



**RESPONSE TO REQUEST FOR PROPOSAL**  
*for Employee Benefits Brokerage & Consulting Services*

**March 18, 2022**



**pbi/gordon**  
**companies**  
Employee-Owned



March 18, 2021

Kelly Bosak  
Director of HR Operations  
PBI-Gordon Companies  
22701 W 68<sup>th</sup> Terrace  
Shawnee, KS 66226

Traci Gall  
Compensation & Benefits Manager  
PBI-Gordon Companies  
22701 W 68<sup>th</sup> Terrace  
Shawnee, KS 66226

Kelly and Traci,

As a leader in the Kansas City metropolitan area business community, we are honored to respond to PBI-Gordon Companies Employee Benefits RFP.

While we have responded to all questions outlined in the RFP, we would like to highlight the following items that we believe will be impactful to PBI-Gordon Companies:

- + Our model is built upon transparency, partnership and teamwork. Being employee-owned, we are very passionate about our business and most importantly, our clients.
- + One IMA/One Profit Center. We are unique because IMA does not operate under a charge-back model. Clients get access to enterprise-wide resources to find the best intellectual capital within the organization without our associates are unencumbered by profit centers.
- + 8% of our revenue is invested in value added client services, twice the industry average of 3.8%. Reinvestment in our company means more value-added resources for PBI-Gordon Companies.
- + We are driven to help our clients "see around corners" in order to anticipate and plan for emerging and transforming risks. Based on the data you provided, there are two immediate areas we would focus on: Pharmacy and Stop Loss cost. We provide some detailed observations later in this document.

Our goal is to assist you in accomplishing your strategic goals. We would welcome the opportunity for our team to meet with PBI-Gordon Companies to further our discussion.

Sincerely,



**Nick White**  
Producer, MBA  
[nick.white@imacorp.com](mailto:nick.white@imacorp.com)



**Kristi Gjellum**  
EVP, National Client Experience & Partnership Leader  
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“PROTECTING ASSETS IS WHAT WE DO,  
**MAKING A DIFFERENCE IS WHO WE ARE.**”

ROB COHEN, *Chairman & CEO, IMA Financial Group*

# 1. FIRM HISTORY AND EXPERIENCE

a) Provide a brief history of your firm including ownership structure, size, and volume of business, locations, number of years in business, business philosophy, and scope of your brokerage services.

## IMA HISTORY

Insurance Management Associates, Inc. was formed in 1974 when three agencies joined together, forming the basis for the present company. Our goal, then and now, is to be an innovative leader in the commercial insurance, risk management, surety and employee benefits brokerage and consulting industry. In 2020, IMA changed our corporate name to IMA Financial Group, Inc. as our original name did not adequately describe our business and the breadth of the services we provided.

IMA is the 3<sup>rd</sup> largest privately held broker in the country and 21<sup>st</sup> largest overall. Our over 1,700 associates are located across offices in Alaska, California, Colorado, Hawaii, Kansas, Michigan, Oregon, Pennsylvania, Texas, Utah, Washington, and throughout the U.S and Canada.

## IMA FAST FACTS

- + Incorporated in 1974
- + 3<sup>rd</sup> largest privately held broker in the country
- + 21<sup>st</sup> Largest Broker Overall
- + Employee-owned
- + Over 1,700 employees
- + National in Reach, Local in Service
- + Premium placements of over \$5 billion annually
- + Revenues in excess of \$400 million
- + Client Retention Leads the Industry at 95%
- + 8% Revenues invested in value-added client services – twice the industry average of 3.8%
- + IMA has clients with physical operations, exposures, and/or employees in every state in the U.S. as well as in over 100 countries around the world

IMA  
REINVESTS  
**2X**  
NATIONAL AVERAGE  
IN CLIENT SERVICES

EMPLOYEE OWNED  
**45** FOR OVER  
YEARS



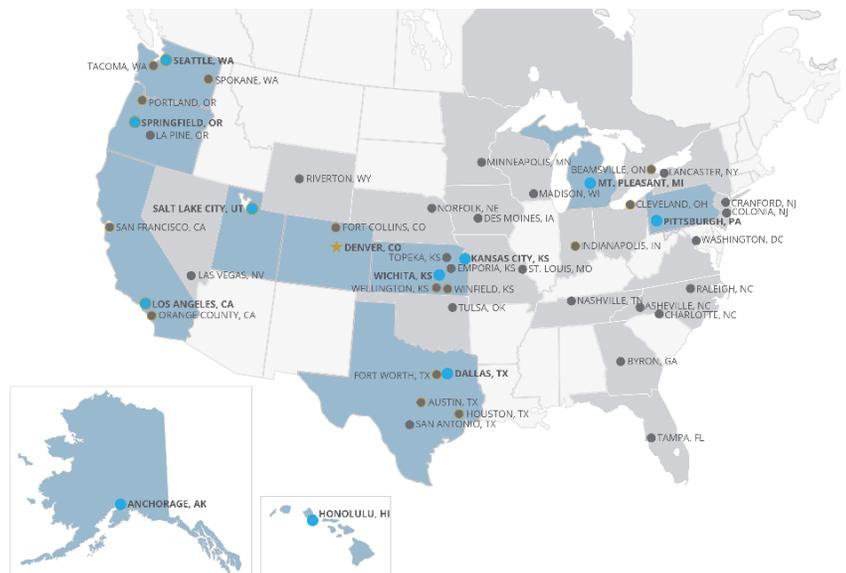
# IMA Financial Group



## OFFICE LOCATIONS

IMA operates hub offices in 11 states:

- + Alaska – Anchorage
- + California – Los Angeles
- + Colorado – Denver  
(Corporate Headquarters)
- + Hawaii – Honolulu
- + Kansas – Overland Park, Wichita
- + Michigan – Mount Pleasant
- + Oregon – Springfield, Portland
- + Pennsylvania – Pittsburgh
- + Texas – Dallas
- + Utah – Salt Lake City
- + Washington – Seattle, Spokane



## IMA BENEFITS

Our Benefits Division has over 250 associates and we have structured our benefits consulting teams to meet the needs and expectations of various clients based on key characteristics such as the regional and/or national footprint of the organization, the size of the organization, and the strategic complexity. Company-wide we serve close to 3,000 clients.

PBI-Gordon Companies would be managed by the IMA Benefits Kansas City team in addition to support specialists located in other offices. This team has been assigned specifically because of their expertise working with clients of similar size to PBI-Gordon Companies that have complex strategic benefit program goals and objectives and many times have a multi-state or international footprint.



### Select Market

Specialized market segment for clients < 100 employees

### Mid Market

Core market segment of mid-sized clients

### National Accounts

Top market segment of large, national clients

We are proud to be an employee-owned company with premium placements in excess of \$5B and revenue exceeding \$400M. IMA specializes in providing risk management and insurance coverage tailored to a variety of different industries, many of which align directly with your respective enterprises. We purposely establish specialization areas within our benefits division.

The benefits consulting team's approach to developing strategy for our clients is one established in our proven-effective consultative philosophy. That philosophy is rooted in two foundational components: being **educational and informative** so clients can make well-founded decisions and following a **strategic and active approach** to plan management. We do not believe there are any "silver bullets" or single solutions that work for all clients. We understand that one size does not fit all, and it is our goal to collaborate with our clients to create a customized multi-year strategy.

IMA will support PBI-Gordon Companies with a team of industry specialists who are unparalleled. We have subject-matter experts in the areas of compliance, wellness, employee engagement and communications, data analytics, cost containment, supplemental benefits, Medicare and benefits technology to ensure your expectations are met.

IMA's overarching goal is the perpetuation of the firm and our continued ability to provide for our associates and their families; a goal accomplished only by providing exceptional service, insight and partnership for our clients.

**b) Describe the visibility and influence of your firm in the employee benefits field.**

Our prominent position in the marketplace provides our clients with advantages on many levels, including rate negotiations, benefit exceptions and performance guarantees. We're considered a **"Platinum"** or **"Premier"** broker by the majority of the medical carriers, third-party administrators and service vendors and our leaders sit on many advisory boards throughout the industry.

We place over \$5 billion in premiums with carrier partners each year. Since we're completely independent, with no direct affiliation with any single carrier or provider, we can represent clients in evaluating all national and local network options.

In addition, our reputation as industry experts, innovators and honorable partners of integrity places us in the top national echelon among brokers with our carrier partners.

Our Chairman & CEO, **Rob Cohen**, has served as Chairman of the Council of Insurance Agents and Brokers, the industry's most prestigious trade association.

**Kristi Gjellum**, our National Client Experience and Partnership Leader, recently finished her three-year term on the organization's National Broker Advisory Panel, which is a very select group of trusted brokers across the nation who serve as advisors to UnitedHealthcare's national leadership. She also sits on numerous advisory panels as well as the Council Board of Benefit Executives for Council of Insurance Agents and Brokers.



## 2. ACCOUNT TEAM QUALIFICATIONS

- a) Provide an overview of the account team that would be assigned to PBI-Gordon Companies. For each member of the team, provide highlights outlining qualifications and experience. Provide a summary of roles and distribution of responsibilities. Please include credentials of any actuarial team member assigned to manage PBI-Gordon Companies' financial data and renewal calculations.

PBI-Gordon Companies will be assigned a core consulting team consisting of an Account Executive, Account Manager, Senior Analyst and Analyst supporting the PBI-Gordon Companies team. In addition, IMA will be assigning an Executive Sponsor that is a member of IMA's Benefits leadership team to the PBI-Gordon Companies account. Behind this consulting team is a team of specialty consulting resources to support PBI-Gordon Companies. Additional information about our actuarial team members is noted in question 4c.

### IMA SERVICE TEAM



**KENRA BLACK**  
*Account Executive*



**MATT COHAN**  
*Unit Leader*



**BECKY ATENCIO**  
*Senior Account Manager*



**MATT COLLIER**  
*Senior Analyst*



**MARLEE NEWMAN**  
*Analyst*



**VANESSA KEITH**  
*Innovation Specialist*



**KRISTI GJELLUM**  
*EVP, National Client Experience & Partnership Leader*



**NICK WHITE**  
*Producer*



**KENRA BLACK** | *Account Executive*

*Kansas City*

Kenra joined IMA four years ago after worked in human resources in both the public and private sector with oversight of the employer's benefit portfolio for over 20 years. During her time as a human resources professional, she most enjoyed identifying and implementing creative strategies to meet the goals of her employer. Kenra started at IMA in the Wichita office in 2017 as an Associate Account Executive/Senior Account Manager. In 2018, Kenra and her husband moved to the Kansas City area to be near family and she transferred to the IMA Kansas City office. During her time as a Senior Account Manager, Kenra worked in the multi-employer space as well as municipalities, finance and manufacturing. In 2019, Kenra was promoted to Account Executive and works primarily in the 100 – 3,000 employee space with focus on self-insured clients in both the public and private sector. Kenra's strong project management skills are valuable in guiding employers through the process of designing and managing a benefit plan.



**MATT COHAN** | *Unit Leader*

*Kansas City*

With 20 years in the insurance industry and 5 years with IMA, Matt has extensive knowledge of employee health and benefits, focusing on self-funding, alternative funding, and cost containment strategies. This background allows Matt to consult and service his clients to help them mitigate risk and attract and retain the best people. Matt is the leader for the Kansas City Employee Benefits department. As the leader, Matt is also responsible for training and development, providing resources, and bringing innovative strategies to the KC Benefits department. Matt has a Bachelor's degree in Business Administration from the University of Florida.



**BECKY ATENCIO** | *Senior Account Manager*

*Kansas City*

Becky joined IMA as Senior Account Manager in early 2021. Becky spent the last two decades in the insurance industry. She has worked in Account Management and Project Management roles for both benefit consulting agencies and insurance carriers. Most recently, prior to moving into her role with IMA, Becky worked as a National Account Manager for 6 years at an ancillary insurance carrier. Her wide variety of expertise allows Becky to offer a holistic approach to an employer's benefit packages. She lives in Kansas City, with her husband who is a local Chef and her 5 year old daughter. Becky is involved in the community and volunteers with several organizations when time allows-- Junior League of Kansas City, Happy Bottoms, Harvesters, to name a few.



**MATT COLLIER** | *Senior Analyst*

*Kansas City*

Matt joined IMA in 2007 as an Account Analyst. Prior to joining IMA he spent 5 years at Great West Healthcare and now holds over 15 years of industry experience. Matt serves as a Technical Analyst, working primarily as a subject matter expert for our benefits department assisting service teams with underwriting and analytic practices for self-funded and fully insured clients ranging in all sizes. Matt has spent the last 10+ years at IMA working on clients from <50 to 3000 lives. During his tenure, Matt has worked with analytics to develop client facing presentations providing analysis on current plan structure and utilization and providing recommendations to make improvements in employer and employee experience and financial management, creating cost effective programs for clients of all sizes. Matt graduated in 2002 from the University of Colorado with a Bachelor of Science in Business Administration.



**MARLEE NEWMAN** | *Analyst*

*Kansas City*

Marlee is an Account Analyst assisting in the Employee Benefits department.

Before joining the Employee Benefits team at IMA as an Analyst, Marlee spent five years as an Account Manager for a local benefits administration company and most recently gained experience implementing and building benefits management platforms for employers of various sizes within the Human Capital Management (HCM) industry.

Marlee has a Bachelor of Arts degree in Communication and Media Studies from the University of Missouri – Kansas City.



**VANESSA KEITH** | *Innovation Specialist*

*Wichita*

For 13 years, Vanessa has provided consultative and service expertise to her employee benefits clients. She joined IMA in 2014 and has worked as the lead strategist on her book of business since joining the team. Vanessa is passionate about identifying creative solutions for clients to ensure they are offering the most valuable employee benefits package to their employees, while also curbing the continuous rising cost of healthcare. Her approach is tied to understanding the employer as a whole, including their long-term business goals and philosophy. This allows her team to focus on the entire offering ranging from the employee benefits package to the overall employee experience through their internal culture. Focusing on a client as a whole, allows the IMA team to ensure they are identifying the needs of their clients in totality and source solutions in the market that truly fit their individualized needs and goals.

Prior to joining IMA, Vanessa began her employee benefits career at Blue Cross Blue Shield of Oklahoma in their large group marketing department. In that role, she focused on partnering with employer groups on escalate service and renewal strategies. Vanessa received her bachelor's degree in Business Administration – Marketing from Kansas State University.



**KRISTI GJELLUM** | *EVP, National Client Experience & Partnership Leader*

*Denver*

Kristi began her Employee Benefits career in 1989 with Mutual of Omaha's Denver Group Office. During her eight-year tenure with the Mutual of Omaha Companies, she was an Account Manager responsible for health, life and disability plans for large employer groups. Also, during her tenure, she served on the management team for Mutual of Omaha's HMO where she assisted in implementing a Customer Service department, worked on processes and oversaw service for their largest client which consisted of 14,000 employees. Her Consulting career began in 1997 as the Assistant Vice President of Employee Benefits for a regional consulting firm in Anchorage, Alaska. In 2001, she returned to Denver where, prior to joining IMA, she worked at Lockton Companies and Marsh.

Throughout her career, Kristi's experience has been with mid-size to large employer groups across all industry sectors and funding arrangements. Her expertise is in self-funded health plans; although, she also has extensive knowledge over all types of employee benefit programs, as well as associated compliance issues.

With over 15 years of experience at IMA and over 30 years of industry experience, Kristi is the National Client Experience Leader and Partnership Leader. She has oversight of all facets of the client experience including the strategic direction of employee benefits programs providing innovative solutions to benefits planning. She utilizes a wide variety of strategies to assist in clients managing their benefit programs, including funding and risk alternatives, health claim analysis, cost containment solutions and employee communications.

Kristi attended the University of Colorado at Boulder and Regis University. She earned a Bachelor of Science degree in Business Administration from Regis University.



**NICK WHITE** | *Producer*

*Kansas City*

Nick has been in the insurance industry since 2003. He's held many roles on the insurance broker side including Commercial Lines Leader and Producer. He has spent his career working with companies on their evolving insurance placements. His ultimate responsibility is ensuring we deliver on the promises we make to clients from a service and overall client experience. He is published in the *Construction Financial Management Association* magazine regarding "Builders Risk: Is Your Financial Interest Covered?" Nick has built solid relationships with insurance markets to benefit his clients. He has a bachelor's degree in Finance and a Masters degree in Business Administration.

IMA purposely establishes dedicated client services teams all with a specific client role.

			
<b>ACCOUNT EXECUTIVE</b>	<b>ACCOUNT MANAGER</b>	<b>ANALYST</b>	<b>RELATIONSHIP LEAD</b>
<b>STRATEGIST</b>	<b>PROBLEM SOLVER</b>	<b>ANALYZER</b>	<b>EXECUTIVE OVERSIGHT</b>
Program Oversight	Day-to-Day Support	Data Management	Client Satisfaction
<ul style="list-style-type: none"> <li>+ Cost Control</li> <li>+ Benchmarking</li> <li>+ Trends</li> </ul>	<ul style="list-style-type: none"> <li>+ Communications</li> <li>+ Open Enrollment</li> <li>+ Vendor Liaison</li> </ul>	<ul style="list-style-type: none"> <li>+ Marketing</li> <li>+ Budgeting</li> <li>+ Reporting</li> </ul>	<ul style="list-style-type: none"> <li>+ Relationship</li> <li>+ Quality Control</li> <li>+ Troubleshooting</li> </ul>
			
<b>KENRA BLACK</b> Account Executive	<b>BECKY ATENCIO</b> Account Manager	<b>MARLEE NEWMAN</b> Account Analyst	<b>NICK WHITE</b> Producer

This group dynamic results in greater stability and long-term sustainability of a benefit offering that meets each client’s specific needs. The team believes in a highly proactive approach continually reviewing our clients’ programs and making incremental recommendations rather than reactive, disruptive changes. IMA views our clients as partners and will work hard to become your trusted resource in both service and expertise.

## ADDITIONAL SUPPORT SERVICES

In addition to the service team described above, IMA is positioned to support PBI-Gordon with teams of industry specialists who are unparalleled in the brokerage marketplace. We provide specialists for compliance, data analytics, international benefits, total rewards, wellness, employee communications, actuarial, specialty health solutions, supplemental benefits, Medicare and technology advisory services to ensure your expectations are met. These subject-matter experts are invaluable resources for our clients and our service teams.

## SPECIALTY RESOURCES



**KC RIPPSTEIN**  
*Employee Benefits Compliance  
Practice Lead*



**JORDAN PAULUS, FSA, MAAA**  
*VP, Director, Strategy & Analytics*



**JESSI RYAN**  
*Vice President of Business Consulting*



**JILL DIGRAPPA**  
*Wellness Advisor*



**BAILEY BEINS**  
*Benefits Communication Specialist*



**BRYAN SMITH**  
*Benefits Administration  
Technology Manager*



**BRIAN HEINKE**  
*SVP, Retirement Plan Specialist*



**JENETTE SCHAFER**  
*VP, Life, Disability and Supplemental  
Practice Lead*



**SEAN JACKSON**  
*Managing Director -  
Global Risk & Benefits*



**CRAIG TRUITT, J.D.**  
*Employee Benefits Compliance Attorney*



**SAMANTHA JENKINS**  
*Wealth Management &  
Retirement Plan Specialist*



## b) Describe your approach to continuously developing your staff.

All members of the team assigned are experienced and licensed employee benefits professional with diverse backgrounds. Our consultative philosophy of being **educational and informative** for our clients starts first with our own focus on growing our knowledge and experience.

We place a high priority on continuing education and development for our team so that we can improve our expertise in order to be educational and informative to our clients. Internally, we have a Learning & Development department who, with Benefits leadership, develops curriculum for each functional team. This continuing education focus ranges from participation in training provided by internal and external expert resources to professional designation programs to a daily commitment to associate mentorship.

Additionally, IMA has monthly meetings amongst the various job positions (e.g., AE/Consultants, Account Managers, Analysts, Market Leaders, etc.) across our national footprint with the agenda of idea sharing, problem solving, skill sharpening and emerging trend/topic discussions. The goal is for associates to constantly learn from each other for their benefit and the benefit of our clients. These meetings are memorialized and necessary action is taken to ensure we are constantly improving our Benefits practice.



### 3. CLIENTS

a) Describe at least two innovative strategic solutions you have implemented for clients like PBI-Gordon Companies that highlight your benefits consulting expertise.

One of the most significant issues facing employers is the continued escalation of health care costs. Employers in the U.S. have the highest health care costs in the world. These costs are often distributed through layers of intermediaries to medical providers with whom the employer never speaks, under the terms of a contract the employer is not permitted to read and in accordance with bills that bear, at best, a tenuous relationship to the actual cost to deliver the service. Essentially, the parties paying for the care are marginalized in the very process they are funding.

At IMA, we are not content with the status quo – the notion that the way things have always been done in healthcare cannot be effectively challenged and improved with innovation. We invest a great deal of time understanding the dysfunctions of the current healthcare system and their negative implications on employers. Armed with this knowledge, we can find successful and proven pathways to help guide our clients to achieve better outcomes, focused on improving their financial status and employee value proposition.

Accordingly, it is no longer good enough to address rising healthcare costs with ineffective industry tactics such as: increased deductibles, contributions, network discount analysis, or non-strategic wellness programs consisting of fruit in the break room. Today's top performers pursue leading-edge strategies to achieve transparency, flexibility and value that results in smarter economics. IMA will work with PBI-Gordon to show you the spectrum of opportunity and help you achieve your organizational benefit goals.



Listed below are several strategies IMA has implemented to help achieve cost savings for our clients.

**Certainly not every strategy is a fit for PBI-Gordon. The strategies below illustrate what other organizations have implemented and what might be possible for PBI-Gordon in the short- and long-term. We look forward to discussing these potential options with you in greater detail.**



### TRANSPARENT PHARMACY

By reviewing the pharmacy contract and implementing a transparent pass-through contract, we have reduced pharmacy costs by an average of 15%-25%, or more. The transparent contract eliminates the hidden costs and undisclosed revenue streams that are built into a traditional pharmacy contract.

In addition, most traditional contracts result in the PBM keeping a high percentage or all the rebates, while excluding audit rights.

IMA defines "optimal" drug prices as prices provided by PBM's who operate with a zero-spread price, 100% pass-through contract, with one maximum allowable cost (MAC) price list that will ultimately lower pharmacy costs up to 25%. IMA does not accept compensation from PBM's. As a result, we bring an independent, unbiased approach to pharmacy benefit cost containment. Pharmacy audits are included as part of our standard brokerage and consulting services.



### IMA OBSERVATION

PBI-Gordon's pharmacy cost for 2021 was 32% of the total spend with a Per Employee Per Month (PEPM) cost of \$403. For an employer in the manufacturing industry, the benchmark would be between 20%-25% of total cost with a PEPM of \$215.86. By utilizing a transparent pharmacy, PBI-Gordon would have the opportunity to add additional independent Pharmacy Overlay programs to further drive down the cost of the prescriptions. These programs source the medications outside of the normal PBM distribution channels to vastly reduce the cost for high-cost brand and specialty drugs for both the Plan and the member. There are 2 programs, International Mail Order and Manufacturer Assistance Program that provide cost containment opportunities for PBI-Gordon. IMA has reviewed the Top 25 drug list you have provided and there is a potential opportunity of savings ranging **from \$50k-\$250k on the International Mail Order** and **\$100k to \$500k on the Manufacturer Assistance Program**. This is based on only the Top 25 drugs and the range varies based on participation and qualifications in the programs. IMA also understands the importance of the member experience and potential disruption that new programs can cause. The International Mail Order program is voluntary and would be limited to less than 5% of all members. While, the Manufacturer Assistance Program is a slightly more invasive process, the disruption would be limited to 1% of all your members and IMA would assist these members to make the process as seamless as possible.



## IN-STATE MEDICAL TOURISM

On behalf of a rural Colorado school district, IMA implemented an innovative in-state “medical tourism” strategy for employees willing to travel to medical centers of excellence along the front range. The local hospital was charging inflated prices, yet the outcomes for specific treatments were not as good as those at Denver area hospitals, many of which had specialty units for specific treatment needs. IMA developed a customized self-funded plan design and worked with a provider network to identify the best hospitals and the best network discounts.

For this client, plan participants paid nothing to travel to Denver for specified treatments. In fact, they were reimbursed for mileage to and from the treatment facility. This strategy was projected to save the medical plan up to \$250,000 annually. Network discounts are much deeper in metropolitan areas, and IMA discovered employees were just as willing to travel for medical care savings as they were when shopping for large ticket consumer goods.

There were challenges in the initial set up, such as finding a provider network that would allow redirection based on procedure and cost. Also, the school district faced criticism for directing consumers away from the local market, however, the cost savings outweighed any political repercussions.



## MEMBER ADVOCACY AND COST TRANSPARENCY

Utilizing an independent healthcare advocacy and transparency service, plan members are provided individualized guidance to help navigate the often-complex healthcare system. Pricing transparency is achieved by comparing the cost of dozens of common healthcare services and procedures by zip code. This valuable resource engages employees in the decision-making process, helps maximize the value of their healthcare dollars and reduces healthcare costs. Average annual plan savings can range from 4–12%.



## TELEMEDICINE

The cost of an average emergency room visit is an estimated \$2,028. Over 66% of emergency room visits are for non-emergencies, and many visits to urgent care centers result in an additional visit to an emergency room. TeleMedicine tackles the high cost of providing emergency room and urgent care access for common medical conditions by using advanced technologies at the point of care, providing your members 24/7 access to a board-certified emergency physician trained in the specialty of emergency medicine. TeleMedicine puts an end to long, frustrating waits in emergency rooms and urgent care centers, while reducing the cost of care, and providing care on-demand at the consumer’s convenience.



## **SURGICAL BUNDLED PRICING**

Another example of a cost containment strategy IMA helped to implement is with surgical bundled pricing. In this case, IMA implemented a medical tourism model with four different transparent bundled price surgery centers (Oklahoma City, Oklahoma, Charlottesville, Virginia, Austin, Texas, and St. George, Utah).

- + IMA provided the plan document language and assisted the client in determining the degree to which they would cover plan member travel costs
- + Within the first month an employee took advantage of the offering by having a total knee replacement done, which cost the plan \$15,500 versus a national average cost of approximately \$35,000 for the procedure
- + IMA has implemented this approach with numerous clients over the last five years. During this time, we have sent over 200 cases to these transparent bundled pricing surgery centers and have seen consistent savings and good outcomes in all cases



## **ALTERNATIVE TREATMENT FOR HEPATITIS C**

IMA has identified a tertiary care facility that provides the care and treatment for Hepatitis C at approximately \$60,000 less than the standard means of acquiring the drug treatment through a PBM. This additional form of medical tourism (site is in the Caribbean) is a direct contract arrangement between the employer and the hospital with no fixed or up-front cost. The package is all-inclusive and covers travel and drug therapy.



## **END STAGE RENAL DISEASE (ESRD) PLAN DOCUMENT REVISION**

Dialysis costs are skyrocketing due to lack of competition and Medicare involvement. Approximately 80% of dialysis patients are Medicare primary, causing providers to shift costs to private payers. Average dialysis provider charges are about \$54K per month or \$648K per year and the average PPO network discount is only 15%. The employer plan is considered primary and is responsible for the first 33 months of claims following an ESRD diagnosis. On the 34th month, Medicare will become primary.

By bypassing the client's PPO contract, a 110-employee manufacturer, as well as a 3,600-employee governmental organization, realized annual savings of \$400,000 per ESRD episode. Our approach is to work with the TPA to include a summary plan document amendment to allow the plan sponsor to re-price dialysis claims outside of the PPO and pay for the patient's Medicare Part B coverage. We then have the TPA re-price claims at 125%-200% of Medicare. Stop loss vendors are willing to provide generous concessions when this program is implemented.

**Please note that the savings achieved for any other organization is not a representation or guarantee of the type of results that IMA may be able to achieve for PBI-Gordon.**

b) Describe at least two innovative solutions you have implemented for clients like PBI-Gordon Companies that highlight your wellbeing philosophy and services.

## MEMBER ENGAGEMENT

IMA partnered with a client of similar size and industry as PBI-Gordon to develop a campaign to support their goal of enhancing their focus on mental health within the workplace, including:

- + Held initial discussions regarding mental health in the workplace, including:
  - Discussed the spectrum of opportunities the client could consider with regard to mental health initiatives
  - Explained trends, risk factors and stigma within their industry
  - Reviewed strategies other organizations had implemented and how this client could incorporate those ideas into their strategy
  - Outlined how all employees within the company can make an impact on mental health
  - Addressed how multiple areas of wellbeing impact mental health, and reiterated the importance of building a holistic approach to wellness
  - Assessed resources and partners currently in place that we could tap into for support
  - Examined national and local resources to promote to employees
  - Evaluated the diverse vendors and tech-based solutions on the market today
- + Outlined next steps and built a custom strategy for the client, including:
  - Created a year-long communication calendar emphasizing a different area of mental health each month
  - Produced ready-to-deploy communications for each month and an activity/event the client could incorporate
  - Developed “talks” on a variety of mental health topics (opening the conversation, suicide, stress, substance abuse, etc.) that managers could use to facilitate the dialogue with their employees during regular team huddles
  - Recorded a webinar that outlines the mental health tools and resources available to employee
- + One of the challenges we experienced was the negative stigma around mental health in this clients’ workplace. Historically, mental health wasn’t a topic addressed at their worksites and employees weren’t comfortable with the idea. To overcome this challenge, we gathered input from a diverse array of employees to understand the stigma and barriers within the culture. We then built a robust communication campaign to address the “why” behind focusing on mental health so employees understood the purpose of this initiative. Through these consistent communications, we minimized the stigma around mental health and opened the conversation and network of support within the population.

## CARE MANAGEMENT – ATTACKING A “5/60” PROBLEM

Through IMA data analytics, IMA discovered a client had 60% of their health care expense originating with 5% of the population. The client was purchasing costly disease management services from a bundled solution. IMA brought a targeted solution to the table and attacked the 5% with a new clinical prevention personal health service. Coupled with unmatched data analytics, it was designed for high risk individuals and families, and produced an information-driven solution for the high cost of health benefits. Additionally, it improved employee health, job performance, and in turn, business performance.

This solution is most effective for people with one or more complex disease(s), who use many medications (poly-pharmacy) and who are generally under the treatment of several different medical specialists. The prevention component of our solution is about minimizing further loss of health, risky side effects and complications from medical treatment, and promoting consumer choice and personal responsibility. It also helps to fill the void created by poor access to primary healthcare for patients.



## WELLNESS

Our in-house Wellness Advisor, **Jill DiGrappa**, is responsible for consulting with our clients that strive to integrate wellness into their corporate culture. Located in our Denver office, Jill thrives on her ability to discover where clients currently are within their wellness program, understand what their goals are and strategize how best to help them reach the outcomes they desire. She works with all IMA account teams to find the right solution for each unique client to ensure customers feel supported in their wellness initiatives, and specifically provides support in the following areas:



**JILL DiGRAPPA**  
*Wellness Advisor*

- + Partner with your team to establish goals and objectives for your Whole Health program to include focus areas of prevention, mental health and financial health
- + Work collectively with IMA benefits consulting team to integrate Whole Health strategies with benefit program strategies
- + Collaborate with your carriers to understand what Whole Health resources and programs they can provide
- + Assist with the ongoing design of your strategic plan, including budget allocation for your wellness initiatives
- + Provide industry and market trend updates, measure success of Whole Health program strategy through analysis of data through IMA People Analytics (powered by Deerwalk) and report on engagement of individuals in the program (if the data is available)
- + Ensure Whole Health program is compliant
- + Vendor RFP process (if needed) to include the following:
  - Provide vendor recommendations and design of RFP questionnaire
  - Management of bidding process
  - Analysis and evaluation of proposals
  - Present side-by-side comparison of vendors/carriers to USS
  - Manage vendor finalist presentations
  - Collaborate with USS on recommendations for final selection
  - Project management of vendor implementation
  - Non-legal contract review
- + Support your Whole Health communication needs and provide a year-long engagement campaign with monthly health education materials with ACA/EOCC/ADAAA/GINA regulations

## Why “Whole Health”



### PREVENTION

- + Chronic diseases are the leading causes of death and disability
- + The major causes of chronic diseases are known, and if these risk factors were eliminated, at least 80% of all heart disease, stroke and type 2 diabetes would be prevented; over 40% of cancer would be prevented

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### FINANCIAL

- + 54% of employees say they want to make their own decisions but want someone to validate that decision
- + 54% of employees are stressed about their finances
- + 64% of employees are impacted by student loans
- + Most desired employer benefit desired (25% want access to unbiased financial counselors)

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### MENTAL HEALTH

- + Over 43 million American adults (18%) have a mental health condition, yet 56% are not receiving treatment
- + One in five working-age adults has a mental health problem
- + 12 billion working days will be lost to depression and anxiety each year up to the year 2030, which equates to an annual loss to the global economy of \$925 billion!
- + 42% of employees say their company provides no mental health support

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### BEYOND STATS

Wellness has evolved into yoga in the park, kombucha, nap rooms at work, cauliflower-pizza-crust, mindfulness, grass-fed-rBGH/rBST/soy/ preservative/gluten-free, milk made from things that can't technically be milked... we need a new term!

+ + +  
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+ + +

**External resources + internal assets to provide data-driven solutions = opportunity to make a bigger impact for our clients.**

+ + +

### Targeted Solutions Driven by Data Analytics



### PROJECT EXAMPLES

#### Singular Strategy Consulting

- + Building wellness committees
- + Whole Health strategies (participation to outcomes, starting from scratch, etc.)
- + Tobacco initiatives (surcharges, tobacco-free policies, best practices, etc.)
- + Behavioral health offering and access
- + Incentive strategies (timing, best practices, vendors, etc.)
- + Health fairs (recommend vendors, sample communications, timelines, etc.)

#### Vendor Partner Guidance/RFPs

- + Shortlister platform
- + Full RFP or just narrow down the options
- + Screenings, flu shots, wellness portals
- + Liaison between client and vendor
- + Contracting/negotiations

#### Communication Planning

- + Year-long communication calendar
- + Content writing



## IMA'S INNOVATION HEALTH SOLUTIONS

IMA's Innovation Health Solutions supports a wide array of multi-faceted and health improvement programs. IMA's approach broadens the wellness spectrum to access and care and is summarized in the table below:

FOCUS AREAS	STRATEGIES & SOLUTIONS
<b>WELLNESS &amp; REWARDS</b>	Strategy Development, Environmental Assessment, Vendor Selection, Employee/Member Engagement
<b>CARE MANAGEMENT</b>	Disease Management, Utilization Review, Top 5% Members/Large Case Management, Cancer Management
<b>PHARMACY BENEFIT MANAGEMENT &amp; SPECIALTY Rx</b>	Wholesale/Pass-through Price Models, PBM Management, Patient Assistance and International Purchasing, Compliance and Adherence Programs
<b>NETWORK OPTIMIZATION &amp; CENTERS OF EXCELLENCE (COE)</b>	ACOs, Patient-centered Medical Home, Narrow and High-Performance Network, Reference Based Reimbursement
<b>COST &amp; QUALITY CONSUMERISM</b>	Second Opinion/Clinical Decision Support, Claim Bill Review, Provider Selection, Lowest Cost/Highest Quality Provider
<b>ALTERNATIVE PRIMARY CARE DELIVERY</b>	Telehealth, On-site/Near-site Clinics, Concierge Medicine, Executive Health Programs
<b>ORGAN TRANSPLANTS</b>	Stop-loss Insurance Contract Requirements, Centers of Excellence Protocols

### Recent examples of research and deployment of solutions that optimize client benefit plans include:

- + On-site, employer sponsored incentive and challenge-based wellness programs
- + Telemedicine strategies to improve access to care with overlay on insurance carrier network
- + Direct contracting with hospital for specific procedures (e.g., knees and other joints)
- + U.S.-based medical "tourism" for planned elective surgeries
- + Consumer Help Desk for provider cost and quality information to promote

IMA believes your wellbeing program should be embedded in everything your organization does for its employees. We also believe, that employee wellbeing should be an outcome of your already thriving employee experience. For this reason, we typically recommend that organizations go through our Voice of the Employee before making decisions on how to integrate wellbeing into their culture.

### IMA's Top 4 Best Practices for Wellbeing Programs

- + Programs are practical & accessible
- + Savings Accounts/High Deductible plans
- + The work environment is health conscious
- + Wellbeing is embedded into the overall culture of the organization consumerism of Health

### INNOVATION TEAM

IMA's Benefits division made the decision in 2014 to focus efforts around the rapid innovation taking place in the world of healthcare and employee benefits.

Your Strategic Advisory Team works closely with the Innovation Team to ensure that the most innovative solutions are presented to the PBI-Gordon to fulfill strategic objectives.



**VANESSA KEITH**  
*Innovation Specialist*





### HEALTH CARE DELIVERY

- + Value Based Design
- + Account Based Plans
- + Carve Out Specialties



### MEDICAL NETWORK OPTIMIZATION

- + High Performance Networks
- + Narrow Networks
- + Reference Based Pricing
- + Centers of Excellence



### RX PLAN PERFORMANCE

- + PBM Transparency
- + Specialty Rx
- + Clinical Programs



### MEDICAL ACCESS

- + Onsite/Near-site Clinics
- + Telemedicine
- + Transparency Tools
- + Advocacy



### WHOLE HEALTH

- + Outcomes-based Design
- + Wellbeing Fund



### COMMUNICATIONS

- + Online Enrollment
- + Generational Strategy
- + Decision Tools
- + Brainspark



### PERSONAL PROTECTION

- + Absence Management
- + High Limit Disability
- + Critical Illness
- + Accident
- + Legal
- + ID Theft Protection



### POST-65

- + Retiree Exchange
- + Part D Medical
- + Medical Savings Accounts



### Monitoring

Ongoing monitoring of emerging innovations and vendors



### Evaluation

Evaluation of these emerging vendors to identify best-in-class offerings



### Medical Consumerism

- + Bundled Payments
- + Transparency Tools
- + Advocacy Tools
- + Second Opinion Services
- + Medical Tourism



### Health Management 2.0

- + Condition Management
- + Remote Monitoring
- + Medications Savings and Adherence



### Access to Care

- + Telemedicine
- + Onsite & Near-site Clinics
- + Direct Primary Care



### Network Optimization

- + Centers of Excellence
- + Narrow Networks



### Whole Health

- + Prevention
- + Financial
- + Mental
- + Condition Management

WHETHER IT'S MONITORING IN-NETWORK USAGE TO IDENTIFY POTENTIAL GAPS OR DEVELOPING A STRATEGY TO PROCURE HIGH COST MEDICATIONS THROUGH A CHEAPER SPECIALTY VENDOR, WE ARE ALWAYS LOOKING FOR THE NEXT BEST SOLUTION.



## c) Describe your internal mechanism for ensuring customer satisfaction with your services.

### **IMA'S APPROACH TO QUALITY MANAGEMENT**

In order to deliver results to clients, IMA firmly believes that ensuring quality in our products and services is paramount. As a result, IMA has a formal Service Quality Management Program. This program is comprised of numerous policies and procedures to ensure quality products and services for our clients. At the same time, IMA has rigorous continuing education requirements and opportunities so IMA can continue to develop associates.

IMA staffs a Quality & Audit Department with a full-time Quality and Audit Manager to oversee the quality management program. The quality management program includes, but is not limited to, the development and implementation of standard operating procedures in all the agency sales and service/support units and oversees internal auditing of the same.

**The following are some policies from our Quality Management Program:**

#### **General Service Quality Management**

IMA is committed to professionalism and quality with the service delivered. It is the foundation of the way IMA does business and another reason why IMA is confident in our stability and future.

**IMA has a formal quality management program that is designed to:**

- + Establish a written standard of professionalism
- + Raise IMA's quality standards improving overall organizational effectiveness and capabilities
- + Provide a program of education and self-improvement for our associates
- + Deliver ever-improving value to customers, contributing to market success

#### **Peer Review System**

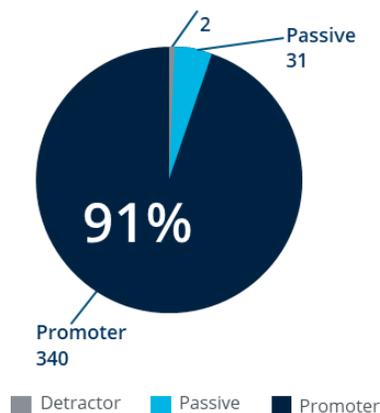
Another IMA standard is to have client work product reviewed by team members for accuracy. Quality assurance is important when handling client policy information that is relied upon by carriers, client executives, and employees. Before prepared information is released to a client, fellow team members check it for errors and accuracy.

## Top Twelve Client Quality Service Standards

These standards are designed to enhance our value to clients, are provided to each new IMA employee, and reviewed with staff on a regular basis. The list includes:

- + Know your clients (internally and externally) and always make their needs a priority.
- + Every IMA client is your client.
- + Frequently communicate task status with clients (avoid black hole syndrome).
- + Summarize the action plan after a meeting/conference call in writing and follow up to ensure the items are completed.
- + Don't hide behind e-mail; develop a relationship and call your client or underwriter.
- + Return phone calls immediately. If unavailable, return within one business day.
- + Answer phone and leave voicemail message cheerfully and attentively.
- + Change voicemail message daily, especially if you will be out of the office.
- + Be proactive and not reactive.
- + You can delegate everything but responsibility. The responsibility stays with you.
- + Take pride and ownership in what you do.
- + Treat everyone with respect and thank your client (internal and external) for their business.

## Client Surveys & Retention



**Per *Harvard Business Review*, scores**

- > 0 = Good
- > 50 = Excellent
- > 70 = World Class



d) Provide contact names and phone numbers of 3 references and include company name and number of employees.

**HNTB CORPORATION**

Company Size: 5,000 – 6,000

Headquarters: Kansas City, MO

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CONTACT INFO:

**Melanie Huff – Director, Compensation & Benefits**

[mhuff@hntb.com](mailto:mhuff@hntb.com) | 816.527.2206

*HNTB Corporation is an engineering/ architecture firm headquartered in Kansas City, Missouri with employees in almost all states nationwide. They have approximately 4,000 employees on their self-funded medical plan and have focused on target market strategies such as a near-site clinic in their Kansas City & Oklahoma City markets, an ACO plan in their Chicago & Dallas markets and HMO options in their Northern California and Hawaii markets. They have been a client of IMA since 2016.*

**EQUITY BANK**

Company Size: 501 – 1,000

Headquarters: Wichita, KS

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CONTACT INFO:

**Patrick Salmans – SVP HR Director**

[psalmans@equitybank.com](mailto:psalmans@equitybank.com) | 316.858.3101

*Equity Bank, based in Kansas, Missouri, Arkansas and Oklahoma is a \$5 billion bank with corporate offices in Wichita, Kansas and 70 full-service bank offices. Equity Bank offers a full range of financial solutions, including online and mobile banking, commercial loans, consumer banking and mortgage loans, treasury service. They have been a client of IMA since 2019.*

**WENGER MANUFACTURING**

Company Size: 400

Headquarters: Sabetha, KS

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CONTACT INFO:

**John Pierson – CFO/Treasurer**

[johnp@wenger.com](mailto:johnp@wenger.com) | 785.284.2133

*Wenger Manufacturing, based in Sabetha, Kansas is a supplier of process systems for the food, feed and industrial grain processing industries. They have been a benefits client of IMA since 2016.*

# 4. SERVICES

## a) Provide an overview of your approach to strategic planning.

Our approach to engaging with clients is to provide full-service consulting which includes in-depth engagement and expertise in the areas of:

### Strategic Consulting, Technical Consulting, Compliance and Service Support

The following image provides a high-level summary of the services included in each of these components:

#### STRATEGIC CONSULTING

*FORWARD LOOKING, ACTIVE MANAGEMENT*

**Protection Provided:**

Control Rising Benefit Costs | Fiduciary Compliance

- + Discovery meeting to determine client goals and philosophy for benefit strategy
- + Full benefit plan consultation and design
- + Cost containment solutions
- + Strategic audit and analysis
- + Industry trends/solution evaluation/strategy benchmarking
- + Multi-year strategies – active management
- + Funding strategy and analysis:
  - Fully-insured, level-funding and self-funding

#### COMPLIANCE

*PROTECTING YOUR PLAN*

**Protection Provided:**

Avoid Litigation + Penalties | Fiduciary Compliance

- + Annual compliance review/meeting
- + Compliance assistance
  - COBRA, HIPAA, ADA, FMLA
  - ACA and Federal Laws
  - Applicable State and Local Laws
- + Plan document and contract reviews (non-legal)
- + Notification requirement reminders
- + Periodic newsletters and updates
- + Compliance webinars
- + ThinkHR access

#### TECHNICAL CONSULTING

*INFORMED, DATA-DRIVEN DECISION MAKING*

**Protection Provided:**

Accurate Budgeting | Manage Reserves | Cost Control

- + Customized financial reports
- + Benchmarking
  - Plan cost
  - Plan design
- + Monthly claims report and analysis
- + Budget, reserves and contribution strategy
- + Stop loss deductible analysis
- + Renewal marketing/negotiations
- + Predictive analytics

#### SERVICE/SUPPORT/COMMUNICATIONS

*EXTENSION OF YOUR TEAM*

**Protection Provided:**

Member Satisfaction | Vendor Accountability

- + Carrier/vendor liaison
- + Assistance with escalated claims issues
- + Assistance with billing issues
- + Routine touch-base calls
- + Project management (implementations, etc.)
- + Communication support
- + Member engagement strategy



IMA's teams collaborate with each of their clients to establish highly personalized benefits programs that represent the individual values and objectives of those entities. The goal is that clients feel empowered by setting a deliberate benefits strategy employing active plan management rather than be driven to make reactive benefit plan decisions that may adversely impact employees. The combination of our consultative philosophy, continued training and development of the team, and the ongoing collaboration will ensure an alignment of a multi-year strategic plan.

The plan will be augmented by the ongoing evaluation of goals and objectives, benefit plan utilization patterns, demographic changes, compliance concerns and market trends. It is imperative that a part of that evaluation is ongoing measurement of the effectiveness of past and future solutions and plan programs.

We have subject-matter experts in the areas of compliance, employee engagement, wellness, employee communications, data analytics, cost containment, supplemental benefits, Medicare, and technology advisory services to ensure your expectations are fully met. Each of our markets boast a Specialty Health Lead who is dedicated to understanding the best practices and innovations of the top performers in our industry. with local specialists in each of our markets, they are able to focus on trends and vendors specific to markets and regions.

Our consultative approach is an ongoing, year-over-year process that includes data and strategy review, compliance review, pre-renewal and renewal work, and implementation/year end support. This cycle never ends, rather it is continually building upon itself, forming into a well-developed multi-year strategic plan.



**INCREASING MEMBER ENGAGEMENT/ACCOUNTABILITY AND DRIVING BEST PLACE OF CARE**

The following illustrates a sample three-year strategic plan:

2022*	2023*	2024*
<p><b>OVERALL</b></p> <ul style="list-style-type: none"> <li>+ Maximize current offerings – Vendor Summit</li> <li>+ Re-promote programs</li> <li>+ Find efficiencies</li> <li>+ Identify collaboration opportunities</li> <li>+ Client XYZ/IMA Wellness review</li> <li>+ Explore Mental Wellbeing solutions</li> <li>+ Focus on place of service</li> </ul> <p><b>MEDICAL/RX PLAN</b></p> <ul style="list-style-type: none"> <li>+ Renew TPA/PBM</li> <li>+ Renew Carrier</li> <li>+ Market Stop Loss</li> <li>+ Review Clinical</li> <li>+ Recommendations – PBM</li> </ul> <p><b>ANCILLARY</b></p> <ul style="list-style-type: none"> <li>+ Market – life/DI</li> <li>+ Market Vision – leverage renewal</li> </ul>	<p><b>OVERALL</b></p> <ul style="list-style-type: none"> <li>+ Continued development of Mental Wellbeing strategy and programs</li> <li>+ Continued focus on place of service</li> </ul> <p><b>MEDICAL/RX PLAN</b></p> <ul style="list-style-type: none"> <li>+ Ongoing Med/Rx performance review, plan updates</li> <li>+ Renew TPA</li> <li>+ Review PBM</li> <li>+ Renew Retiree solution</li> <li>+ Market Stop Loss</li> <li>+ Review network options</li> <li>+ Measure performance of Onsite clinic</li> </ul> <p><b>ANCILLARY</b></p> <ul style="list-style-type: none"> <li>+ Market Dental</li> </ul>	<p><b>OVERALL</b></p> <ul style="list-style-type: none"> <li>+ Measure performance of Wellbeing Strategy</li> <li>+ Measure performance of place of service solutions implemented</li> </ul> <p><b>MEDICAL/RX PLAN</b></p> <ul style="list-style-type: none"> <li>+ Ongoing Med/Rx performance review, plan updates</li> <li>+ Review plan design set-up</li> <li>+ Explore new industry strategies</li> </ul> <p><b>ANCILLARY</b></p> <ul style="list-style-type: none"> <li>+ Negotiate Renewals</li> </ul> <p><i>* Indicates year of project rather than implementation</i></p>



The following chart illustrates the reality that **one size does not fit all**. Built initially as an internal review to measure the effectiveness of both the strategies in play and our general innovative, consultative philosophy, it illustrates that targeting solutions to individual client wants/needs is the most effective way to control plan spend. While no two clients have the same strategies in place, they all realize better-than-trend plan performance year after year.

	CLIENT A	CLIENT B	CLIENT C	CLIENT D	CLIENT E	CLIENT F	CLIENT G	CLIENT H	CLIENT I	CLIENT J	CLIENT K
<b>STRUCTURAL PLAN MANAGEMENT</b>											
Evaluate Rx Contract Terms	X	X	X	X	X	X	X	X	X	X	X
Evaluate Stop Loss Contract Terms	X	X	X	X	X	X	X	X	X	X	X
Review Network	X	X	X	X	X	X	X	X	X	X	X
Budget and Reserve Strategies	X	X	X	X	X	X	X	X	X	X	X
Annual Marketing/ Price Negotiations	X	X	X	X	X	X	X	X	X	X	X
<b>PLAN SET-UP, ONGOING MANAGEMENT</b>											
Telemedicine (member share)	X	X					X	X		X	X
Telemedicine (\$0 member share)			X	X	X	X			X		
HDHP Option	X	X	X	X	X	X	X	X		X	
HDHP Only											
On-site/Near-site Clinic								X			
ACO						X					
Reference-Based Pricing									X		
Value-Based Plan Design	X		X	X		X		X	X	X	X
Narrow Networks			X								
Centers of Excellence (incented)	X			X		X					
Rx Strategies	X	X	X		X	X	X	X	X	X	X
Advocacy Tools				X		X		X			
Utilize Data Warehouse Solution	X	X	X	X	X	X	X	X	X	X	X
Spousal Surcharge or Exclusion			X	X							
<b>Year-Over-Year Trend</b>	<b>2.40%</b>	<b>-0.30%</b>	<b>4.10%</b>	<b>3.00%</b>	<b>3.20%</b>	<b>5.00%</b>	<b>4.70%</b>	<b>0.90%</b>	<b>-11.00%</b>	<b>3.40%</b>	<b>2.80%</b>

This strategic approach is multi-faceted. We partner with our clients to combine this philosophy with each client's specific goals and wants, benchmarking, and a significant amount of client-specific data.

**b) Provide an overview of your account support and administration services, including enrollment coordination and ongoing support for PBI-Gordon Companies employees.**

**CLIENT ACCOUNT SUPPORT**

IMA consulting teams support clients in a variety of ways related to account administration and vendor advocacy whether it is the Account Manager working with the carrier and HR team to solve for questions or issues related to an escalated employee claim or the Analyst managing high cost claims reimbursement with the medical carrier and/or stop loss carrier. The team leverages relationships with carrier/vendor partners to achieve quick resolution while looking at each and every issue strategically to determine if it is a larger global issue or simply an isolated event. Claims issues that are sent to IMA for assistance are logged in our action items to make sure that we document cause and resolution.

With the growing number of vendors/carriers that provide elements of a benefit program, we actively partner with our clients to help resolve quickly any issues related to administration, including but not limited to eligibility file issues, billing issues and general technology failures. The Account Manager will take lead in providing expertise around assistance assessing the issue and then following through with vendor partners to ensure a quick resolution, as we understand that these failings can have great impact to employees and their perception of PBI-Gordon’s benefit programs.

**MEMBER SUPPORT**

The IMA Call Center eliminates frustration and encourages proper use of your benefit plans by giving you a dedicated, single source contact for insurance-related matters.

**Advantages for Employees**

The IMA Call Center will provide your employees with skilled assistance from an IMA licensed benefits professional via phone or email who will assist with common issues that employees may face when utilizing their insurance plans. All assistance is provided in a confidential, professional and supportive manner.

**Advantages for Employers**

In addition to the many benefits that employees experience, there are several administrative benefits as well:

- + Employee confidentiality/HIPAA compliance
- + Trend identification in order to troubleshoot benefit trouble areas
- + Frees up HR to focus on strategic planning

The IMA Call Center is a special service that helps employees and HR managers head off small insurance problems – before they become big ones. This can result in greater employee satisfaction and ultimately a savings in time and potentially costs.

## **OPEN ENROLLMENT SUPPORT**

Knowing that each of our clients has unique needs with respect to open enrollment, we work with each client to identify key goals and objectives around their open enrollment process and assist with designing a customized communications and engagement strategy to best execute this important process and highlight the key benefit initiatives that our clients wish to market to their employees. We will help facilitate the open enrollment process by ensuring that any support needed from your vendor/carrier partners from marketing materials to onsite support is executed successfully. We are available to design and perform a complete review of all the communication materials to be used during your open enrollment process. Typically IMA sets an Open Enrollment Communications Planning meeting with clients approximately 3-4 months prior to the start of open enrollment to identify key goals and lay out a plan of action for communications/marketing. We will be sensitive to the employee population for which the materials are designed, with particular attention given to technical accuracy and visual appeal. We will advise the carrier of any necessary revisions prior to printing. As necessary, we will prepare supplemental materials to enhance the employee's understanding and appreciation of the benefits.

### **Tools that have been particularly effective in the past:**

- + Brainshark presentations
- + Mobile alerts to enroll in benefits
- + Benefits Summaries
- + Embedded videos



c) Describe your capabilities in ongoing plan performance monitoring, plan performance forecasting, claims experience analysis, strategic planning, cost containment, benchmarking, and reporting.

### ACTUARIAL SUPPORT

IMA employs an in-house actuary. **Jordan Paulus**, Vice President, Director of Strategy and Analytics is a Fellow of the Society of Actuaries (FSA) and Member of the American Academy of Actuaries (MAAA) with both credentials obtained in 2012. Jordan’s career includes 10 years of experience as a consulting actuary, focusing on population health management, rate development, reserving, and other actuarial functions for employer-sponsored health plans, insurers, hospitals, and provider groups.

Jordan leads IMA’s analytics efforts including population health management and people analytics, as well as leading our analyst teams during the development of risk management strategies, plan design and funding strategies, claims projections and reserving. These actuarial functions are included within IMA’s standard scope of services at no additional cost.



IMA employs an in-house actuary. Jordan Paulus, Vice President, Director of Strategy and Analytics is a Fellow of the Society of Actuaries (FSA) and Member of the American Academy of Actuaries (MAAA) with both credentials obtained in 2012.

### POPULATION HEALTH DATA ANALYTICS

IMA utilizes an in-house claims analytics system, IMA People Analytics, powered by Deerwalk to guide clients in interpreting health and prescription drug data to understand the true cost drivers and risks of their health benefits plan, helping them make informed decisions about self-funded strategies.



People Analytics utilizes a partnership with Deerwalk analytics, which integrates insights from Deerwalk’s clinical team with best-in-class analytics tools from Milliman, Clear Health, Truven (IBM Watson), and others to assess care quality and clinical appropriateness, as well as project future costs. Using these insights, IMA utilizes partnerships with population health management and care management solutions to align problems with impactful cost saving solutions, and track outcomes to evaluate ROI.

## DATA MANAGEMENT + REPORTING CAPABILITIES

IMA believes in utilizing data to drive decisions and recommendations for our clients. Specifically, medical and pharmacy claims should be analyzed bilaterally from both a clinical and financial basis. Analyzing data on a clinical basis allows us to help PBI-Gordon understand risks inherent in your population and how long specific large claims might persist and impact stop-loss underwriting. Analyzing claims on a financial basis allows IMA to help PBI-Gordon understand trends and develop strategy and allows PBI-Gordon to adjust the benefit plan to stay in front of risk and cost trends.

**Executive Summary** The Executive Summary provides an overview of plan activity and utilization. This robust solution can be easily configured to present a fixed number of standard reports detailing health plan utilization, trends, benchmarks and costs. The Executive Summary can present an overview for a brief period or annual plan information in one reporting function

**Claim Analysis Overview** Graphical summary of claim expenditures, network discounts and employee responsibility

**Normative Comparison Summary** Summary-level view of enrollment, cost and utilization information

**Utilization Benchmark Summary** Comparison of utilization patterns between plan and selected national normative values

**Shock Claim Summary** Review high-claims members and the costs incurred

**Monthly Cost Summary** Per-month summary of claim expenditures, network discounts and employee responsibility

**Dental Summary** View service categories associated with your dental costs

**Detailed Analysis Applications** Allow drill-down from plan level to individual EOBs

+ **Payee** – Analyze and drill-down to specific claim information for payees used by members of your plan during a time specific timeframe

+ **Provider** – Analyze and drill-down to specific claim information for healthcare providers used by members of your plan during a time specific timeframe

+ **Diagnosis** – Analyze and drill-down to specified claim information for diagnoses of conditions experienced by members of your plan during a specific timeframe

+ **Procedure** – Analyze and drill-down to specified claim information for procedures performed for members of your plan during a time-specific timeframe

**Prescription** – Analyze and drill-down to specified claim information related to prescription drug costs for members of your plan during a time-specific timeframe

+ **Payment** – Analyze and drill-down to create a list of individual claim payment details for a specified timeframe

**Turn Around Time** Display claim counts, charges and payments associated with different payment turnaround periods

**Large Claim Trend Analysis**

+ Trend analysis of large claimants comparing two timeframes  
+ Trend analysis of benefits utilization across major diagnostic categories

**Medical Cost Dist (Diagnosis)** Trend analysis of benefits utilization across individual diagnoses

**IBNR Estimate** Create an estimate of claims dollars incurred but not yet received based on a weighted average of historical experience

**Provider Cost Comparison** Compare charges and payments for specified procedures and/or providers

**Prescription Drug Summary** Prescription costs and dispensing information

**Key Utilization Indicators** Summary-level trend analysis of employee census and benefits utilization

**Stop-Loss Trigger Report (One Line per Member)** Abbreviated trigger diagnosis listing containing one line per applicable member during a specific timeframe

**Cost by Age Group** Review which age groups are incurring costs

**Cost Distribution Summary** Number of members incurring 10%, 20%, 50% and 80% of the plan's claims

**Type of Service Overview** Overview of utilization costs by major types of service

**Plan Experience Summary** Eligibility and plan cost summary on a per-month basis

**Preventable Conditions** Displays conditions that might be prevented by behavior changes, and the group's cost associated with those conditions

**Stop Loss Trigger Report** Provide diagnosis and procedure information for select key diagnoses

**Eligibility Overview** Provides a concise view of eligibility information

**Rank Order Analysis** Create a summary of top Payees, Providers, Diagnoses, Procedures, Drugs, PPO or Benefit Code sorted by services and/or amounts

**Health Service Analysis** Review cost and utilization information associated with groups of services performed for plan members during a specific timeframe

**Lag Matrix Generator** Create a paid versus incurred lag matrix for specific time periods

**Eligibility by Tier** Eligibility counts based on enrollment tier

**Flexible and Eligibility Claim Data Query** Review plan's healthcare experience database for information related to costs or utilization. Specify a time period along with other data filtering criteria when using the query

**Cost Summary by Employee** Per-employee/member breakdown of claim costs

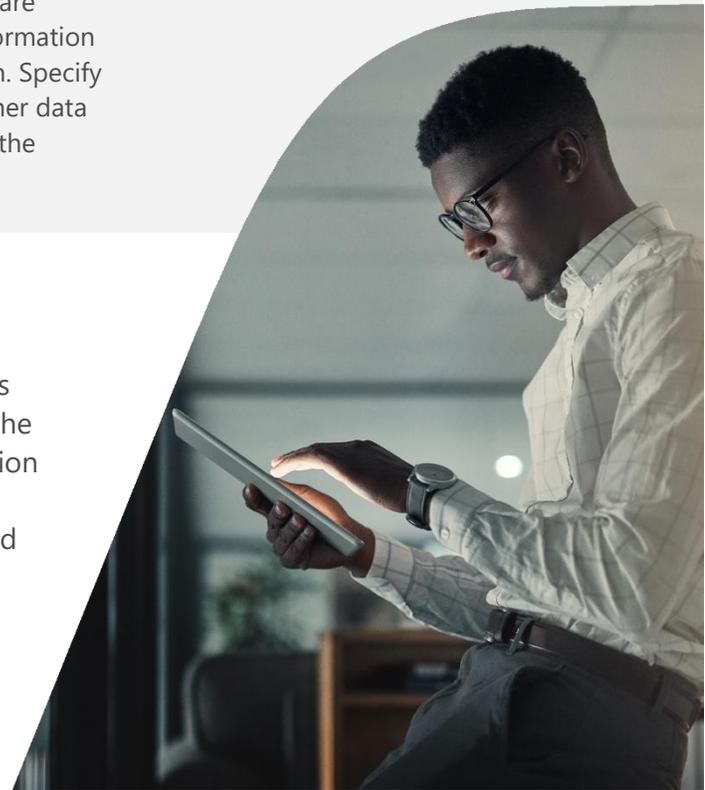
**Shock Claim Detail** Detailed cost and procedure information for high-claims members and the costs incurred

**Prescription Utilization Summary** Review prescription types, top 10 drugs by class and name for a specific timeframe

**Prescription Analysis** Analyze and drill-down to specified claim information related to prescription drug costs

## PREDICTIVE MODELING

IMA also utilizes predictive modeling tools to develop, assess and quantify plan design changes and population impacts. The power of IMA Analytics lies within its integration of information from DeerWalk and the Johns Hopkins Adjusted Clinical Groups® (ACG®) data and Healthcare Effectiveness Data and Information Set (HEDIS®) quality care measures. The IMA Analytics system can store multiple years of historic data which allows IMA and PBI-Gordon to analyze any timeframe in addition to providing multi-year comparative analysis capabilities to assess risk and predict future plan and individual health costs.



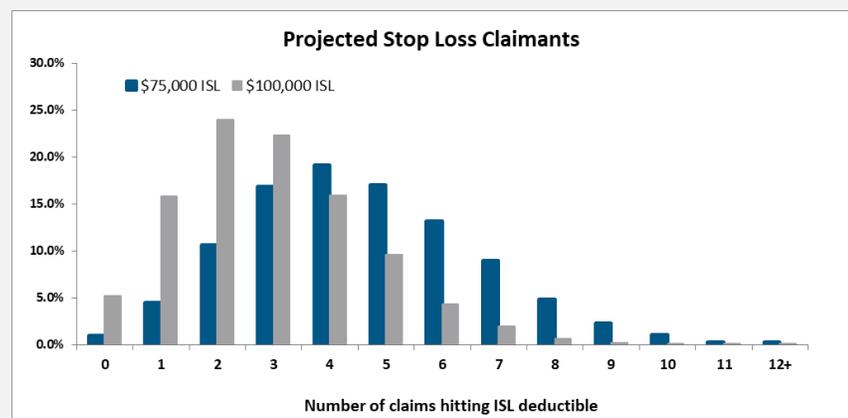
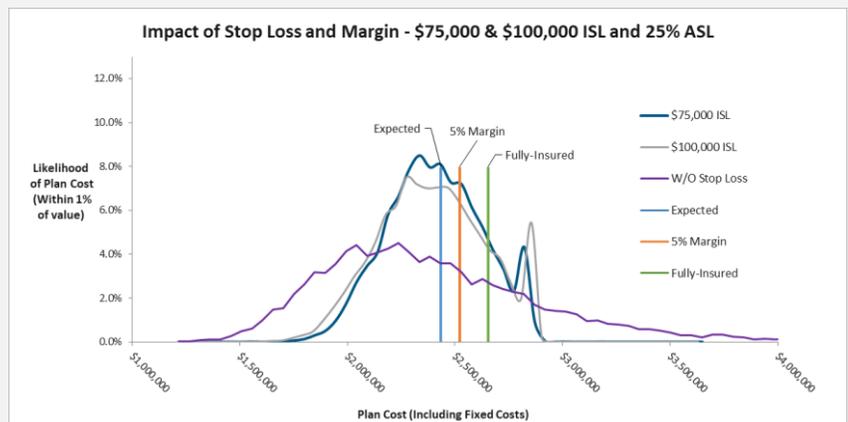
## STOP LOSS CENTERS OF EXCELLENCE

IMA has an internal Stop Loss Center of Excellence that works alongside our client teams to support our clients' Stop Loss initiatives. The COE manages all stop loss marketing, renewals, placement of business, contract review, reimbursement tracking, and large claim issues. IMA has a preferred panel of 8 stop loss carriers that have been thoroughly vetted and have strong financial standing. It is imperative that a vendor partner that takes over such substantial risk from your plan be in a strong financial situation so you can be confident that partner will be solvent and able to pay claims when they owe the plan reimbursements. We also leverage these relationships to maximize the underlying contract terms helping to further mitigate risk exposures and costs for our clients. We have 2 other partners that we engage for unique situations, certain industries and/or complex risk clients. Lastly, we maintain executive level relationships with each of the vendors which is important should there ever be a question of whether or not a claim is eligible for reimbursement.

### IMA OBSERVATION

In reviewing the data you provided, we observed that the Stop Loss premium is high as a percentage of the total plan cost in 2021 at 26% plus the additional liability of a \$250k laser. For an employer your size, Stop Loss premium should be on average 10%-15% of your plan cost.

IMA takes a data driven approach to negotiating Stop Loss through the use of our actuarial modeling technology Claros. IMA would also model the appropriate Stop Loss deductible levels to reach the balance between pricing and risk tolerance for PBI-Gordon. We then leverage the actuarial modeling and benchmarking as well as our industry expertise and relationships to negotiate on behalf of our clients to provide them with the best contracts and pricing.



## d) Describe your capabilities in employee communications.

### EMPLOYEE COMMUNICATIONS

Our standard service includes the development and implementation of a customized strategy and provides customizable communication pieces. Printing, translation, and technology platform fees (if applicable) would be a pass-through cost.

IMA approaches benefits communication by partnering with our clients to first understand specific goals and needs and then work to develop customized marketing and communication strategies. Our unique marketing approach to employee communications helps us to better define the audience and identify communication mediums that will be engaging to the employee. We utilize strategies that consider the various demographics, generational and language differences, geographic or work environment concentration, plan design or pricing changes and utilize omni-channel, year-round communication to optimize the effectiveness of the benefits messaging. A strategy that employs straight-forward messaging, promotes the overall leadership tone, and incorporates the organization's external brand while including the right amount and type of information is essential to a successful marketing and communication campaign.



### IMA MOBILE APP

The IMA app provides employees and their enrolled family members with a myriad of resources available via phone, app, or website. This gives employees and their dependents the freedom of self-advocacy and educated decisions around healthcare.

- + Links to all benefits information and contacts
- + Integrated benefits such as telemedicine, advocacy and wellness
- + Plan details
- + Ability to store ID cards
- + Connections to savings apps such as GoodRx
- + Plan balances connected real-time (carrier data integration permitting)
- + Upload and access to PBI-Gordon's custom benefit guide
- + Find a provider feature
- + Push notifications



## CASE STUDY #1

### BRANDING + COMMUNICATION STRATEGY

A large organization with multiple locations had a very fragmented brand, no consistency in tone/voice/imagery. Communication pieces were very technical and long – not overly engaging or user friendly for the employee.

The IMA Benefits Communications team began by creating a standardized look and feel – creating templates packed with engaging and meaningful imagery.

IMA developed a simple and recognizable logo for Employee Benefits, creating a visual indicator for employees to quickly know what the content of the communication piece was about. Communications templates were developed with the employee in mind. Content was concise, helpful and to the point while the tone of the pieces was lighter and in “human speak” instead of technical HR terms.

In tandem with the Benefits team, a 12-month strategic communications calendar was created. The group had previously only heavily communicated with employees during Open Enrollment or when there was a large change to their benefits. It was important that we created communications to support the benefits messaging throughout the year instead of for an 8-week timeframe.

IMA helped the client develop quarterly focuses – these were determined based on utilization data, focusing on benefits that were unused/underutilized or new benefits they wanted to promote.

IMA also helped the client implement a mixed media strategy, utilizing print (around offices at various locations), email, direct mail and intranet to reach employees in multiple ways and to keep communications interesting.

## CASE STUDY #2

### OPEN ENROLLMENT REDESIGN

A large, international corporation was having low engagement during their Open Enrollment – there were a lot of questions, confusion and low attendance at meetings/webinars.

Although the company had a robust communications platform in place, it was underutilized and largely unknown to the employees. This platform housed benefits information and was the gateway to their enrollment platform. Communication material consisted of a lengthy benefit guide, a few emails from HR and an OE meeting or two.

The Benefits Communications team did a complete overhaul of their Open Enrollment materials while also implementing an awareness campaign for their communication hub.

- + Fully rebranded their look and feel and implemented a communications calendar that was supported by mixed media
- + Utilized a vendor to create a “2019 Benefits Overview” video to be used in various places and housed on their communications hub

## e) Describe your consulting and educational services in the area of legal compliance.

### GOVERNANCE & COMPLIANCE

Our Governance & Compliance Practice consists of licensed legal practitioners along with contract specialists. The practice is led by Benefits Compliance Attorney, **Craig Truitt**, and Employee Benefits Compliance Lead, **KC Rippstein**, who handle employee benefits compliance needs for our clients. As a further resource for PBI-Gordon, IMA maintains partnerships with several law firms, for counsel on specific ERISA and labor issues that may arise in the management of our clients' employee benefit plans. As an IMA client, PBI-Gordon will have access to our Human Resource consulting platform, Mineral, as an additional compliance resource.

IMA will perform a comprehensive in-person compliance review led by ERISA counsel on behalf of PBI-Gordon. This review serves as the baseline for assessment of PBI-Gordon's compliance with federal, state and local regulations and will be repeated at a minimum of every three years or when significant federal regulatory changes occur.

In addition, IMA releases legislative updates and briefs via email and webinar which outline new benefit regulations and/or clarify regulations that have been previously passed throughout the year. The consulting team will bring attention specifically to any legislation that would impact PBI-Gordon. In addition to a description of new laws or changes, we will advise PBI-Gordon on how to modify administrative procedures to ensure compliance.

IMA recognizes the greater prevalence and impact of state and local regulations on our clients and thus the consulting team will review state and local regulatory changes that may impact PBI-Gordon annually at the Strategy & Trends Meeting as well as real-time throughout the year.

### IMA Client Experience:

Throughout the COVID-19 pandemic IMA's compliance team has worked diligently to release informative legislative updates in a timely manner to ensure that clients and their consulting teams had, and continue to have, the ability to respond to the latest regulatory changes and communicate effectively the relevant details to employees. Early in the pandemic, IMA's consulting teams worked through a full benefit program coverage assessment and employee communication plan with each client to ensure there were no gaps in coverage while employees increasingly were unable to work and plan requirements were changing at both the federal & state/local level.

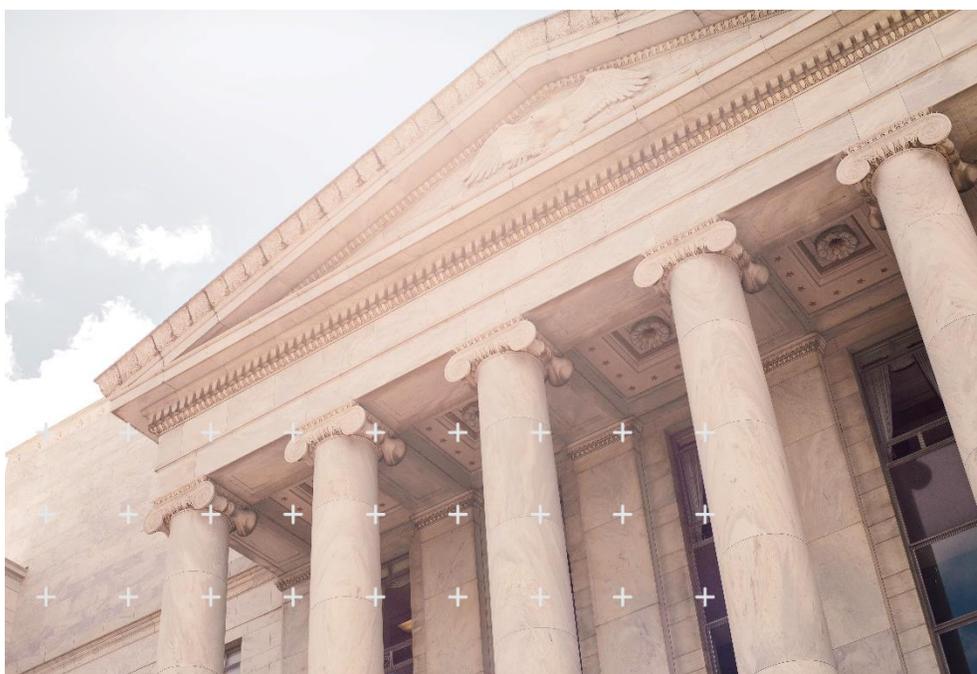
The infographic is titled "IMA Benefits IMA COVID-19 RESPONSE EMPLOYEE BENEFITS APPROACH". It features a blue background with white and yellow text and icons. At the top, it says "As the known threat from the novel Coronavirus COVID-19 grows, so does the impact it is having on businesses both on a direct and indirect basis. IMA's commitment to our clients is to be your trusted advisor and partner as you seek to protect your employees and your business." Below this, there are four main sections: ASSES, STREAMLINE, STABILIZE, and COMMUNICATE. Each section has a list of bullet points describing the services provided. At the bottom, there is a small disclaimer: "For more information on IMA Health and benefits consulting services, please contact us at [www.ima.org/benefits](http://www.ima.org/benefits)."

ASSES	STREAMLINE	STABILIZE	COMMUNICATE
<ul style="list-style-type: none"><li>Client COVID coverage assessments including mandated COVID-19 related plan design</li><li>Claims impact assessment as it relates to COVID-19</li><li>Plan document assessments including review of eligibility, leave of absence, furlough and lay-off plan language in all documents</li></ul>	<ul style="list-style-type: none"><li>Due to the influx of information, IMA has consolidated all updates in a single client specific document which includes:<ul style="list-style-type: none"><li>Federal, state &amp; local compliance</li><li>All carrier and vendor responses to COVID-19 situation</li></ul></li></ul>	<ul style="list-style-type: none"><li>Full benefit program opportunity analysis to identify all cost reduction and efficiency opportunities as clients respond to this crisis</li></ul>	<ul style="list-style-type: none"><li>Client branded on-demand employee communications that are ready for distribution related to COVID-19. Topics include COVID-19 plan changes, wellness reminders and benefit changes due to reduction in hours, leave of absence or furlough/layoff</li></ul>

## COMPLIANCE SERVICES

- + Compliance review/audit
- + Compliance practice actively monitors all Federal and state-by-state regulations affecting ERISA and non-ERISA governed plans, including the Patient Protection and Affordable Care Act (PPACA), and currently, pandemic-related regulations such as FFCRA and the CARES act. Together we focus on identifying innovative options, as well as how to effectively communicate and manage the impact of compliance
- + Provide regulatory resources and information on recent legislation, answer common questions, and provide forms for COBRA, ADA, ADA, USERRA, FMLA, Medicare Part D and Section 125 plan administration
- + 5500 Collection and facilitation of filing

IMA's Compliance Practice will work closely with your team to provide robust support touching all aspects of PBI-Gordon's program.



## f) Describe your use of technology to support online employee services and education.

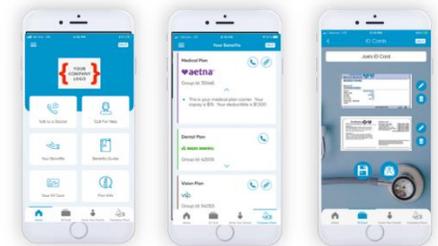
### EMPLOYEE COMMUNICATION

IMA helps clients to develop employee engagement and communication/education strategies that provide informative content in a variety of deliverables from app-based communication hubs to unique print material. With the development of this content, IMA can coordinate with specialized vendors for graphics and technology fulfillment support, if needed. In addition, IMA has included in the proposed scope of services access to the IMA app (powered by Strive) should PBI-Gordon want to utilize as a communication medium.

### IMA MOBILE APP

The IMA app (powered by Strive) provides employees and their enrolled family members with a myriad of resources available via phone, app, or website. This gives employees and their dependents the freedom of self-advocacy and educated decisions around healthcare.

- + Links to all benefits information and contacts
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### HRIS & BENEFITS ADMINISTRATION SYSTEM SUPPORT

For clients seeking assistance in supporting current HRIS & benefit administration systems or implementation of a new system, IMA's approach to benefits technology starts with understanding each client's needs and future goals. IMA is platform agnostic when trying to find the right fit for each client's unique situation. We have relationships with key platforms and providers based on our market experience and diverse client needs.

Internally, IMA is a wholesaler of Employee Navigator and PlanSource with a designated team supporting all aspects of the system. If a client requires a more robust benefits administration platform, IMA will leverage established relationships with other industry platform solutions. If other services outside of Benefits Administration are required (payroll, timekeeping, performance, etc.) IMA will refer to a preferred technology consultant or payroll partner.

## g) Describe any additional service options that may be of interest to PBI-Gordon Companies.

### VOICE OF THE EMPLOYEE – Recruitment & Retention Tool

We've developed a comprehensive Voice of the Employee (VOE) feedback tool to help our clients capture important employee perspectives on a variety of topics. This kind of information can guide and support company leaders as they explore whether and how to move forward on various internal programs.

The carefully worded questions in our survey solution can provide important insights on these and other topics:

- + COVID-19 return to work
- + Safety
- + Net Promoter Scores (NPS)
- + Diversity, Equity and Inclusion (DEI)
- + Benefits preferences
- + Total rewards preferences
- + Employee engagement

Our VOE tool also includes employee communications features that help ensure maximum response rates and candid feedback. The tool presents the feedback in dashboard formats that synthesize the data to clearly identify trends and employee priorities.

### VOICE OF THE EMPLOYEE CASE STUDY

On behalf of an energy company client, and in support of their new leadership engagement initiatives, we customized a Voice of the Employee (VOE) survey regarding leadership performance. The leadership also wanted to determine and begin to track their employee Net Promoter Score (eNPS). We crafted the survey to elicit this employee feedback through a variety of lenses, including age, location, tenure and other variables.

We launched the survey within our survey platform and the company distributed the tool via text, which dramatically improved participation rates. Our team of experts supported the client through each step of the process – from survey design, to launch, to analysis using our interactive analytics dashboard.

The results indicated that the company would be well-advised to provide additional individual support as opposed to team-oriented support. Employees also indicated that the company was missing opportunities to acknowledge and praise individual successes. The company coached their managers on these issues and the situations have measurably improved.

Over the next four years, as the company tracked eNPS using our VOE tool, this important metric more than tripled – from 11 to 36. Much of that gain is credited to improvements in leadership transparency, since the owner is fulfilling their commitment to share employee feedback results with all employees in meetings. Eighty-five percent of employees have pointed out that this communication has been effective and powerful.

We continue to support this company's Voice of the Employee feedback program and we expect this positive momentum to continue given how the company diligently responds to this important data.

*Per Harvard Business Review, scores*

> 0 = Good

> 50 = Excellent

> 70 = World Class

## 5. Describe attributes that make you a valuable strategic partner and why you believe you and your organization are the best party to represent PBI-Gordon Companies in the marketplace.

IMA is unique in the insurance brokerage marketplace in that we're a widely held, employee-owned organization. This structure serves as the foundation for our mission, vision and core values. Because of our ownership and the fact that we don't have to be held responsible to outside entities, we are able to invest more of our bottom line to the benefit of our associates and our client. Our associates have an owner's perspective for maintaining successful client partnerships and has an owner's incentive to take an entrepreneurial, non-bureaucratic, creative approach to help our clients meet the objectives of their employee benefits and risk management programs. Additionally, as PBI-Gordon is employee-owned as well, we are aligned and understand your business model.

Further, one of our guiding principles is to share generously within the communities where we have a business presence. We created the IMA Community Action Committee and the IMA Foundation to ensure that we're giving back in your community.

Employers today require a sophisticated approach to employee benefits consulting. Faced with budget constraints, competition for employees and increasing regulatory considerations, businesses need a benefits consultant who's experienced in helping navigate this complex world – a partner who can help them improve plan satisfaction and performance. Members of the IMA Employee Benefits team are focused on supporting companies that want to improve their programs through cost control and funding mechanisms.

We place a high priority on continued education and development of our team to continually improve our collective expertise and, in turn, serve as a leader in client education and consulting. Many of our team members are CEBS certified, and they and their colleagues stay on the leading edge regarding benefit laws, regulations and trends.

Most important, though, we understand the challenges faced by employers who need to contain program costs. Our consultants specialize in self-funding and alternative funding as well as traditional arrangements. Maintaining rich benefits in a tight job market in the face of challenging budgetary constraints calls for this kind of active management and these types of proactive solutions.

That's why our commitment to our clients is centered on several core principles. Our clients' priorities and needs are at the center of our partnership. We listen closely and diligently and work with them as an extension of their team. We help them be proactive to ultimately ensure the viability of their programs.

### **This basic approach provides extensive, cascading value to our clients:**

- + An enhanced employee experience
- + Valuable actuarial analyses, projections and data management
- + Improved employee communication and engagement
- + Plan protection and sustainability
- + HR staff support to help them meet deadlines, be informed and be enabled
- + Regulatory compliance
- + Proactive rather than reactive program management
- + Insights into industry news and trends
- + Applicable, actionable and feasible solutions



## 6. COMPENSATION

### a) Describe how you expect to be compensated for the services outlined in this proposal.

Our goal is to find a compensation methodology that is equitable for both PBI-Gordon Companies and IMA. We want to find a fair amount that allows IMA to deliver our full arsenal of resources on an “anytime, anywhere, anyplace” basis for the benefit of PBI-Gordon Companies. Our compensation proposal takes expected service demands, resources to be allocated, and the senior experience level of the PBI-Gordon Companies service team into consideration.

#### **We propose an annual compensation agreement as follows:**

Base Annual Fee: \$75,000 – \$85,000

We are flexible on invoicing and structure for the base fee; we can establish installments (monthly, quarterly, other) based on PBI’s preference.

IMA proposes a subjective performance guarantee of 50% of our Base Annual Fee. PBI-Gordon Companies will receive an annual compensation report from IMA to ensure our fees don’t exceed our agreed upon targets or expectations. IMA believes in full transparency in all of our partnerships and IMA will provide PBI-Gordon Companies with a competitive compensation agreement while ensuring accountability.

We want to be PBI-Gordon Companies partner for a long time to come. We are flexible and open to different compensation models. We also understand there can be synergies if additional business is awarded at a later day (i.e., surety, property & casualty, etc.). IMA welcomes the opportunity to discuss compensation in more detail to make sure PBI-Gordon Companies is 100% comfortable with the compensation arrangement. We rarely lose a deal because of compensation and feel that open negotiations between PBI-Gordon Companies and IMA will result in the best agreement for both parties.

### b) State your philosophy of compensation disclosure.

IMA is committed to 100% transparency regarding its compensation for insurance brokerage services provided to PBI-Gordon Companies. IMA believes in compensation set for value provided and that is accomplished through disclosure and negotiation with the Insured. IMA formally discloses commissions or fees related to newly placed or renewed lines of coverage each year following a client’s renewal. In addition, IMA complies with all broker compensation disclosure requirements of the Consolidated Appropriations Act of 2021.



## About IMA Financial Group

IMA Financial Group, Inc. (IMA) is an integrated financial services company specializing in risk management, insurance, employee benefits solutions and wealth management. It is the third-largest privately held and employee-owned insurance broker in the country and employs 1,700+ associates.

Please visit <http://imacorp.com/terms-service/> to review our full privacy and compensation disclosure statements.

