

School District of Clay County

Stewardship Report

March 21, 2006

*Presented by:
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Attachments

- 2005 Plan Designs
- Aon’s National Trend Survey
- Carrier Financial Ratings
- InfoLinx for Aon Clients

Executive Summary



Aon Consulting is pleased to present this Stewardship Report of our services to the School District of Clay County, covering the period of January 1st – December 31, 2005. The purpose of this report is to review our activities over the last year, and to begin to set goals for 2006-2007 school year. We hope to use our Stewardship meeting as an opportunity to review the subject matter presented in this report, and also to receive some feedback from the Board on your expectations and needs, both past and present.

An effective partnership between the Board and Aon depends on our mutual cooperation. We request your comments and suggestions with respect to the 2006 Overview, so that we may achieve our mission to provide quality service. If revisions are required, we will amend the plan accordingly. It will be used as a guide throughout the year.

We greatly value our relationship with the School District of Clay County and believe that our association continues to be a successful one. We will constantly work to provide you with sound, state-of-the-art, and interactive consulting services.



Historical Summary

Over the past five years, Aon Consulting has forged a strong partnership with the School Board of Clay County and has developed what we view as an appropriate range of ongoing services. Fundamentally, we believe that it is our responsibility to:

- Maintain accurate and complete documentation on the welfare benefit plans, including maintenance of the plan documents, rate history, plan change history and experience data.
- Monitor the ongoing utilization and financial results inherent in each welfare plan.
- Assume primary responsibility for all renewal negotiations, including interaction with the carriers' underwriters, actuaries and account management team.
- Monitor the marketplace to ensure that the Board is receiving all needed services on a cost-effective basis that is consistent with marketplace trends.
- Integrate the benefit programs to the greatest extent possible so that costs are streamlined and duplication of benefits is avoided.
- Provide ongoing advice and counsel in all aspects of benefits administration and in human resource management. In this capacity, we act as an information center and sounding board for your staff as it approaches various benefits related issues.
- Assist in maintaining the programs as required under federal law and governing state law.
- Offer suggested ways by which the Board can improve or streamline its administrative processes in the employee benefits area.
- Offer insight and consultation into the real effect of new laws and regulations affecting the programs including recommendations on appropriate compliance techniques.

We have worked diligently to gain a solid understanding of the Board's programs, the management structure and the financial aspects of each plan. We believe that we have been successful in delivering a broad spectrum of services to the Board in a sound, cost-effective manner.

We feel that a personal, team approach is the cornerstone of our success. The Board plays an important role in this team approach.

Aon Consulting has been built on the principle of partnership with our clients. We will continue to develop our resources to fortify our customer commitment and continually enhance our ongoing partnership.



☀ **The growth in Clay County has resulted in the opening of two new schools for the 2005-2006 school year. There are plans for five more schools over the next few years.**

☀ **State education funding is a primary concern, as it directly impacts budget dollars that are available for benefits and salary increases.**

☀ **Nationally, employee benefits remain a significant concern.**

Increased spending on hospital care, home health services, drugs and public health programs will help push total health care spending from its current 16.2% of the economy to 20% in 2015, according to the Centers for Medicare and Medicaid Services projects.

☀ **According to Aon's 2005 Government @Work study, Government employees have the third highest level of workforce commitment.** At 100.4, the Workforce Commitment Index of Government employees was higher than the retail, hospitality, manufacturing, and healthcare industries and less than a point lower than the high-technology and finance industries.

☀ **Health care and outsourcing of jobs ended up in the top 5 list of things Americans were worried about in a new survey by a Sausalito, California marketing company.** According to a news release from Context Marketing, 52% said they are most concerned about healthcare issues, including pharmaceutical costs. Nearly four in 10 (38%) cited outsourcing of jobs as the issue keeping them up at night. Other issues included gas prices (61%) and terrorism (42%).



Medical

In March, Aetna announced approval from the State of Florida for the creation of an HMO in Alachua County. This new HMO eliminated the need for the Keystone Heights plan for the new renewal. Additionally, all of the PPO doctors in the current Aetna network (in that area) agreed to participate in the HMO plan. Provider relations worked throughout the year to increase the provider options in the Gainesville area.

Many plan participants utilized the Mayo Clinic, even though it was a non-participating facility. Aetna was successful in contracting with the Mayo Clinic for the PPO network after a long negotiation process.

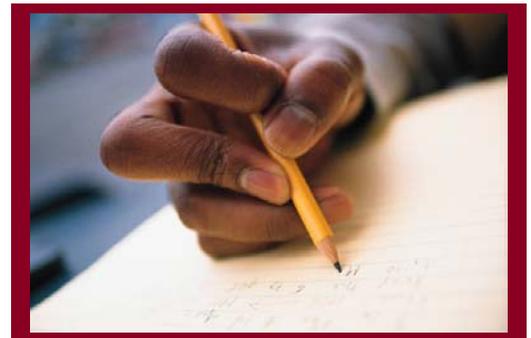
Service issues were minimal during the year. Many claims issues were resolved quickly, due to Aetna's service model. This model allows the service contact to resolve claims that need to be re-processed without needing any approvals or further review.

Again this year, there were issues with eligibility. These problems were mainly from the data received from CBIZ. Aetna's audit process was lengthy; so several members had issues with claims that were resolved after the start of the plan year.

Dental

With Delta Dental as the new provider, many employees have been pleased with the plan and the provider network on the PPO plan.

On the DHMO plan, provider relations worked to increase the number of providers in the network. There have been several new general dentists and one new orthodontist added to the plan since the first of the year. Most of the issues with the plan are from the eligibility data. Particularly with a DHMO plan, as members must select a DHMO provider in order to access care, this has created a significant increase in the workload of the Insurance department. Delta had to perform several audits before the eligibility issues were resolved in the later part of 2005.



Life and Disability

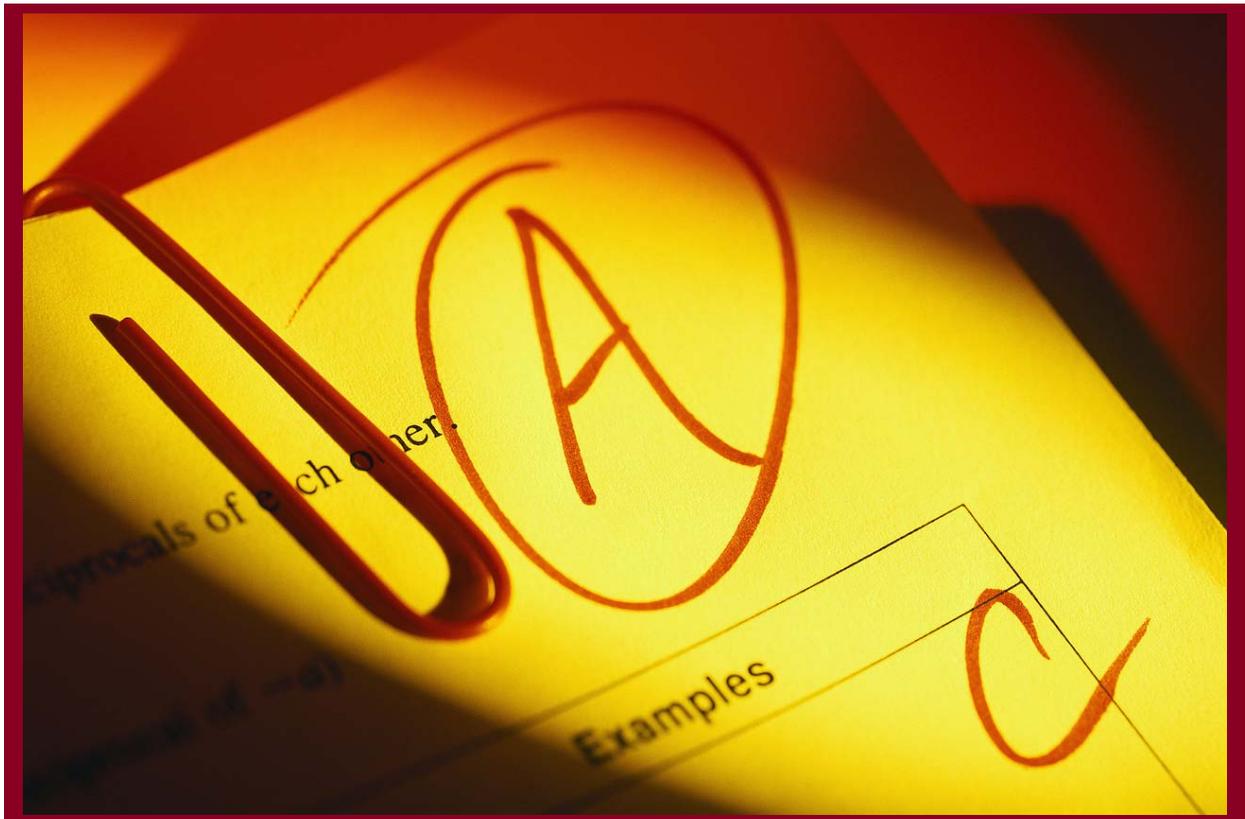
The Standard has provided the Life and Disability plan for Clay County since October of 2003. During the year, there have been some issues regarding disability claim submissions. Standard was asking for the same data several times for the same claimants. After further review, Standard has altered their process for claimant data requests and the handling of claimants from short-term to long-term disability.

Hospital Indemnity Plan

Service issues continue with this plan from Continental American. Enrollment forms are consistently requested and billing problems stemming from missing forms occur each month. At the start of the year, the claims department continued to ask for additional information that was unnecessary for the processing of the claim. Although we have received assurances these issues will not occur again, the plan administration has not run smoothly for a simple plan with a minimal benefit (\$150 per day for each inpatient hospital day).

Vision Plan

The Vision plan has run smoothly this year. Now that participants no longer need to order a benefit form prior to their appointment, plan satisfaction is much higher than in prior years with VisionCare. Some eligibility issues occurred due to the annual enrollment file, but most were quickly corrected.



Benefits Snapshot



Coverage	Vendor	Type of Plan	2005 Plan Year Total Premium Paid	Comments
Medical and Pharmacy Coverage	Aetna	Contributory (Plan A)	\$10,080,533	Final renewal 17.08% increase
Dental Coverage	Delta Dental	Contributory (Plan B) Voluntary (Plan A)	\$844,720	Two-year rate guarantee renewal in 2006
Vision Coverage	VisionCare Plan	Contributory (Plan B) Voluntary (Plan A)	\$240,214	Second two-year rate guarantee, no increase, renews in 2007
Hospital Indemnity Plan	Continental American	Contributory (Plan B) Voluntary (Plan A)	\$234,163	No increase for additional 12 months
Basic Life and AD&D Coverage	The Standard	Non-Contributory	\$430,462 All Standard Lines of Coverage	Rate guarantee until 2006
Supplemental Life	The Standard	Non-Contributory (Plan B) Voluntary (Plan A)		Rate guarantee until 2006
Short Term Disability	The Standard	Non-Contributory (Plan B) Voluntary (Plan A)		No increase for additional 12 months
Long Term Disability	The Standard	Non-Contributory (Plan B) Voluntary (Plan A)		Rate guarantee until 2006
Critical Illness	American General	Voluntary	\$123,570	Individual policies
Whole Life Insurance	UNUM	Voluntary	\$73,170	Individual policies

Medical Renewal

During our January 2005 meeting, we reviewed the current plan experience in preparation for the renewal in April. At that time, the first two months of the plan year (October and November) had a combined loss ratio of 88.37%. Due to the early data, it was not possible to predict the potential renewal increase. However, the loss ratio was improving over the prior plan year.

However, the renewal utilizes the most current 12-month period of experience to calculate the renewal. Since Clay County is considered fully credible from an experience and enrollment perspective, there is no adjustment factor against Aetna's book of business. However, since the plan changes from the current year's renewal were effective within the experience period, Aetna gave the claims during the prior plan year an adjustment (credit). Additionally, Aetna's renewal guarantee in 2004 included limits on trend for both medical (15%) and pharmacy (18%) components. After the calculation was completed, the projected blended increase for all four plans equated to 46.1%. The above renewal, as well as plan design options to mitigate a portion of the increase were presented at the April 20th Insurance Committee meeting. During the meeting, the Committee instructed Aon to develop renewal options with an overall increase of 20%, 25%, and 30% and agreed to meet again in two weeks with the results.

82% Employee Benefit Practitioners are planning to redesign some or all of their health care and employee welfare programs, with an eye toward reducing costs and improving employee recruitment, motivation, and retention in 2006.

-Source, International Society of Certified Employee Benefit Specialists (ISCEBS) 2005 Survey

At the Committee Meeting on May 9th, fifteen different plan design changes, as well as the elimination of the PPO plans in favor of HRA or HSA plan were reviewed and narrowed down to three combinations of plan designs. The Committee wanted Aetna to review these three combinations and calculate the overall increase for each combination of plans. Additionally, Aon desired to re-negotiate with Aetna one more time for any additional concessions available over the rate alterations on plan changes alone.

The Committee reconvened on May 23rd and the final combination of plans were thoroughly discussed. The Committee recommended the elimination of the two PPO plans, adding an HRA plan. In addition, the Premium HMO plan was enhanced and the plan design of the Basic HMO was altered to lower the premium rate. The combination of plan design changes, as well as additional concessions from Aetna, enabled the Board to provide three medical plans with varying cost and plan options to the employees of Clay County Schools. With the final plans in the place, the renewal that began at 46.1% was negotiated to a 17.08% overall increase.

Web-based Enrollment System Marketing

Our first strategy meeting was held in February with Aetna to determine if Aetna's enrollment system would support Clay County's needs. Being a current client of Aetna, this option would have no cost to the Board. After months of review with Aetna's IT department, we realized the system was not robust enough to support the specific needs of Clay County with regards to the Plan A and Plan B benefits structure. Of additional concern was the lack of a full-service call center to support the benefits and technical issues that would arise during the enrollment.

During this same period, we continued to review the other system capabilities. During the summer months, Aon contacted several organizations that created stand-alone software for purchase. Those options would need to be managed by Clay County with support offered at a per hour cost. Our cost estimate (excluding

Looking Back - Accomplishments

additional memory and training of the IT staff) for the purchase and per member license was \$420,000. Other costs would include consulting fees on a per hour basis to customize, as well as a per hour fee for any additional assistance once the software is installed and activated.

At our first Committee meeting in October, Aon reviewed the CBIZ issues during the most recent enrollment period and analyzed the potential costs of staying with CBIZ. CBIZ notified Aon that the enrollment process, even if call-center driven, could cost the Board between \$120,00 to \$150,000 for services. With the continuing issues from the enrollment managed by CBIZ, the Committee agreed that the enrollment process needed to change, especially in light of the cost associated with a process that has historically produced less than satisfactory results.

The Committee agreed that a new enrollment process must be found and Aon was instructed to manage the marketing process. The committee agreed Aon should review more in-depth with the Insurance Department before the full marketing effort was pursued. Although it was not a formalized bid process, Aon reviewed several national organizations to ensure the bid process included organizations that were able to address the specifics of Clay County's benefits. These options were reviewed during the January 2005 Insurance Committee Meeting. The organizations reviewed were: Aetna, Custom Benefits Program (CBP, purchased CBIZ in late 2005), Benefit Express, Employease, and UNUM's on-line system. During the next meeting in November, Aon was directed send out an RFP for a web-based enrollment system.

Once all of the vendor proposals were analyzed, Aon met with the Insurance Committee in January 2006 to review the results. Of the 23 potential providers, only two completed a proposal- UNUM and Employease. Due to pricing concerns, the Committee opted for the proposal from UNUM, rather than Employease, for web-based enrollment services.

Short Term Disability Renewal

While the Life and Long-Term Disability coverages contracted for a three-year rate guarantee, the Short-Term Disability plan had a two-year rate guarantee. Although an initial increase was presented by Standard, we were able to negotiate the renewal to a rate pass for an additional 12-month period. This enables Aon to negotiate all of the plans for the 2006 renewal process.

Hospital Indemnity Plan Renewal

The Hospital Indemnity Plan two-year rate guarantee ended in 2005. The renewal negotiations included plan clarifications to assist in streamlining the claims process. We were able to negotiate the need for a diagnosis code from the claim process. Continental American believed ineligible claims (such as hospitalization as a result of war or in the commission of a crime) might be paid. To overcome this perception, Aon asked for the claim denial reasons during the plan year. During the first 18 months, no claims were declined due to any of the exclusions. Therefore, Continental agreed to remove the diagnosis from the claim forms.

The renewal was minimal, but due to all of the administrative issues, Aon was able to negotiate an additional 12 months for no increase to the current rate.

Looking Back - Accomplishments



Hospital Indemnity Plan Marketing

The Hospital Indemnity Plan was marketed in conjunction with the Web-based Enrollment system, as an effort to offset any implementation fees. As reviewed mentioned, as managed by Continental American, the plan has been an administrative challenge for the Insurance Department.

Only UNUM was able to offer a plan to replace the existing Hospital Indemnity Plan. During our meeting in January, Aon reviewed with the Committee how this plan has many other benefits in addition to an inpatient benefit. However, there were some concerns with the benefit design as a result of the meeting discussions. The Committee will finalize their decision later in 2006.

CBIZ Enrollment

Since this was the third year with CBIZ, the enrollment process should have been less work. The initial problem began at the implementation phase, as CBIZ had not saved the plans or final process document from the prior year. With no data in the system from the prior year, the information needed to be built again.

The enrollment was not mandatory (as there were no new benefits offered). CBIZ offered to administrate the enrollment process for the new hires on a one-on-one basis, and the current employees would utilize the call center for any changes to their current enrollment. However, with 26% of the medical enrollment in the PPO plans, there was an assumption that at least half of the PPO enrollment would want to make a change rather than auto-enrolling in the HRA plan.

As the enrollment progressed, the call center was not able to keep up with the number of calls. Despite our conference calls and insistence that the call center representative level be increased, CBIZ did attempt to increase their staff but was never able to handle the enrollment. Many employees waited almost an hour to speak to a representative, and many more were offered a return phone call in lieu of waiting on hold. Only half of those employees were able to enroll via the call center. The Insurance department at Clay County was forced to have employees complete manual enrollment forms in order to have all of the deductions in place for the first payroll cycle of the year. The final statistics from the actual calls and wait times were as follows:

	# of Calls	Average Talk Time	Total Talk Time	Abandoned Calls	Average Abandoned Time	% Abandoned Calls	Max Wait Time	Average Wait Time
8/3/2005	85	:14:05	19:57:15	21	:05:19	19.44%	:18:03	:03:41
8/4/2005	58	:16:52	16:18:37	7	:03:00	10.77%	:14:51	:01:59
8/5/2005	92	:14:04	21:34:17	9	:02:41	8.82%	:11:26	:02:05
8/8/2005	176	:08:53	26:03:14	14	:02:51	7.33%	:15:22	:03:04
8/9/2005	184	:07:18	22:23:17	54	:08:08	22.69%	:35:21	:06:31
8/10/2005	212	:11:38	41:06:44	91	:03:26	29.93%	:41:00	:15:04
8/11/2005	245	:13:31	55:11:24	187	:04:40	43.19%	:48:02	:27:23
8/12/2005	301	:11:46	59:03:45	117	:05:14	27.99%	:47:38	:20:02
8/13/2005	100	:14:15	23:45:20	51	:05:39	33.77%	:01:03:53	:39:13
Total:	1,453	:11:47	285:23:53	551	:04:56	27.41%		:15:17

Looking Back - Accomplishments

During implementation, CBIZ notified us the payroll file could not be specifically formatted as in the prior years. Due to the timeframe when enrollment ends and the date that payroll needed the file (five days), Clay County would get a general file from CBIZ that the IT department (at Clay County) would need to format internally.

At the end of the enrollment period, the data returned to the carriers was not the same data that was returned to the payroll department. Consequently, the carriers were missing enrollment information and the payroll department was missing payroll data.

Communication Projects

The year started with the annual Spring News of Note. Our effort to educate employees on ambulatory facilities instead of hospitals for outpatient procedures was successful in reducing costs.

During the renewal process, we began working on the Benefits Booklet to make changes and additions to the current booklet. To differentiate the look from the prior year, Aon's Communications Department changed the color scheme and altered the graphic look of the book. The employee feedback on this change was very positive. The accompanied posters matched the look of the booklet to complete the uniformity of the campaign.

The enrollment form was also improved upon for ease of administration by Clay County and the various providers that utilize the form for enrollment purposes throughout the year.

Due to the changes in a few of the benefits, the Benefits Video needed an update. The changes were made prior to the new plan year and distributed to all locations.

The Fall News of Note reviewed questions received during annual enrollment meetings that needed to be clarified or re-addressed.

Medicare D

In September, Aon reviewed the Medicare D options for Clay County. Due to the minimal amount of retirees in the Aetna plans, the Board agreed that the cost of the actuarial study, as well as the cost for the actual filing, would be more than the potential subsidy. For the 2006 plan year, Clay County will use the safe harbor rule, as Aon believes the plan to be equal to or better than the base plan outlined by CMS.

Aon created the mailings for Clay County to issue to all plan participants, currently 62 years old or older. The mailing consisted of an announcement letter and the certificate of creditable coverage. This same mailing will be sent to plan participants each year.

Other Services

During 2005, Aon has assisted with Insurance Committee meetings, Board Meetings and Workshops, the Healthfair and coordinated meetings with Clay County's provider partners.

Looking Back - Accomplishments



Core Services

Legislative and Regulatory Resources

Aon serves as a resource to all of our clients for compliance, research and technical services, and regulatory issues. Our *FMLA Guide* and *COBRA Guide* offer regulatory support at your fingertips. Our Research and Technical Services (RTS) team keeps a close eye on legislative activity that impacts our clients and enables Aon's Consulting team to pass along that information.

Ongoing Information and Resource Sharing

Aon serves as a resource to all of our clients for market trends and innovations. All Aon practitioners have access to our extensive databases and our departmental resources, including actuaries, pharmacists and teams of experts in all areas of Human Resource and Risk Management. BPB has access to some of our internal databases with *Client InfoLinx*, available on the Internet. Aon's Trend Survey is released each fall and spring and this data is used to assist us in negotiations for renewals and proposals.



Looking Back – Compensation and Utilization of Aon Consulting’s Resources

Aon Consulting’s compensation structure for work performed for Clay County District Schools and its Health and Welfare plans is based on utilizing commissions received to pay for services. Time and expenses for all project work involving Aon Consulting staff is tracked monthly. The following chart details the flow of revenue against time charges for the past year.

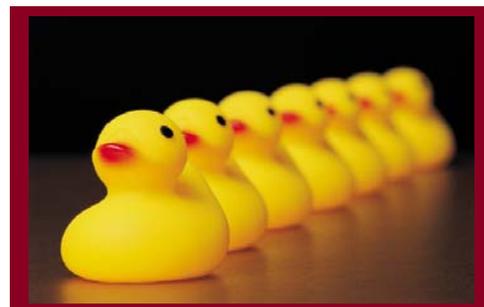
Should Clay County desire, the compensation method could be converted to a fee only basis, as needed, to support new project work.

	2005 Billable Hours	2005 Realized Dollars
Time Incurred		
Health and Welfare	1,190	\$245,434
Communications	197.70	\$36,582
Expenses (printing and postage)		\$30,159
Commission Received		\$307,929
Fees Received		\$0
Difference		(\$4,246)

Note that time incurred for Health and Welfare does not include expenses, such as printing, mileage and other travel costs.

Looking Forward – Benefit Trends And Future Considerations

Stress management program. Probably the most underestimated factor influencing healthcare costs and productivity loss today is stress. Promotion of stress management programs through an employer's EAP should be considered as an effective approach to help employees lead healthier lives and reduce healthcare costs. We have some very specialized expertise in this area through our outsourcing work with a large, national employer. Aon's work consists of using our behavioral health expertise to create and modify interventions especially in the area of stress and stress management for this employer's leadership and employee groups. These sessions take advantage of over 15 years of modification and refinement and are often tailored specifically to the audience to whom they are delivered. More than simply addressing the rudimentary aspects of stress and change, these sessions revolve around issues of resiliency and building greater personal capacity in all areas of living. This can be accomplished for your employer clients as well.



Health Savings Accounts. The Health Savings Account allows employees that participate in high deductible plans (minimum \$1,050 single; \$2,100 family) to deposit pre-tax dollars into an account to be used as a medical reserve fund that rolls over from year-to-year.

Communication. As the Board makes changes in compensation and benefit programs and/or passes rising program costs off in whole or in part to the employee, careful consideration of how to communicate such changes to plan participants is critical.

Pay-related Employee Contributions. In recent years companies such as Aon, Kraft Foods, Bank One and TD Industries, have introduced pay-based premium structures as a way to allocate employee contributions commensurate with pay (i.e., the higher the compensation, the more the employee pays). While not a solution to rising costs, some employers believe pay-based contributions are a more equitable way to distribute cost increases. We can help the Board develop a contribution strategy, project the impact of various scenarios on employer costs, and assist in the communications process.

Nutrition and Weight Management Programs. Nutrition and weight management are rapidly proving to be a close second in ROI to smoking cessation. 65% of the US population is overweight/obese and obese workers cost 38% – 59% more than non-obese employees. Other than morbid obesity, the insurance industry has not stepped up to the plate. Therefore, it is in the employer's best interests to pursue these programs at the work site.

Looking Forward – Benefit Trends And Future Considerations

Health Risk Assessments. Assessments are a vital component in any health promotion initiative and can identify pre-chronic cases to avoid costs before they occur. They provide data that are only available through self-identification (e.g., smoker, sedentary lifestyle, high-stress work environment, overweight, etc.). This important information cannot be captured through medical/disability/Rx claim experience. Equally important are the follow-up efforts that are implemented (examples noted below):

- ✓ Targeted, individualized education materials
- ✓ “Smart” health portals that self-customize based on health risk assessment results
- ✓ Telephonic healthcare coaching and individual goal setting
- ✓ Ongoing follow-ups and incentive rewards for continuing to meet personal objectives
- ✓ Targeted biometric screenings (finger sticks) for certain high-risk populations
- ✓ Program expansion to dependents

Health Promotion Incentives. Passive health promotion programs generate limited participation or excitement for the program. Employees need to be engaged in the process of changing to healthy lifestyle choices. HIPAA’s nondiscrimination rules do not prevent a health plan from providing discounts or rebates, or modifying co-payments or deductibles, in return for participating in a health incentive program. However, to prevent health incentive programs from being used to circumvent HIPAA’s nondiscrimination rules, proposed regulations impose requirements on health incentive programs that reward plan participants based on *the ability of an individual to meet a health standard* (e.g., cholesterol level of less than 200). Some of the incentives typically associated with participation in health promotion/disease prevention programs include:

- ✓ A condition of entry into high cost plans
- ✓ A condition of receiving an annual enrollment packet (otherwise get default plan)
- ✓ A condition of receiving lower employee contribution or deductible levels
- ✓ A cash payment for participating
- ✓ Cash payments for meeting/continuing to meet health goals
- ✓ Points that can be used for purchasing company store items, healthy lifestyle items, health club memberships, etc.
- ✓ Employer promotional materials such as logo gym bags, logo jackets
- ✓ An entry into a grand prize drawing for DVD player, trip, etc.

Aon Overview – Other Aon Services



Our goal is to become an extension of your Benefits department. We will use this plan as a guide to ensure all of the Board's service needs are met throughout the year.

- Provide short- and long-term strategy support
- Continue to oversee and monitor Aetna as the medical and pharmacy administrator
- Manage and negotiate renewals and any marketing activity
- Serve as advocate and liaison between the Board and all H&W benefit vendors.
 - review all contract, booklets and amendments
 - resolve significant claim and/or service issues
- Provide consultative services with regard to plan design, utilization management, plan expenses, trends and innovations.
- Act as a resource in terms of legislative/regulatory issues and research/technical issues
- Plan pricing and projections
- Enrollment options, either telephonic or web-based, or a combination of both



Additional Projects

- Exploration of offering a Health Spending Account (HSA)
- Review options for Health Promotion Incentives
- Review Medicare Compliance and Disclosures to CMS

Goals

- Manage costs for all Health and Welfare Plans
- Understand HSA and consider implementation
- Implementation of Web-based Enrollment system

Your Aon Team



We advocate a team-approach from Aon to be sure we deliver the highest quality services possible. Each client is provided a select team of Aon professionals, with each team member bringing their particular expertise to your service. It is our intent that you have more than one individual to contact who knows you and understands your account. We will designate one individual as an account manager, but with the support of several team members and associates beyond the Tampa office.

John Cooney
Senior Vice President
Client Advocate

Gina Ciccia
Consultant
Account Manager
Health & Welfare

Deb Seatz
Benefits Specialist

Sally Wood
Administrative Support

Additional Resources

Wendy Sherman
Assistant Vice President
Communication
Consulting

Brian Broverman
Senior Vice President
Defined Contribution

JR Shamley
Vice President
ASA Actuary

Mark Holloway
Senior Vice President
Research
Technical/Legal

National Resources

Joe Marlowe
Claim Data Analytics
Senior Vice President

Anna Patrick
Pharmacy
Vice President

Bill Sharon
Consumer Driven
Healthcare
Senior Vice President

Cindy Gates
Disease
Management/Clinical
Audits

Paul Botkin
Life Specialist
Senior Vice President

Donna Cowden
Stop Loss
Vice President

Gary Sullivan
Elective Benefits
Senior Vice President

Michele Becker
Wellness/Health
Promotion
Vice President

This model may be adjusted throughout the relationship with the School District of Clay County as your goals and objectives change. We believe the multi-layer approach is effective in servicing your account.