230,000		\$15.41	\$19.55	\$24.38	\$33.35	\$51.29	\$74.75	\$154.10	\$243.11	\$413.08
\$240,000		\$16.08	\$20.40	\$25.44	\$34.80	\$53.52	\$78.00	\$160.80	\$253.68	\$431.04
\$250,000		\$16.75	\$21.25	\$26.50	\$36.25	\$55.75	\$81.25	\$167.50	\$264.25	\$449.00
Policy Election Amount										
Spouse										
\$5,000		\$.34	\$.43	\$.53	\$.73	\$1.12	\$1.63	\$3.35	\$5.29	\$8.98
\$10,000		\$.67	\$.85	\$1.06	\$1.45	\$2.23	\$3.25	\$6.70	\$10.57	\$17.96
\$15,000		\$1.01	\$1.28	\$1.59	\$2.18	\$3.35	\$4.88	\$10.05	\$15.86	\$26.94

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$20,000	\$1.34	\$1.70	\$2.12	\$2.90	\$4.46	\$6.50	\$13.40	\$21.14	\$35.92
\$25,000	\$1.68	\$2.13	\$2.65	\$3.63	\$5.58	\$8.13	\$16.75	\$26.43	\$44.90
\$30,000	\$2.01	\$2.55	\$3.18	\$4.35	\$6.69	\$9.75	\$20.10	\$31.71	\$53.88
\$35,000	\$2.35	\$2.98	\$3.71	\$5.08	\$7.81	\$11.38	\$23.45	\$37.00	\$62.86
\$40,000	\$2.68	\$3.40	\$4.24	\$5.80	\$8.92	\$13.00	\$26.80	\$42.28	\$71.84
\$45,000	\$3.02	\$3.83	\$4.77	\$6.53	\$10.04	\$14.63	\$30.15	\$47.57	\$80.82
\$50,000	\$3.35	\$4.25	\$5.30	\$7.25	\$11.15	\$16.25	\$33.50	\$52.85	\$89.80
\$55,000	\$3.69	\$4.68	\$5.83	\$7.98	\$12.27	\$17.88	\$36.85	\$58.14	\$98.78
\$60,000	\$4.02	\$5.10	\$6.36	\$8.70	\$13.38	\$19.50	\$40.20	\$63.42	\$107.76
\$65,000	\$4.36	\$5.53	\$6.89	\$9.43	\$14.50	\$21.13	\$43.55	\$68.71	\$116.74
\$70,000	\$4.69	\$5.95	\$7.42	\$10.15	\$15.61	\$22.75	\$46.90	\$73.99	\$125.72
\$75,000	\$5.03	\$6.38	\$7.95	\$10.88	\$16.73	\$24.38	\$50.25	\$79.28	\$134.70
\$80,000	\$5.36	\$6.80	\$8.48	\$11.60	\$17.84	\$26.00	\$53.60	\$84.56	\$143.68
\$85,000	\$5.70	\$7.23	\$9.01	\$12.33	\$18.96	\$27.63	\$56.95	\$89.85	\$152.66
\$90,000	\$6.03	\$7.65	\$9.54	\$13.05	\$20.07	\$29.25	\$60.30	\$95.13	\$161.64
\$95,000	\$6.37	\$8.08	\$10.07	\$13.78	\$21.19	\$30.88	\$63.65	\$100.42	\$170.62
\$100,000	\$6.70	\$8.50	\$10.60	\$14.50	\$22.30	\$32.50	\$67.00	\$105.70	\$179.60
Policy Election Amount									
Child(ren)									
\$5,000	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
\$10,000	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage.

Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP- I-R-LB-90, GP- I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP- I-R-ADCL I-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-LIFE-15

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Housing Authority of The City of Columbia dba Columbia Housing Authority
ALL ELIGIBLE EMPLOYEES

Your benefits as of 11/23/2020
Group number: 00581321



Disability insurance

Short term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Most disability insurance pays out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Replacing income

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Disability insurance

Long term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Most disability insurance pays out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Replacing income

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **3 months**

After a 3 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$4,000** of his monthly income for the remaining **21 months** of his disability or illness.

This gives him a total of **\$84,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your disability coverage

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum \$1000/week	60% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	13 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Conversion: Allows you to continue disability coverage after your group plan has terminated.	Not Available	Yes
Critical Disability Supplement: Provides a supplemental benefit if you are ADL-disabled or functionally impaired.	Not Available	20% to maximum of \$5000 if you are ADL disabled
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first three years of disability, you will receive benefit payments while you are unable to work in your own occupation. After three years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.



Your disability coverage

- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



Employee Assistance Program Overview

Employee Assistance Program (EAP) consultative services

Face-to-face counseling — up to 3 visits per employee/household member per issue

Telephonic counseling — unlimited, 24/7 consultations with master's- and doctoral-level counselors

Bereavement — support available through telephonic or face-to-face sessions; online resources available on EAP website

Online modules and coaching — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions

EAP website resources — comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website

Work/Life assistance & resources

Work/Life services — unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, balancing work and life responsibilities

Child and elder care referral — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)

Employee discounts — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Medical bill negotiation tools — information and guidance on negotiating medical bills

Legal/financial assistance & resources*

Legal consultation — unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive online law library



Financial consultation — unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators

ID theft — free consultation with a trained Fraud Resolution specialist who will assist with ID theft resolution and education; ID theft educational materials available online

Will preparation — online self-service documents available on EAP website; 30-minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation

Legal document preparation — online self-service documents available on the EAP website

Tax consultation — tax questions only can be answered as part of the Financial Consultation offering

Online self-service documents — examples include, but are not limited to living trust, will, power of attorney, deeds

Resources for managers

Introductory employee orientation — complimentary webinars with on-site orientation available for additional hourly fees

Supervisor/employee training — complimentary webinars with on-site orientation available for additional hourly fees

Critical incidence response services — \$280 per hour, per counselor; no additional fee for travel time or travel expenses

Supervisor/manager telephone consultation — unlimited 24/7 telephonic support

Employee EAP referrals — managers or supervisors can refer an employee directly at any time

Utilization reports (to employer) — online access to self-service reporting

EAP promotional materials — flyers, posters, short video clips, and newsletters provided

 worklife.uprisehealth.com

Access code: worklife

Contact your Guardian Group sales consultant for more information.

**The Guardian Life Insurance
Company of America**
New York, NY
guardianlife.com

*Legal/financial assistance & resources services are not available in the state of New York. The Employee Assistance Program and WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of the Employee Assistance Program or WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program and services. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the Employee Assistance Program or WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer. The Employee Assistance Program and WillPrep Services are not insurance benefits and may not be available in all states. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. GUARDIAN® and the GUARDIAN G® logo are registered service marks of The Guardian Life Insurance Company of America®

Columbia Housing Authority

Employee Benefits Brokerage and
Consulting Services

RFP No. 20260607

Attachment #3

Census Information

Attachment C – Workforce & Enrollment Census Summary

The following information is provided for informational purposes to assist respondents in understanding the Columbia Housing Authority's current workforce and benefits enrollment environment. Information provided is approximate and subject to change.

Workforce Overview

Category	Count
Total Employees	86
Benefits-Eligible Employees	66
Approximate Covered Lives (Employees and Dependents)	125
Employees Enrolled in Medical Coverage	55

Current Medical Coverage Tier Distribution

Coverage Tier	Enrollment
Employee Only	40
Employee + Spouse	6
Employee + Child(ren)	8
Employee + Family	1
Total Medical Enrollees	55

CHA reserves the right to provide additional census, enrollment, plan design, or claims information to selected finalists or during subsequent stages of the procurement process, as deemed appropriate.

Columbia Housing Authority

Employee Benefits Brokerage and
Consulting Services

RFP No. 20260607

Attachment #4

Proposal Evaluation Forms

Initial Evaluation and Proposal Evaluation

INITIAL EVALUATION

Services Requested: Employee Benefits Brokerage and Consulting Services

Firm Evaluated: _____

The purpose of this Initial Panel Assessment is to review all proposals and develop a "short list" of the firms that appear to possess and demonstrate the greatest potential of being able to provide the professional services required of the project. Such determination shall be a result of an initial evaluation assisted by the questions below. A firm must demonstrate a superior ability to perform all the services required with substantiating evidence - all furnished in a clear and concise manner in the original proposal. The Panel shall endeavor to eliminate those proposals that are obviously unqualified to provide the required services, thus creating a "short list" of the most qualified firms. The firms that qualify for the "short list" shall be intensely evaluated and ranked according to the scoring results of the "Proposal Evaluation".

PROPOSAL SCREENING CRITERIA

- Proposal Cover Letter Included? **Yes No**
- Organizational Profiles and Structure Addressed? **Yes No**
- Knowledge and Experience Addressed? **Yes No**
- Resource Capacity Addressed? **Yes No**
- Application of Proposed Services Addressed? **Yes No**
- Fee Proposal Included? **Yes No**
- References Included? **Yes No**
- Complete "Certifications and Representation of Offerors" Form Included? **Yes No**
- Certified "Certification Regarding Debarment and Suspensions" Form Included? **Yes No**
- Complete and Notarized "Non-Collusive Affidavit" Form Included? **Yes No**
- Complete and signed "Proposal Agreement" Form Included? **Yes No**
- Sufficient documentation to substantiate each of the required evaluation criteria? **Yes No**

This firm qualifies for the "short list" and further evaluation **Yes No**

If this firm does not qualify for the "short list", it is critical to write a short narrative on the reasons for this determination. Please use the space below:

Evaluator: _____

Evaluator's Signature: _____

Date: _____

Columbia Housing Authority

Employee Benefits Brokerage and Consulting Services

RFP No. 20260607

Attachment #5

Required Forms & Certifications

(Non-Collusion Affidavit, Proposal Agreement,
HUD-5369-B, HUD-5369-C, HUD-5370-C,
Debarment/Suspension Certification;
Byrd Anti-Lobbying Certification, if applicable; and
Missouri Affidavit of Work Authorization – see § 11.10)

NON-COLLUSION AFFIDAVIT OF PRIME OFFEROR

State of: _____ County of: _____

_____, being duly sworn, deposes and says that:

1. He/she is (Owner, Partner, Officer, Representative, or Agent) of _____
_____, the Bidder that has submitted the attached bid;
2. He is fully informed respecting the preparation and contents of the attached bid and all pertinent circumstances respecting such bid;
3. Such bid is genuine and is not a collusive or sham bid;
4. Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affidavit, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other bidder, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by other bidder, firm or person to fix the price or prices in the attached bid or any other bidder, or to fix any overhead, profit or cost element of the bid price of the other bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the Owner or any person interested in the proposed contract;
5. The price or prices quoted in the attached bid are fair and proper, and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

Signed: _____ Title: _____

Subscribed and sworn to before me this _____ day of _____, 20____

_____ My commission expires: _____

PROPOSAL AGREEMENT

By signing below:

- We have thoroughly examined the Scope of Work, and being familiar with the requirements, hereby agree to furnish all labor, supplies, licenses and fees to offer the services as stipulated and set forth herein.
- We agree that this Proposal may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for the receipt of Proposals.

By signing below, the representatives of this firm hereby certify that:

- The Proposal is genuine and is not made in the interest of or on behalf of any undisclosed person, firm or corporation, and is not submitted in conformity with any agreement or rules of any group, association or corporation.
- We have not directly or indirectly induced or solicited any other firm to put in a false or sham proposal.
- We have not solicited or induced any person, firm or corporation to refrain from proposing.
- We have not sought by collusion or otherwise to obtain for themselves any advantage over any other firm or over the CHA.
- We will not discriminate against any employee or applicant for employment because of race, color, national origin, ancestry, sex, religion, disability/handicap, marital status, sexual orientation, or age.

By signing below, the representatives of this firm declare that:

- We received addenda ___ through ___.
- We had an opportunity inquire about any uncertainties, and have a general understanding of the requirements of this project.
- We have carefully prepared this Proposal, and the cost of the services required is accurate.
- All information submitted in this Proposal is correct and it contains no falsified records.

Respectfully submitted by:

Firm

Address

City

State

Zip

(_____)
Phone

X -

(_____)
Fax

(_____)
Other

Authorized Agent: _____ Title: _____

Signature: _____ Dated this ____ day of _____, 20__

Contact: _____ Title: _____

(_____)
Phone

X -

(_____)
Fax

(_____)
Other

E-Mail Address

Firm's Website

Instructions to Offerors Non-Construction

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



- 03291 -

1. Preparation of Offers

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

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

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

2. Submission of Offers

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

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

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

3. Amendments to Solicitations

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

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

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

4. Explanation to Prospective Offerors

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

5. Responsibility of Prospective Contractor

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

- (1) Have adequate financial resources to perform the contract, or the ability to obtain them;

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

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

6. Late Submissions, Modifications, and Withdrawal of Offers

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

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

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

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

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

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

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

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

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

7. Contract Award

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

(b) The HA may

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

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

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

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

8. Service of Protest

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

9. Offer Submission

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

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

[Describe bid or proposal preparation instructions here:]

Certifications and Representations of Offerors Non-Construction Contract

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

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

1. Contingent Fee Representation and Agreement

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

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

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

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

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

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

- (a) is, is not a small business concern. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.
- (b) is, is not a women-owned small business concern. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.
- (c) is, is not a minority enterprise which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

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

(Check the block applicable to you)

- | | |
|---|---|
| <input type="checkbox"/> Black Americans | <input type="checkbox"/> Asian Pacific Americans |
| <input type="checkbox"/> Hispanic Americans | <input type="checkbox"/> Asian Indian Americans |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> Hasidic Jewish Americans |

3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

- (1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;
- (2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and
- (3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

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

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

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

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

4. Organizational Conflicts of Interest Certification

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

- (i) Award of the contract may result in an unfair competitive advantage;
- (ii) The Contractor's objectivity in performing the contract work may be impaired; or
- (iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

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

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

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

5. Authorized Negotiators (RFPs only)

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

6. Conflict of Interest

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

7. Offeror's Signature

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

Signature & Date:

Typed or Printed Name:

Title:

General Conditions for Non-Construction Contracts

Section I — (With or without Maintenance Work)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Office of Labor Relations

OMB Approval No. 2577-0157 (exp. 1/31/2027)

Public Reporting Burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB number. This form includes those clauses required by OMB's common rule on grantee procurement, implemented at HUD in 2 CFR 200, and those requirements set forth in Section 3 of the Housing and Urban Development Act of 1968 and its amendment by the Housing and Community Development Act of 1992, implemented by HUD at 24 CFR Part 75. The form is required for non-construction contracts awarded by Public Housing Agencies (PHAs). The form is used by PHAs in solicitations to provide necessary contract clauses and allows PHAs to enforce their contracts. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157. Do not send this completed form to either of these addressees. The information collected will not be held confidential.

Applicability. This form HUD-5370-C has 2 Sections. These Sections must be inserted into non-construction contracts as described below:

- 1) **Non-construction contracts** (*without* maintenance) **greater than \$250,000 - use Section I;**
- 2) **Maintenance contracts** (including nonroutine maintenance as defined at 24 CFR 905.100) **greater than \$2,000 but not more than \$250,000 - use Section II;** and
- 3) **Maintenance contracts** (including nonroutine maintenance), **greater than \$250,000 — use Sections I and II.**

Section I - Clauses for All Non-Construction Contracts greater than \$250,000

1. Definitions

The following definitions are applicable to this contract:

- (a) "Authority or Housing Authority (HA)" means the Housing Authority.
- (b) "Contract" means the contract entered into between the Authority and the Contractor. It includes the contract form, the Certifications and Representations, these contract clauses, and the scope of work. It includes all formal changes to any of those documents by addendum, Change Order, or other modification.
- (c) "Contractor" means the person or other entity entering into the contract with the Authority to perform all of the work required under the contract.
- (d) "Day" means calendar days, unless otherwise stated.
- (e) "HUD" means the Secretary of Housing and Urban development, his delegates, successors, and assigns, and the officers and employees of the United States Department of Housing and Urban Development acting for and on behalf of the Secretary.

2. Changes

- (a) The HA may at any time, by written order, and without notice to the sureties, if any, make changes within the general scope of this contract in the services to be performed or supplies to be delivered.
- (b) If any such change causes an increase or decrease in the hourly rate, the not-to-exceed amount of the contract, or the time required for performance of any part of the work under this contract, whether or not changed by the order, or otherwise affects the conditions of this contract, the HA shall make an equitable adjustment in the not-to-exceed amount, the hourly rate, the delivery schedule, or other affected terms, and shall modify the contract accordingly.
- (c) The Contractor must assert its right to an equitable adjustment under this clause within 30 days from the date of receipt of the written order. However, if the HA decides that the facts justify it, the HA may receive and act upon a

- proposal submitted before final payment of the contract.
- (d) Failure to agree to any adjustment shall be a dispute under clause Disputes, herein. However, nothing in this clause shall excuse the Contractor from proceeding with the contract as changed.
- (e) No services for which an additional cost or fee will be charged by the Contractor shall be furnished without the prior written consent of the HA.

3. Termination for Convenience and Default

- (a) The HA may terminate this contract in whole, or from time to time in part, for the HA's convenience or the failure of the Contractor to fulfill the contract obligations (default). The HA shall terminate by delivering to the Contractor a written Notice of Termination specifying the nature, extent, and effective date of the termination. Upon receipt of the notice, the Contractor shall: (i) immediately discontinue all services affected (unless the notice directs otherwise); and (ii) deliver to the HA all information, reports, papers, and other materials accumulated or generated in performing this contract, whether completed or in process.
- (b) If the termination is for the convenience of the HA, the HA shall be liable only for payment for services rendered before the effective date of the termination.
- (c) If the termination is due to the failure of the Contractor to fulfill its obligations under the contract (default), the HA may (i) require the Contractor to deliver to it, in the manner and to the extent directed by the HA, any work as described in subparagraph (a)(ii) above, and compensation be determined in accordance with the Changes clause, paragraph 2, above; (ii) take over the work and prosecute the same to completion by contract or otherwise, and the Contractor shall be liable for any additional cost incurred by the HA; (iii) withhold any payments to the Contractor, for the purpose of off-set or partial payment, as the case may be, of amounts owed to the HA by the Contractor.
- (d) If, after termination for failure to fulfill contract obligations (default), it is determined that the Contractor had not failed, the termination shall be deemed to have been effected for the convenience of the HA, and the Contractor shall be entitled to payment as described in paragraph (b) above.
- (e) Any disputes with regard to this clause are expressly made subject to the terms of clause titled Disputes herein.

4. Examination and Retention of Contractor's Records

- (a) The HA, HUD, or Comptroller General of the United States, or any of their duly authorized representatives shall, until 3 years after final payment under this contract, have access to and the right to examine any of the Contractor's directly pertinent books, documents, papers, or other records involving transactions related to this contract for the purpose of making audit, examination, excerpts, and transcriptions.

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- (b) The Contractor agrees to include in first-tier subcontracts under this contract a clause substantially the same as paragraph (a) above. "Subcontract," as used in this clause, excludes purchase orders not exceeding \$10,000.
 - (c) The periods of access and examination in paragraphs (a) and (b) above for records relating to:
 - (i) appeals under the clause titled Disputes;
 - (ii) litigation or settlement of claims arising from the performance of this contract; or,
 - (iii) costs and expenses of this contract to which the HA, HUD, or Comptroller General or any of their duly authorized representatives has taken exception shall continue until disposition of such appeals, litigation, claims, or exceptions.

5. Rights in Data (Ownership and Proprietary Interest)

The HA shall have exclusive ownership of, all proprietary interest in, and the right to full and exclusive possession of all information, materials and documents discovered or produced by Contractor pursuant to the terms of this Contract, including but not limited to reports, memoranda or letters concerning the research and reporting tasks of this Contract.

6. Energy Efficiency

The contractor shall comply with all mandatory standards and policies relating to energy efficiency which are contained in the energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub.L. 94-163) for the State in which the work under this contract is performed.

7. Disputes

- (a) All disputes arising under or relating to this contract, except for disputes arising under clauses contained in Section 111, Labor Standards Provisions, including any claims for damages for the alleged breach there of which are not disposed of by agreement, shall be resolved under this clause.
- (b) All claims by the Contractor shall be made in writing and submitted to the HA. A claim by the HA against the Contractor shall be subject to a written decision by the HA.
- (c) The HA shall, with reasonable promptness, but in no event in no more than 60 days, render a decision concerning any claim hereunder. Unless the Contractor, within 30 days after receipt of the HA's decision, shall notify the HA in writing that it takes exception to such decision, the decision shall be final and conclusive.
- (d) Provided the Contractor has (i) given the notice within the time stated in paragraph (c) above, and (ii) excepted its claim relating to such decision from the final release, and (iii) brought suit against the HA not later than one year after receipt of final payment, or if final payment has not been made, not later than one year after the Contractor has had a reasonable time to respond to a written request by the HA that it submit a final voucher and release, whichever is earlier, then the HA's decision shall not be final or conclusive, but the dispute shall be determined on the merits by a court of competent jurisdiction.
- (e) The Contractor shall proceed diligently with performance of this contract, pending final resolution of any request for relief, claim, appeal, or action arising under the contract, and comply with any decision of the HA.

8. Contract Termination; Debarment

A breach of these Contract clauses may be grounds for termination of the Contract and for debarment or denial of participation in HUD programs as a Contractor and a subcontractor as provided in 24 CFR Part 24.

9. Assignment of Contract

The Contractor shall not assign or transfer any interest in this contract; except that claims for monies due or to become due from the HA under the contract may be assigned to a bank, trust company, or other financial institution. If the Contractor is a partnership, this contract shall inure to the benefit of the surviving or remaining member(s) of such partnership approved by the HA.

10. Certificate and Release

Prior to final payment under this contract, or prior to settlement upon termination of this contract, and as a condition precedent thereto, the Contractor shall execute and deliver to the HA a certificate and release, in a form acceptable to the HA, of all claims against the HA by the Contractor under and by virtue of this contract, other than such claims, if any, as may be specifically excepted by the Contractor in stated amounts set forth therein.

11. Organizational Conflicts of Interest

- (a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under this contract and a contractor's organizational, financial, contractual or other interests are such that:
 - (i) Award of the contract may result in an unfair competitive advantage; or
 - () The Contractor's objectivity in performing the contract work may be impaired.
- (b) The Contractor agrees that if after award it discovers an organizational conflict of interest with respect to this contract or any task/delivery order under the contract, he or she shall make an immediate and full disclosure in writing to the Contracting Officer which shall include a description of the action which the Contractor has taken or intends to take to eliminate or neutralize the conflict. The HA may, however, terminate the contract or task/delivery order for the convenience of the HA if it would be in the best interest of the HA.
- (c) In the event the Contractor was aware of an organizational conflict of interest before the award of this contract and intentionally did not disclose the conflict to the Contracting Officer, the HA may terminate the contract for default.
- (d) The terms of this clause shall be included in all subcontracts and consulting agreements wherein the work to be performed is similar to the service provided by the prime Contractor. The Contractor shall include in such subcontracts and consulting agreements any necessary provisions to eliminate or neutralize conflicts of interest.

12. Inspection and Acceptance

- (a) The HA has the right to review, require correction, if necessary, and accept the work products produced by the Contractor. Such review(s) shall be carried out within 30 days so as to not impede the work of the Contractor. Any

product of work shall be deemed accepted as submitted if the HA does not issue written comments and/or required corrections within 30 days from the date of receipt of such product from the Contractor.

- (b) The Contractor shall make any required corrections promptly at no additional charge and return a revised copy of the product to the HA within 7 days of notification or a later date if extended by the HA.
- (c) Failure by the Contractor to proceed with reasonable promptness to make necessary corrections shall be a default. If the Contractor's submission of corrected work remains unacceptable, the HA may terminate this contract (or the task order involved) or reduce the contract price or cost to reflect the reduced value of services received.

13. Interest of Members of Congress

No member of or delegate to the Congress of the United States of America or Resident Commissioner shall be admitted to any share or part of this contract or to any benefit to arise there from, but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

14. Interest of Members, Officers, or Employees and Former Members, Officers, or Employees

No member, officer, or employee of the HA, no member of the governing body of the locality in which the project is situated, no member of the governing body in which the HA was activated, and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the project, shall, during his or her tenure, or for one year thereafter, have any interest, direct or indirect, in this contract or the proceeds thereof.

15. Limitation on Payments to Influence Certain Federal Transactions

(a) Definitions. As used in this clause:

"Agency", as defined in 5 U.S.C. 552(f), includes Federal executive departments and agencies as well as independent regulatory commissions and Government corporations, as defined in 31 U.S.C. 9101(1).

"Covered Federal Action" means any of the following Federal actions:

- (i) The awarding of any Federal contract;
- (ii) The making of any Federal grant;
- (iii) The making of any Federal loan;
- (iv) The entering into of any cooperative agreement; and,
- (v) The extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

Covered Federal action does not include receiving from an agency a commitment providing for the United States to insure or guarantee a loan.

"Indian tribe" and "tribal organization" have the meaning provided in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450B). Alaskan Natives are included under the definitions of Indian tribes in that Act.

"Influencing or attempting to influence" means making, with the intent to influence, any communication to or appearance before an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any covered Federal action.

"Local government" means a unit of government in a State and, if chartered, established, or otherwise recognized by a State for the performance of a governmental duty, including a local public authority, a special district, an intrastate district, a council of governments, a sponsor group representative organization, and any other instrumentality of a local government

"Officer or employee of an agency" includes the following individuals who are employed by an agency:

- (i) An individual who is appointed to a position in the Government under title 5, U.S.C., including a position under a temporary appointment;
- (ii) A member of the uniformed services as defined in section 202, title 18, U.S.C.;
- (iii) A special Government employee as defined in section 202, title 18, U.S.C.; and,
- (iv) An individual who is a member of a Federal advisory committee, as defined by the Federal Advisory Committee Act, title 5, appendix 2.

"Person" means an individual, corporation, company, association, authority, firm, partnership, society, State, and local government, regardless of whether such entity is operated for profit or not for profit. This term excludes an Indian tribe, tribal organization, or other Indian organization with respect to expenditures specifically permitted by other Federal law.

"Recipient" includes all contractors, subcontractors at any tier, and subgrantees at any tier of the recipient of funds received in connection with a Federal contract, grant, loan, or cooperative agreement. The term excludes an Indian tribe, tribal organization, or any other Indian organization with respect to expenditures specifically permitted by other Federal law.

"Regularly employed means, with respect to an officer or employee of a person requesting or receiving a Federal contract, grant, loan, or cooperative agreement, an officer or employee who is employed by such person for at least 130 working days within one year immediately preceding the date of the submission that initiates agency consideration of such person for receipt of such contract, grant, loan, or cooperative agreement. An officer or employee who is employed by such person for less than 130 working days within one year immediately preceding the date of submission that initiates agency consideration of such person shall be considered to be regularly employed as soon as he or she is employed by such person for 130 working days.

"State" means a State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, a territory or possession of the United States, an agency or instrumentality of a State, and a multi-State, regional, or interstate entity having governmental duties and powers.

(b) Prohibition.

- (i) Section 1352 of title 31, U.S.C. provides in part that no appropriated funds may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(v) The prohibition does not apply as follows:

- (1) Agency and legislative liaison by Own Employees.
- (a) The prohibition on the use of appropriated funds, in paragraph (i) of this section, does not apply in the case of a payment of reasonable compensation made to an officer or employee of a person requesting or receiving a Federal contract, grant, loan, or cooperative agreement, if the payment is for agency and legislative activities not directly related to a covered Federal action.
- (b) For purposes of paragraph (b)(i)(1)(a) of this clause, providing any information specifically requested by an agency or Congress is permitted at any time.
- (c) The following agency and legislative liaison activities are permitted at any time only where they are not related to a specific solicitation for any covered Federal action:
- (1) Discussing with an agency (including individual demonstrations) the qualities and characteristics of the person's products or services, conditions or terms of sale, and service capabilities; and,
 - (2) Technical discussions and other activities regarding the application or adaptation of the person's products or services for an agency's use.
- (d) The following agency and legislative liaison activities are permitted where they are prior to formal solicitation of any covered Federal action:
- (1) Providing any information not specifically requested but necessary for an agency to make an informed decision about initiation of a covered Federal action;
 - (2) Technical discussions regarding the preparation of an unsolicited proposal prior to its official submission; and
 - (3) Capability presentations by persons seeking awards from an agency pursuant to the provisions of the Small Business Act, as amended by Public Law 95-507 and other subsequent amendments.
- (e) Only those activities expressly authorized by subdivision (b)(ii)(1)(a) of this clause are permitted under this clause.
- (2) Professional and technical services.
- (a) The prohibition on the use of appropriated funds, in subparagraph (b)(i) of this clause, does not apply in the case of-
- (i) A payment of reasonable compensation made to an officer or employee of a person requesting or receiving a covered Federal action or an extension, continuation, renewal, amendment, or modification of a covered Federal action, if payment is for professional or technical services rendered directly in the preparation, submission, or negotiation of any bid, proposal, or application for that Federal action or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal action.
 - (i) Any reasonable payment to a person, other than an officer or employee of a person requesting or receiving a covered Federal action or an extension, continuation, renewal, amendment, or modification of a covered Federal action if the payment is for professional or technical services rendered directly in the preparation, submission, or negotiation of any bid, proposal, or application for that Federal action or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal action. Persons other than officers or employees of a person requesting or receiving a covered Federal action include consultants and trade associations.
- (b) For purposes of subdivision (b)(ii)(2)(a) of clause, "professional and technical services" shall be limited to advice and analysis directly applying any professional or technical discipline.
- (c) Requirements imposed by or pursuant to law as a condition for receiving a covered Federal award include those required by law or regulation, or reasonably expected to be required by law or regulation, and any other requirements in the actual award documents.
- (d) Only those services expressly authorized by subdivisions (b)(ii)(2)(a)(i) and (ii) of this section are permitted under this clause.
- (iii) Selling activities by independent sales representatives.
- (c) The prohibition on the use of appropriated funds, in subparagraph (b)(i) of this clause, does not apply to the following selling activities before an agency by independent sales representatives, provided such activities are prior to formal solicitation by an agency and are specifically limited to the merits of the matter:
- (i) Discussing with an agency (including individual demonstration) the qualities and characteristics of the person's products or services, conditions or terms of sale, and service capabilities; and
 - (ii) Technical discussions and other activities regarding the application or adaptation of the person's products or services for an agency's use.
- (d) Agreement. In accepting any contract, grant, cooperative agreement, or loan resulting from this solicitation, the person submitting the offer agrees not to make any payment prohibited by this clause.
- (e) Penalties. Any person who makes an expenditure prohibited under paragraph (b) of this clause shall be subject to civil penalties as provided for by 31 U.S.C. 1352. An imposition of a civil penalty does not prevent the Government from seeking any other remedy that may be applicable.
- (f) Cost Allowability. Nothing in this clause is to be interpreted to make allowable or reasonable any costs which would be unallowable or unreasonable in accordance with Part 31 of the Federal Acquisition Regulation (FAR), or OMB Circulars dealing with cost allowability for recipients of assistance agreements. Conversely, costs made specifically unallowable by the requirements in this clause will not be made allowable under any of the provisions of FAR Part 31 or the relevant OMB Circulars.

16. Equal Employment Opportunity

During the performance of this contract, the

Contractor/Seller agrees as follows:

(a) The [contractor/seller] will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, disability, or national origin. The

[contractor/seller] will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, sexual orientation, gender identity, disability, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The [contractor/seller] agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

(b) The [contractor/seller] will, in all solicitations or advertisements for employees placed by or on behalf of the [contractor/seller], state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, disability, or national origin.

(c) The [contractor/seller] will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the [contractor/seller]'s legal duty to furnish information.

(d) The [contractor/seller] will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or workers' representative of the [contractor/seller]'s commitments under section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(e) The [contractor/seller] will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(f) The [contractor/seller] will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(g) In the event of the [contractor/seller]'s non-compliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the [contractor/seller] may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(g) In the event of the [contractor/seller]'s non-compliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the [contractor/seller] may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(h) The [contractor/seller] will include the provisions of paragraphs (a) through (h) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each sub[contractor/seller] or vendor. The [contractor/seller] will take such action with respect to any subcontract or purchase order as may be directed by the Secretary of Labor as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event the [contractor/seller] becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction, the [contractor/seller] may request the United States to enter into such litigation to protect the interests of the United States.

17. Equal Opportunity for Workers with Disabilities

1. The [contractor/seller] will not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The [contractor/seller] agrees to take affirmative action to employ and advance in employment individuals with disabilities, and to treat qualified individuals without discrimination on the basis of their physical or mental disability in all employment practices, including the following:

- i. Recruitment, advertising, and job application procedures;
- ii. Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff and rehiring;
- iii. Rates of pay or any other form of compensation and changes in compensation;
- iv. Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists;
- v. Leaves of absence, sick leave, or any other leave;
- vi. Fringe benefits available by virtue of employment, whether or not administered by the [contractor/seller];
- vii. Selection and financial support for training, including apprenticeship, professional meetings, conferences, and other related activities, and selection for leaves of absence to pursue training;
- viii. Activities sponsored by the [contractor/seller] including social or recreational programs; and
- ix. Any other term, condition, or privilege of employment.

2. The [contractor/seller] agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the act.

3. In the event of the [contractor/seller] noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the act.

4. The [contractor/seller] agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, Office of Federal Contract Compliance Programs, provided by or through the contracting officer. Such notices shall state the rights of applicants and employees as well as the [contractor/seller]'s obligation under the law to take affirmative action to employ and advance in employment qualified employees and applicants with disabilities.

The [contractor/seller] must ensure that applicants or employees with disabilities are provided the notice in a form that is accessible and understandable to the individual applicant or employee (e.g., providing Brail or large print versions of the notice, or posting a copy of the notice at a lower height for easy viewing by a person using a wheelchair). With respect to employees who do not work at a physical location of the [contractor/seller], a [contractor/seller] will satisfy its posting obligations by posting such notices in an electronic format, provided that the [contractor/seller] provides computers, or access to computers, that can access the electronic posting to such employees, or the [contractor/seller] has actual knowledge that such employees otherwise are able to access the electronically posted notices. Electronic notices for employees must be posted in a conspicuous location and format on the company's intranet or sent by electronic mail to employees. An electronic posting must be used by the [contractor/seller] to notify job applicants of their rights if the [contractor/seller] utilizes an electronic application process. Such electronic applicant notice must be conspicuously stored with, or as part of, the electronic application.

5. The [contractor/seller] will notify each labor organization or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the [contractor/seller] is bound by the terms of section 503 of the Rehabilitation Act of 1973, as amended, and is committed to take affirmative action to employ and advance in employment, and shall not discriminate against, individuals with physical or mental disabilities.

6. The [contractor/seller] will include the provisions of this clause in every subcontract or purchase order in excess of \$ 10,000, unless exempted by the rules, regulations, or orders of the Secretary issued pursuant to section 503 of the act, as amended, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the Director, Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for noncompliance.

7. The [contractor/seller] must, in all solicitations or advertisements for employees placed by or on behalf of the [contractor/seller], state that all qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability.

18. Dissemination or Disclosure of Information

No information or material shall be disseminated or disclosed to the general public, the news media, or any person or organization without prior express written approval by the HA.

19. Contractor's Status

It is understood that the Contractor is an independent contractor and is not to be considered an employee of the HA, or assume any right, privilege or duties of an employee, and shall save harmless the HA and its employees from claims suits, actions and costs of every description resulting from the Contractor's activities on behalf of the HA in connection with this Agreement.

20. Other Contractors

HA may undertake or award other contracts for additional work at or near the site(s) of the work under this contract. The contractor shall fully cooperate with the other contractors and with HA and HUD employees and shall carefully adapt scheduling and performing the work under this contract to accommodate the additional work, heeding any direction that may be provided by the Contracting Officer. The contractor shall not commit or permit any act that will interfere with the performance of work by any other contractor or HA employee.

21. Liens

The Contractor is prohibited from placing a lien on HA's property. This prohibition shall apply to all subcontractors.

22. Training and Employment Opportunities for Residents in the Project Area (Section 3, HUD Act of 1968; 24 CFR 135)

- (a) The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section 3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.
- (b) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 75, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 75 regulations.
- (c) The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 prioritization requirements, and shall state the minimum percentages of labor hour requirements established in the Benchmark Notice (FR-6085-N-04)..
- (d) The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 75, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 75. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 75.
- (e) Noncompliance with HUD's regulations in 24 CFR Part 75 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts
- (f) Contracts, subcontracts, grants, or subgrants subject to Section 7(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5307(b)) or subject to tribal preference requirements as authorized under 101(k) of the Native American Housing Assistance and Self-Determination Act (25 U.S.C. 4111(k)) must provide preferences in employment, training, and business opportunities to Indians and Indian organizations, and are therefore not subject to the requirements of 24 CFR Part 75.

23. Procurement of Recovered Materials

- (a) In accordance with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, the Contractor shall procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered

materials practicable consistent with maintaining a satisfactory level of competition. The Contractor shall procure items designated in the EPA guidelines that contain the highest percentage of recovered materials practicable unless the Contractor determines that such items: (1) are not reasonably available in a reasonable period of time; (2) fail to meet reasonable performance standards, which shall be determined on the basis of the guidelines of the National Institute of Standards and Technology, if applicable to the item; or (3) are only available at an unreasonable price.

- (b) Paragraph (a) of this clause shall apply to items purchased under this contract where: (1) the Contractor purchases in excess of \$10,000 of the item under this contract; or (2) during the preceding Federal fiscal year, the Contractor: (i) purchased any amount of the items for use under a contract that was funded with Federal appropriations and was with a Federal agency or a State agency or agency of a political subdivision of a State; and (ii) purchased a total of in excess of \$10,000 of the item both under and outside that contract

Certification Regarding Debarment and Suspension

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

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

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

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

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

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

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

Instructions for Certification (A)

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

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

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

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

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

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

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

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

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

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

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Certification (B)

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Applicant		Date
Signature of Authorized Certifying Official		Title

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION <input type="text"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
* Title: <input type="text"/>	
* SIGNATURE: <input type="text"/>	* DATE: <input type="text"/>

Affirmative Statement for Contracted Parties

Contractor/Corporation

Upon penalty of perjury, I, _____, _____ of
Corporate Officer Name Corporate Officer Title
_____, do affirmatively state that all employees working for
Corporation Name
_____ are lawfully present in the United States. I further attest,
Corporation Name
under penalty of perjury, that _____ is not knowingly in violation
Corporation Name
of Section 285.530.1, RSMo, and shall not violate Section 285.530 during the length of the contract.

Corporate Officer Name & Title (Printed)

Signature

STATE OF _____)

COUNTY OF _____)

ss.

On this ___ day of _____ in the year 20___ before me, _____, a

Notary Public in and for said state, personally appeared _____,
Corporate Officer Name

_____ of _____, known to me to be the person
Corporate Officer Title Corporation/Limited Liability Corporation Name

who executed the within Agreement on behalf of said company and acknowledged to me that he or she executed the same for the purposes therein stated.

Notary Public

My commission expires _____

Section 3 Business Concern Certification for Contracting

Instructions: Enter the following information and select the criteria that applies to certify your business' Section 3 Business Concern status.

Business Information

Name of Business _____

Address of Business _____

Name of Business Owner _____

Phone Number of Business Owner _____

Email Address of Business Owner _____

Preferred Contact Information

Same as above

Name of Preferred Contact _____

Phone Number of Preferred Contact _____

Type of Business (select from the following options):

Corporation

Partnership

Sole Proprietorship

Joint Venture

Select from **ONE** of the following three options below that applies:

At least 51 percent of the business is owned and controlled by low- or very low-income persons (Refer to income guidelines on page 4).

At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers (Refer to definition on page 4).

Business Concern Affirmation

I affirm that the above statements (on the frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to [insert name of recipient/grantee] may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

*Certification expires within six months of the date of signature

Information regarding Section 3 Business Concerns can be found at [24 CFR 75.5](#)

FOR ADMINISTRATIVE USE ONLY

Is the business a Section 3 business concern based upon their certification?

YES **NO**

EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.



The City of Columbia
Section 3 Income Limits
Eligibility Guidelines

The worker's income must be at or below the amount provided below for an individual (household of 1) regardless of actual household size.

Individual Income Limits for City of Columbia
FY 2026

Income Limits Category	FY 2026 Income Limits
Extremely Low Income Limits (30%)	\$24,450
Very Low Income Limits (50%)	\$40,750
Low Income Limits (80%)	\$65,150

See <https://www.huduser.gov/portal/datasets/il.html> for most recent income limits.

Section 3 Worker Definition:

- A low or very low-income resident (the worker's income for the previous or annualized calendar year is below the income limit established by HUD); or
- Employed by a Section 3 business concern; or
- A YouthBuild participant.

Targeted Section 3 Worker Definition:

- Employed by a Section 3 business concern or
- Currently meets or when hired met at least one of the following categories as documented within the past five years:
 - A resident of public housing; or
 - A resident of other public housing projects or Section 8-assisted housing; or
 - A YouthBuild participant.

