

COPY



# Vision Benefits Proposal



**Advantica Response to:**

**City of Hollywood, Florida**

**Voluntary Vision Insurance – Solicitation #RFP-4448-15-RD**

**Opening Date/Time: February 17, 2015 at 3:00 p.m. Eastern**

**Submitted by:**

Anthony A. Adamo, Ed.D

Vice President of Corporate and Community Relations

Advantica Administrative Services, Inc.

19321-C US Highway 19N, Suite 320, Clearwater, FL 33764

Phone: 727-683-8814 | Fax: 727-683-8810 | Email: [aadamo@advanticabenefits.com](mailto:aadamo@advanticabenefits.com)

**ADVANTICA®**

Toll Free: 866.354.2020 | Fax: 727.683.8810

[www.advanticabenefits.com](http://www.advanticabenefits.com)

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# **Tab A**

## **RFP Checklist**

# Checklist



## Proposal Response Checklist

- ✓ Title Page
- ✓ Table of Contents
- ✓ RFP Checklist
- ✓ Letter of Transmittal
- ✓ Profile of Proposer
- ✓ Summary of Proposers Qualifications
- ✓ Project Understanding, Proposed Approach, and Methodology
- ✓ Summary of Proposers Fee Statement (Plan Design and Rates)
- ✓ Project Time Schedule
- ✓ Required Forms



# **Tab B**

## **Letter of Transmittal**





February 16, 2015

City of Hollywood, Florida  
c/o: Office of City Clerk  
2600 Hollywood Blvd., Rm#: 221  
Hollywood, Florida 33020

Re: Voluntary Vision Insurance RFP-4448-15-RD

Dear Procurement,

Pursuant to your request, please find Advantica's response to the RFP for Voluntary Vision Insurance RFP-4448-15-RD for the City of Hollywood, Florida. Advantica is proposing an 18-month rate guarantee for our vision proposal.

Advantica has over twelve years' experience administering quality vision benefits and is proud to be serving over 360,000 members across the nation. We are excited about this potential opportunity to serve your vision benefit plan administration needs, and to establishing a partnership in the near future. Our staff is fully committed to ensuring the City of Hollywood, Florida employees and respective family members' complete satisfaction with our services.

Advantica agrees to provide the services as outlined in this RFP. Following is the sales executive who is authorized to make representation for Advantica:

*Name:* Anthony A. Adamo, Ed.D  
*Title:* Vice President of Corporate and Community Relations  
*Phone:* 727-683-8814  
*Email:* [aadamo@advanticabenefits.com](mailto:aadamo@advanticabenefits.com)  
*Address:* Advantica  
19321-C US Highway 19N, Suite 320  
Clearwater, FL 33764

Thank you for the opportunity to present a voluntary vision insurance proposal to the City of Hollywood, Florida.

Sincerely,

Edward A. Pattarozzi  
Chief Sales and Marketing Officer  
Phone: 866.354.2020 ext. 2760  
Fax: 314.656.2797  
Email: [epattarozzi@advanticabenefits.com](mailto:epattarozzi@advanticabenefits.com)



# **Tab C**

## **Profile of Proposer**

## Profile of Proposer



### About Advantica

Advantica is a national provider of vision benefits serving over 360,000 members nationwide. Our plans maximize coverage affordability while maintaining quality benefits and reliable service. Comprehensive vision plans are available for employer groups of all sizes.

### Locations

The City of Hollywood Florida's account will be managed out of our regional office in Clearwater, Florida. Customer service and member relations are handled out of our Missouri operations and service center. Contact information for each of our locations is as follows:

#### Corporate Headquarters

12399 Gravois Road, Second Floor  
St. Louis, MO 63127

#### Florida Regional Office

19321-C US Highway 19 North, Suite 320  
Clearwater, FL 33764-3141  
Toll free: 866.354.2020  
Facsimile: 727.683.8810  
Email: [info@advanticabenefits.com](mailto:info@advanticabenefits.com)  
Website: [www.advanticabenefits.com](http://www.advanticabenefits.com)

#### Virginia Regional Office

11350 Random Hills Road, Suite 826  
Fairfax, VA 22030  
Phone: 443.574.1122  
Facsimile: 443.574.1136

#### Maryland Regional Office

16701 Melford Boulevard, Suite 440  
Bowie, MD 20715  
Toll Free: 443.574.1126  
Fax: 443.574.1136

#### Missouri Operations and Service Center

9735 Landmark Parkway, Suite 101  
St. Louis, MO 63127  
Toll Free: 800.501.3471  
Fax: 314.849.4830



## Profile of Proposer

### The Advantica Timeline

Advantica has over 14 years of experience administering vision plans and a total of over 25 years administering ancillary benefits.

- In 1990, BJC Dental Plan was founded
- In 1999, Bridgeport Dental Services was founded
- In 2001, Advantica's vision benefits program was founded
- In 2003, Allied EyeCare began doing business as Advantica EyeCare
- In 2003, BJC became a subsidiary of Delta Dental of Missouri\* and changed their name to Essex Dental Benefits
- In 2007, Bridgeport Dental Services became a subsidiary of Delta Dental of Missouri\*
- In 2010, Advantica EyeCare was acquired by Delta Dental of Missouri\*
- In 2012, Essex Dental Benefits, Bridgeport Dental Services and Advantica EyeCare became Advantica (Allied EyeCare d/b/a Advantica)
- In 2013, our organization's formal business name became Advantica Administrative Services, Inc., a Missouri Corporation, ("Advantica").

Today, Advantica employs fifty-one associates, with nine sales and account management professionals strategically located across the nation to support our growing client base.

\* Advantica has been owned by Delta Dental of Missouri since 2010. Delta Dental is a registered trademark of the Delta Dental Plans Association and is not sponsored or endorsed by the Delta Dental Plans Association.

### References

We are pleased to present to the City of Hollywood, Florida the following similar municipal engagements satisfactorily performed within the last two years.

#### Leon County Board of County Commissioners

Ernest A. Poirier, HR Specialist  
315 S. Calhoun Street, Suite 502  
Tallahassee, FL 32301  
Phone: 850-606-2400  
Fax: 850-606-2401  
Email: [poirier@leoncountyfl.gov](mailto:poirier@leoncountyfl.gov)

#### Sarasota County

Nancy Paradise, Senior Benefit Analyst  
1660 Ringling Blvd., Suite 415  
Sarasota, FL 34236  
Phone: 941-860-5000  
Fax: 941-861-5825  
Email: [nparadise@scgov.net](mailto:nparadise@scgov.net)

## Profile of Proposer



### City of Tampa

Therese Rodgers, Disability Specialist

306 E. Jackson 3E

Tampa, FL 33602

Phone: 813-274-5904

Fax: 813-274-5728

Email: [therese.rodgers@tampagov.net](mailto:therese.rodgers@tampagov.net)

### Financial Strength

Advantica's benefits are underwritten by National Guardian Life Insurance Company\*. National Guardian Life Insurance Company maintains strong ratings for all reviewers.

#### FINANCIAL RATINGS

Reviewer	Strength	Description	Size and Outlook
A.M. Best	A - (Excellent)	This rating is given to companies having a strong ability to meet their obligations to policy owners over a long period of time. This rating places NGL well within their "secure" range.	Category IX Stable Outlook
Standard and Poor's	BBB <sub>pi</sub> (Good Financial Security)	<p>This rating not only places NGL well within S&amp;P's "secure" range but also in the top one-third of all life and health insurers rated by them.</p> <p>The "pi" subscript indicates the rating is based on financial data that is readily available to the public.</p>	

Ratings current as of May 30, 2014

\*National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life.

## Profile of Proposer



### Litigation Statement

Advantica is not currently and has not been involved in litigation within the past five years arising out of our performance.



# **Tab D**

## **Summary of Proposer Qualifications**

## Summary of Proposer Qualifications

To ensure a smooth transition and ongoing satisfaction with all aspects of our benefit plan, your assigned Advantica client manager will work closely with key members of our executive and operations teams and all members will be available based on the needs of the City and project tasks. The key executives, management personnel and individuals with day-to-day responsibility of the implementation and management of your account would be as follows:

### **Manager of Client Services, Joy Carta**

Office: 727.683.8821

Email: [jcarta@advanticabenefits.com](mailto:jcarta@advanticabenefits.com)

Joy Carta will serve as your dedicated client manager. Joy has 18 years of experience as an account manager in the health, life, dental, vision and ancillary benefits industry as well as seven years in human resources. Joy has been a client manager with Advantica for the past six years. Prior to joining Advantica, Joy worked at Unum, where she handled issue resolution between clients and account executives and met with employees to enroll them in core benefits and educate them on additional ancillary benefits available. Prior to that, she held account manager roles at Aetna and Prudential Healthcare. Joy's human resources experience includes systems supervisor and systems analyst roles with Eckerd Corporation.

As your client manager, Joy will provide one-on-one customer support ranging from implementation coordination, open enrollment support, and day-to-day service. She will also promote continual improvement initiatives, while working in tandem with key managers across Advantica operations.

### **Vice President of Corporate and Community Relations, Anthony A. Adamo**

Office: 727.683.8814

Email: [aadamo@advanticabenefits.com](mailto:aadamo@advanticabenefits.com)

Anthony A. Adamo, Ed.D is vice president of corporate and community relations. Dr. Adamo is a skillful manager, fundraiser and communicator. He brings over 40 years of administrative experience to Advantica's team and has been with Advantica for over seven years. Prior to joining Advantica, Dr. Adamo held various administrative positions in higher education and retired as Dean of Student Affairs from the community college system of the State University of New York after 23 years; served as the president and CEO of New York Special Olympics and chief development officer of The Children's Home in Tampa. Dr. Adamo holds a Bachelor's degree in Business Administration and Marketing, and a Master's degree in Counseling and Student Personnel Services from the University at Albany. He also holds a Doctorate in the Administration of Higher Education from Nova University.

## Summary of Proposer Qualifications



### **Vice President of Sales, James W. Scheib, Jr.**

Office: 727.683.8815

Email: [jscheib@advanticabenefits.com](mailto:jscheib@advanticabenefits.com)

Jim Scheib, Jr. is vice president of sales at Advantica. He joined Advantica in 2014, and is based in its regional office in Clearwater, Florida. Mr. Scheib oversees sales and account management for the company's commercial dental and vision products. He is responsible for the development and execution of strategy and programs to enhance Advantica's presence in local communities. Mr. Scheib has nearly 30 years of sales and marketing experience in the insurance industry. Before coming to Advantica, Mr. Scheib served as vice president of sales and marketing for Argus Dental and Vision, where he assisted in the membership growth of the commercial and health plan dental divisions. He has also held sales and leadership positions at UnitedHealthcare of Florida and AvMed Health Plans. Mr. Scheib is a member of the Tampa Bay Association of Health Underwriters, and holds a Bachelor of Arts degree in communication arts and sciences from Michigan State University.

### **Director of Client Administration, Beverly Bolhafner**

Office: 314.543.4940

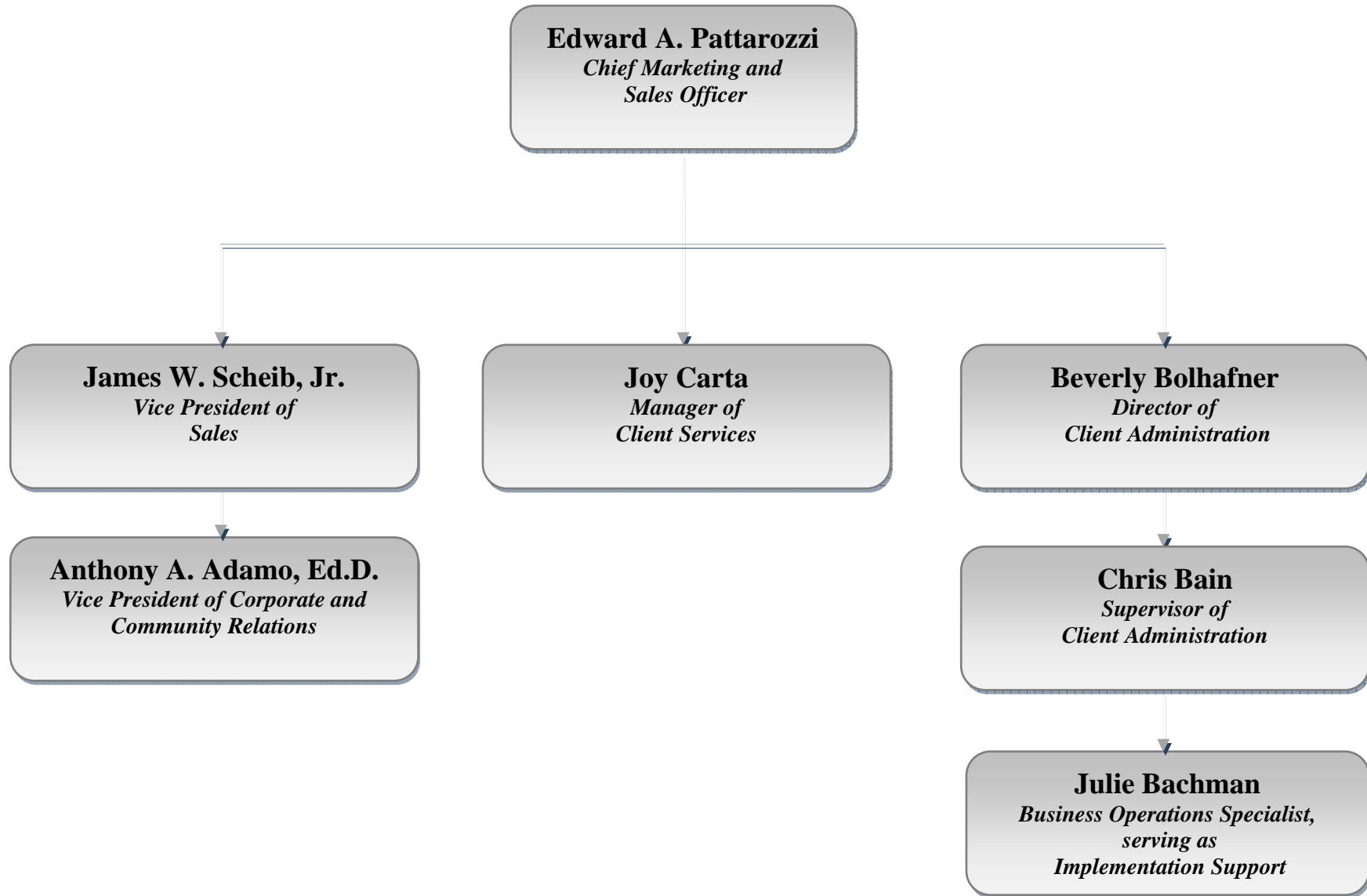
Email: [bbolhafner@advanticabenefits.com](mailto:bbolhafner@advanticabenefits.com)

Ms. Beverly Bolhafner is director of client administration. Ms. Bolhafner has over 25 years of finance experience in the healthcare industry. As the director of client administration, Bev is responsible for the leadership of the client operations, comprising of billing, eligibility, benefit analysis, and finance. In her previous role, Beverly worked as the manager for Advantica (dba Essex Dental Benefits), where she was responsible for the leadership of the plan operations and administration, comprising of claims, customer service, underwriting, eligibility, and billing. Prior to joining Advantica, Beverly worked as an accountant with St. Louis Children's hospital. Ms. Bolhafner holds a Bachelor's of Science in Business and Accounting from Webster University.





## Service Team Organizational Chart





# **Tab E**

## **Project Understanding, Proposed Approach, and Methodology**

## Project Understanding

### **Advantica understands and agrees to the following scope of work requirements:**

1. Advantica is pleased to propose a fully insured 100% voluntary benefit plan with an effective date of April 1, 2015.
2. The enclosed proposed rates are guaranteed for 18 months. We understand that rate/benefit adjustments during the stipulated period for coverage will result in termination of contract.
3. Advantica does not have any participation requirements that will cause change in the proposed rates.
4. Advantica's benefits are a match or better than the existing plan. Plans proposed include a comprehensive benefit package with varying plan allowance options.
5. Advantica's vision provider network is owned and an online provider directory with flexible search options is available to subscribers 24 hours a day, 7 days a week through our website [www.advanticabenefits.com](http://www.advanticabenefits.com). We can also provide an electronic copy of the provider directory to the designated group benefit administrator for distribution. If this does not meet the City's needs or requirement, we would be happy further discuss to find a mutually agreeable solution.
6. Advantica performs all required Primary Source Verifications of provider credentials and all providers must be approved by our Credentialing and Re-Credentialing Committee.
7. Enrollment will be open to active employees, employees on leave of absence and retirees. Enrollment will include NO underwriting and NO pre-existing condition exclusions.
8. Communicative materials, brochures, applications and provider directories will be presented to the City of Hollywood and made available upon request at no cost to the City of Hollywood or employees and retirees at Advantica's expense. These can be provided in an electronic format for the City's use in employee communications and via intranet.
9. ID cards will be mailed to the participant's home address two (2) weeks prior to the effective date of coverage at the carrier's expense once the eligibility files are accepted. Certificates of coverage are provided to your benefit administrator for distribution as needed.
10. The City of Hollywood will be assigned a designated client manager from our Clearwater, Florida regional office. The client manager will be available for on-site enrollment meetings and benefit fairs and will provide comprehensive day-to-day support to your group administrator.
11. Advantica will attend new employee orientations, health insurance committee meetings, annual enrollment meetings and benefit fairs as requested. We will also provide supporting materials and reports for indicated meetings.

## Project Understanding, Approach & Methodology



12. Advantica offers an account manager with a Florida service number, a toll free service number to our operations and service center, and a web site for benefit managers, participants and providers. See [www.advanticabenefits.com](http://www.advanticabenefits.com).
13. Advantica will process the City of Hollywood's claims within ten (10) days of receipt.
14. Advantica will have a system to handle service issues within ten (10) business days. A quarterly report will be provided upon request showing the nature and resolution of any service related concerns directed to the carrier or service representative.
15. Advantica will process a monthly electronic enrollment file in a format acceptable to the City of Hollywood or a web site with plan administrator access for additions/ deletions of participants.
16. Advantica will provide a dedicated service representative to reconcile the monthly file, provide a discrepancy list, and issue a monthly invoice by the 20<sup>th</sup> of each month for the next month's premiums. Adjustments for additions and terminations are reflected on the following month's invoice.

## Proposed Approach & Methodology

At the time of implementation, Advantica will assign your group a designated client manager who will have a full understanding of your benefit structure and program needs. Your client manager, Ms. Joy Carta, will have day-to-day responsibility for managing your account and will:

- Meet with the City staff semi-annually to review and evaluate plan administration.
- Upon the City of Hollywood's request, attend various employee meetings relating to plan benefits.
- Provide statistical plan reports including utilization data, enrollee reports and other reports as needed and requested by the City or its consultant.
- Recommend alternatives to current plan designs and cost options when requested by the City or its consultant.
- Maintain compliance with all applicable Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules as a covered entity.
- Inform the City staff and their consultant of any pending legislation affecting the administration of the plans. If relevant legislation is enacted, provide the City and its consultant with a cost analysis and implementation plan to ensure that the vision plan and the City comply with the new requirements.
- Participate in various events related to open enrollment, wellness and other activities/meetings centered upon educating plan participants and Human Resources personnel. There is no minimum attendance standard and no additional cost. We will work with your group's staff to:
  - Establish dates, times and locations of enrollment meetings
  - Schedule and coordinate logistical arrangements for exhibit booths displayed at the enrollment meetings.
  - Establish an emergency plan to accommodate inclement weather or unforeseen circumstances requiring the cancellation of enrollment meetings.
  - Provide team members that will verbally explain the plan benefits.
  - Distribute plan information and various related documents.
  - Assist your employees in completion of the enrollment form.
- Assist the City and its consultant in preparing enrollment and plan documents for use in employee communications guides or letters.
- Assist the City and its consultant in drafting communication materials and plan comparison information for employees and dependents and provide electronically formatted participant communications to be used in the City of Hollywood's newsletters and flyers.
  - Advantica provides members with helpful educational materials accessible on our website or through our Member Benefit Portal. Among many others, topics include The Link Between Diet and Vision, and The Importance of Vision Care.
  - Advantica can also provide communications in an electronic format to your benefit administrator at no additional cost to be used in the City of Hollywood's newsletters

and flyers. Our communications are typically published through our website and social media channels and we would be delighted to share them with your group to be included in your employee communications.

- Develop a Power Point presentation on the plan services for the annual open enrollment

## Customer Service

Advantica customer service team provides all members, clients and providers multi-lingual support via a toll free telephone number. We also offer a toll free TTY/TDD telephone number for members with hearing or speech impairment.

Live customer service support is available for our benefits Monday through Friday from 8:00 a.m. until 6:00 p.m. Eastern Time.

Beyond regular hours of operations, members may obtain customer service support and access additional resources through the following:

- **Automated Voice Retrieval System** – Advantica offers 24-hour turnaround time on customer service requests received through our automated voice retrieval system, as well as allowing callers to check eligibility, verify plan coverage, find a provider, and more.
- **Email Inquiry Service** – Advantica offers 24-hour turnaround time on emailed customer service requests and general inquiries through our email inquiry service at [customerservice@advanticabenefits.com](mailto:customerservice@advanticabenefits.com).
- **Online Resources** – Advantica provides online self-service functionality and an array of tools for employers and employees at no additional cost. The City of Hollywood's employees can access the Member Benefits Portal on our website [www.advanticabenefits.com](http://www.advanticabenefits.com) to check personal information and perform the following functions:
  - Search for a provider and print provider directories
  - Review benefit information and check claim status
  - Request ID cards and print temporary ID cards
  - Reprint an Explanation of Benefits
  - Obtain account information regarding eligibility, claim status and coverage levels
  - Download forms



## Proposed Approach & Methodology

At the time of implementation, Advantica will assign your group a designated client manager who will have a full understanding of your benefit structure and program needs. Your client manager, Ms. Joy Carta, will have day-to-day responsibility for managing your account and will:

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- Recommend alternatives to current plan designs and cost options when requested by the City or its consultant.
- Maintain compliance with all applicable Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules as a covered entity.
- Inform the City staff and their consultant of any pending legislation affecting the administration of the plans. If relevant legislation is enacted, provide the City and its consultant with a cost analysis and implementation plan to ensure that the vision plan and the City comply with the new requirements.
- Participate in various events related to open enrollment, wellness and other activities/meetings centered upon educating plan participants and Human Resources personnel. There is no minimum attendance standard and no additional cost. We will work with your group's staff to:
  - Establish dates, times and locations of enrollment meetings
  - Schedule and coordinate logistical arrangements for exhibit booths displayed at the enrollment meetings.
  - Establish an emergency plan to accommodate inclement weather or unforeseen circumstances requiring the cancellation of enrollment meetings.
  - Provide team members that will verbally explain the plan benefits.
  - Distribute plan information and various related documents.
  - Assist your employees in completion of the enrollment form.
- Assist the City and its consultant in preparing enrollment and plan documents for use in employee communications guides or letters.
- Assist the City and its consultant in drafting communication materials and plan comparison information for employees and dependents and provide electronically formatted participant communications to be used in the City of Hollywood's newsletters and flyers.
  - Advantica provides members with helpful educational materials accessible on our website or through our Member Benefit Portal. Among many others, topics include The Link Between Diet and Vision, and The Importance of Vision Care.
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- **Email Inquiry Service** – Advantica offers 24-hour turnaround time on emailed customer service requests and general inquiries through our email inquiry service at [customerservice@advanticabenefits.com](mailto:customerservice@advanticabenefits.com).
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  - Search for a provider and print provider directories
  - Review benefit information and check claim status
  - Request ID cards and print temporary ID cards
  - Reprint an Explanation of Benefits
  - Obtain account information regarding eligibility, claim status and coverage levels
  - Download forms



# **Tab F**

## **Summary of Proposers**

### **Fee Statement**

## Plan Cost Summary

### Schedule of Benefits

Please see the following pages in this section.

### Location of Support

Please see *Profile of Proposer* section.

### Assigned Staff

Please see *Summary of Proposer Qualifications* section.

### Plan Cost

#### Select Plus 100

Single	\$4.49 per month
Individual + one	\$8.53 per month
Family	\$13.27 per month

*See Schedule of Benefits attached*

#### Select Plus 125

Single	\$5.13 per month
Individual + one	\$9.77 per month
Family	\$15.19 per month

*See Schedule of Benefits attached*

#### Select Plus 150

Single	\$6.07 per month
Individual + one	\$11.52 per month
Family	\$17.92 per month

*See Schedule of Benefits attached*



# Vision Benefits Proposal

SEE. Smile. Live.

## SELECT PLUS 100 PLAN

**COMPANY NAME:** City of Hollywood  
**EFFECTIVE DATE:** 4/1/2015

**BROKER / AGENCY NAME** Direct

**COPAYS\***

Exam	\$ 10
Materials	\$ 25

**FREQUENCY**

Eye Exam	Every 12 Months
Eyeglass Lenses	Every 12 Months
Eyeglass Frames	Every 24 Months
Contact Lenses	Every 12 Months

COVERAGE	IN-NETWORK*	OUT-OF-NETWORK*
<b>EXAMS</b>		
Comprehensive Spectacle Eye Examination (with Dilation)	100% Covered	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$30 allowance	Not Covered
<b>EYEGLASS LENSES*</b> (in lieu of contact lenses)		
Standard Plastic CR-39 Lenses		Reimbursed up to:
▪ Single		▪ Single: \$20
▪ Bi-focal	100% Covered	▪ Bi-focal: \$40
▪ Tri-focal		▪ Trifocal: \$60
▪ Lenticular		▪ Lenticular: \$100
Polycarbonate Lenses (members age 19 and under)	100% Covered	Not Covered
Standard Progressive Lenses	\$50 Copay	Not Covered
Photochromic Lenses	\$60 Copay	Not Covered
<b>EYEGLASS FRAMES*</b> (in lieu of contact lenses)	\$100 Retail Allowance	Reimbursed up to \$40
<b>CONTACT LENSES</b> (in lieu of eyeglass lenses and frames)		
Elective Contact Lenses**	\$100 Retail Allowance	Reimbursed up to \$60
Medically Necessary Contact Lenses**	\$250 Retail Allowance	Reimbursed up to \$250

\* Copayments apply to in- and out-of-network benefits. Copayments for out-of-network benefits are deducted from reimbursements. Single materials copay applied with standard lenses and frames when purchased together. \*\* Benefit paid only once during the group's benefit period; must be fully utilized at the time of purchase. Medically Necessary Contact Lenses limited to Aphakia, Keratoconus, or severe Anisometropia; Advantica pre-authorization required.

### ADDITIONAL MEMBER DISCOUNTS

**Polycarbonate Lenses**  
(Members over age 19) Member Cost \$30

**Laser Vision Correction** Quasight Discounts

*Additional Discounts Available\**

\* Additional member discounts available at select in-network participating provider locations; not part of covered benefit.

**RATE GUARANTEE** 18 months

### RATES VOLUNTARY

Employee	\$4.49
Employee + One	\$8.53
Employee + Family	\$13.27

### PROPOSAL ACCEPTED BY:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



# Vision Benefits Proposal

SEE. Smile. Live.

## SELECT PLUS 125 PLAN

**COMPANY NAME:** City of Hollywood  
**EFFECTIVE DATE:** 4/1/2015

**BROKER / AGENCY NAME** Direct

**COPAYS\***

Exam	\$ 10
Materials	\$ 20

**FREQUENCY**

Eye Exam	Every 12 Months
Eyeglass Lenses	Every 12 Months
Eyeglass Frames	Every 24 Months
Contact Lenses	Every 12 Months

COVERAGE	IN-NETWORK*	OUT-OF-NETWORK*
<b>EXAMS</b>		
Comprehensive Spectacle Eye Examination (with Dilation)	100% Covered	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$30 allowance	Not Covered
<b>EYEGLASS LENSES*</b> (in lieu of contact lenses)		Reimbursed up to:
Standard Plastic CR-39 Lenses		<ul style="list-style-type: none"> <li>Single: \$20</li> <li>Bi-focal: \$40</li> <li>Trifocal: \$60</li> <li>Lenticular: \$100</li> </ul>
<ul style="list-style-type: none"> <li>Single</li> <li>Bi-focal</li> <li>Tri-focal</li> <li>Lenticular</li> </ul>	100% Covered	
Polycarbonate Lenses (members age 19 and under)	100% Covered	Not Covered
Standard Progressive Lenses	\$50 Copay	Not Covered
Photochromic Lenses	\$60 Copay	Not Covered
<b>EYEGLASS FRAMES*</b> (in lieu of contact lenses)	\$125 Retail Allowance	Reimbursed up to \$40
<b>CONTACT LENSES</b> (in lieu of eyeglass lenses and frames)		
Elective Contact Lenses**	\$125 Retail Allowance	Reimbursed up to \$60
Medically Necessary Contact Lenses**	\$250 Retail Allowance	Reimbursed up to \$250

\* Copayments apply to in- and out-of-network benefits. Copayments for out-of-network benefits are deducted from reimbursements. Single materials copay applied with standard lenses and frames when purchased together. \*\* Benefit paid only once during the group's benefit period; must be fully utilized at the time of purchase. Medically Necessary Contact Lenses limited to Aphakia, Keratoconus, or severe Anisometropia; Advantica pre-authorization required.

### ADDITIONAL MEMBER DISCOUNTS

Polycarbonate Lenses (Members over age 19)	Member Cost \$30
Laser Vision Correction	Qualsight Discounts

*Additional Discounts Available\**

\* Additional member discounts available at select in-network participating provider locations; not part of covered benefit.

**RATE GUARANTEE** 18 months

**RATES** **VOLUNTARY**

Employee	\$5.13
Employee + One	\$9.77
Employee + Family	\$15.19

### PROPOSAL ACCEPTED BY:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_





# Vision Benefits Proposal

SEE. Smile. Live.

## SELECT PLUS 150 PLAN

**COMPANY NAME:** City of Hollywood  
**EFFECTIVE DATE:** 4/1/2015

**BROKER / AGENCY NAME** Direct

**COPAYS\***

Exam	\$ 10
Materials	\$ 10

**FREQUENCY**

Eye Exam	Every 12 Months
Eyeglass Lenses	Every 12 Months
Eyeglass Frames	Every 24 Months
Contact Lenses	Every 12 Months

COVERAGE	IN-NETWORK*	OUT-OF-NETWORK*
<b>EXAMS</b>		
<b>Comprehensive Spectacle Eye Examination</b> (with Dilation)	100% Covered	Reimbursed up to \$40
<b>Contact Lens Fit &amp; Follow-up</b>	\$40 allowance	Not Covered
<b>EYEGLASS LENSES*</b> (in lieu of contact lenses)		
<b>Standard Plastic CR-39 Lenses</b>		Reimbursed up to:
▪ Single	100% Covered	▪ Single: \$20
▪ Bi-focal		▪ Bi-focal: \$40
▪ Tri-focal		▪ Trifocal: \$60
▪ Lenticular		▪ Lenticular: \$100
<b>Polycarbonate Lenses</b> (members age 19 and under)	100% Covered	Not Covered
<b>Standard Progressive Lenses</b>	\$50 Copay	Not Covered
<b>Photochromic Lenses</b>	\$60 Copay	Not Covered
<b>EYEGLASS FRAMES*</b> (in lieu of contact lenses)		
	\$150 Retail Allowance	Reimbursed up to \$60
<b>CONTACT LENSES</b> (in lieu of eyeglass lenses and frames)		
<b>Elective Contact Lenses**</b>	\$150 Retail Allowance	Reimbursed up to \$80
<b>Medically Necessary Contact Lenses**</b>	\$250 Retail Allowance	Reimbursed up to \$250

\* Copayments apply to in- and out-of-network benefits. Copayments for out-of-network benefits are deducted from reimbursements. Single materials copay applied with standard lenses and frames when purchased together. \*\* Benefit paid only once during the group's benefit period; must be fully utilized at the time of purchase. Medically Necessary Contact Lenses limited to Aphakia, Keratoconus, or severe Anisometropia; Advantica pre-authorization required.

### ADDITIONAL MEMBER DISCOUNTS

<b>Polycarbonate Lenses</b> (Members over age 19)	Member Cost \$30
<b>Laser Vision Correction</b>	Quasight Discounts

*Additional Discounts Available\**

\* Additional member discounts available at select in-network participating provider locations; not part of covered benefit.

**RATE GUARANTEE** 18 months

### RATES VOLUNTARY

<b>Employee</b>	<b>\$6.07</b>
<b>Employee + One</b>	<b>\$11.52</b>
<b>Employee + Family</b>	<b>\$17.92</b>

### PROPOSAL ACCEPTED BY:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



# **Tab G**

## **Project Time Schedule**

# Implementation Project Plan

## Week One (23 – 30 Days Out from Go-Live)

### *Implementation Kick-Off Meeting*

- a. Plan Design
  - i. Review Plan Coverages
  - ii. Review Network
- b. Contracting Administration
  - i. Group Application for Coverage
    - 1. Review Waiting Periods, Dependent Eligibility Requirements, Domestic Partner Coverage, Continuation of Coverage, etc.
    - 2. Review Billing and Eligibility Contacts
- c. Reporting
  - i. Review Sample Reports
  - ii. Discuss Reporting Needs
- d. Eligibility
  - i. Eligibility Process
  - ii. Review File Layout (if applicable)
  - iii. Review Online Administration
    - 1. Determine Appropriate Account Users
- e. Account Code Structure
  - i. Establish Department Codes (if applicable)
  - ii. Send Final Structure to Group (if applicable)
- f. Enrollment
  - i. Review Enrollment Process
  - ii. Enrollment Meeting Schedule
    - 1. Finalize Meeting Requirements
  - iii. Discuss Materials Required
    - 1. Finalize Open Enrollment Materials

## Week Two (15 – 22 Days Out from Go-Live)

### *Weekly Implementation Meeting*

- a. Plan Design
  - i. Review Plan Coverages (if necessary)
  - ii. Review Network (if necessary)
- b. Contacting Administration
  - i. Completed/Executed Group Application for Coverage
  - ii. Completed Certificate of Coverage
- c. Reporting
  - i. Confirm Reporting Needs
    - 1. Define and Establish Group Reporting (Advantica)
- d. Eligibility
  - i. Review Account Code Structure to be Sent on Eligibility File
  - ii. Test Eligibility Files
    - 1. Apply and Test Eligibility Files
    - 2. Review Test Files for Eligibility Data Errors

## Implementation Project Plan

- e. Account Code Structure
  - i. Sign-off On Structure by Group (if applicable)
  - ii. Load Account Structure into Claims System (if applicable)
- f. Enrollment
  - i. Enrollment Meetings

### Week Three (8 – 14 Days Out from Go-Live)

#### *Weekly Implementation Meeting*

- a. Plan Design
  - i. Review Plan Coverages (if necessary)
  - ii. Review Network (if necessary)
- b. Contacting Administration
  - i. Completed
- c. Reporting
  - i. Completed
- d. Eligibility
  - i. Production Eligibility File
    - 1. Apply Production File
    - 2. Prepare and Release Member ID Cards
      - a. Please note: ID Cards require 7 to 10 days for delivery to members
- e. Account Code Structure
  - i. Completed
- f. Enrollment
  - i. Completed

### Week Four (1 – 7 Days Out from Go-Live)

#### *Weekly Implementation Meeting*

- a. Plan Design
  - i. Completed
- b. Contacting Administration
  - i. Completed
- c. Reporting
  - i. Provide Initial Enrollment Census
- d. Eligibility
  - i. Member ID Cards Delivery to Members
  - ii. Provide Temporary ID Cards to Group's Eligibility Contact
- e. Account Code Structure
  - i. Completed
- f. Enrollment
  - i. Completed



# **Tab H**

## **Required Forms**

Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD**ACKNOWLEDGMENT AND SIGNATURE PAGE**

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): ADVANTICA ADMINISTRATIVE SERVICES, INC. ADVANTICA Federal Tax Identification Number: 43-1826684If Corporation - Date Incorporated/Organized: 8/21/98State Incorporated/Organized: MISSOURICompany Operating Address: 12399 GRANDIS RD, 2<sup>nd</sup> FLOORCity: ST LOUIS State: MO Zip Code: 63127Remittance Address (if different from ordering address): 19321-C US HWY 19 N, STE 320City: CLEARWATER State: FL Zip Code: 33764Company Contact Person: ANTHONY A. ADAMO Email Address: AADAMO@ADVANTICABENEFITS.COMPhone Number (include area code): 727-683-8814 Fax Number (include area code): 727-683-8810Company's Internet Web Address: WWW.ADVANTICABENEFITS.COM

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

Bidder/Proposer's Authorized Representative's Signature: Edward A. Patarozi Date: 2/16/15Type or Print Name: EDWARD A. PATAROZZI

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLD HARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FROM THE AWARD PROCESS.



Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD**NONCOLLUSION AFFIDAVIT**STATE OF: MISSOURICOUNTY OF: ST. LOUIS, being first duly sworn, deposes and says that:

- (1) He/she is CHIEF SALES and MARKETING OFFICER of "ADVANTICA", the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(SIGNED) Ed. A. Pattarozzi EDWARD A. PATTAROZZI, CHIEF SALES and MARKETING OFFICER  
Title

**Failure to sign or changes to this page shall render your bid non-responsive.**

Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA  
STATUTES ON PUBLIC ENTITY CRIMES**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR  
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to the City of Hollywood FL  
 by EDWARD A. DATAROZZI, CHIEF for SALES and MARKETING OFFICER for "ADYANTICA"  
 (Print individual's name and title) (Print name of entity submitting sworn statement)  
 whose business address is 12399 GRANDIS RD 2<sup>nd</sup> FLOOR ST LOUIS MO 63127  
 and if applicable its Federal Employer Identification Number (FEIN) is 43-1826684 If the entity has no FEIN,  
 include the Social Security Number of the individual signing this sworn statement.

N/A

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an



Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD

affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Ed. Patarozzi  
(Signature)

Sworn to and subscribed before me this 16<sup>th</sup> day of February, 2015.

Personally known Ed Patarozzi

Or produced identification \_\_\_\_\_ Notary Public-State of Missouri

\_\_\_\_\_ my commission expires 6/19/16

(Type of identification)

Linda Yancey  
(Printed, typed or stamped commissioned name of notary public)

LINDA YANCEY  
Notary Public - Notary Seal  
STATE OF MISSOURI  
St. Louis County  
My Commission Expires: June 19, 2016  
Commission #12357405

Failure to sign or changes to this page shall render your bid non-responsive.

Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

ADVANTICA ADMINISTRATIVE SERVICES, INC.  
19321-C US HWY 19N, STE 320, CLEARWATER, FL 33764 (REGIONAL)  
12399 GRANDIS RD 2<sup>ND</sup> FLOOR ST LOUIS, MO 63127 (CORPORATE)

Application Number and/or Project Name:

VOLUNTARY VISION INSURANCE RFP 4448-15-RDApplicant IRS/Vendor Number: 43-1826684

Type/Print Name and Title of Authorized Representative:

EDWARD A. PATTAROZZI, CHIEF SALES and MARKETING OFFICERSignature: Ed. Pattarozzi Date: 2/16/15**Failure to sign or changes to this page shall render your bid non-responsive.**

Issue Date: January 30, 2015City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



VENDOR'S SIGNATURE

EDWARD A. PATTAROZZI

PRINTED NAME

ADVANTICA ADMINISTRATIVE SERVICES, INC.

NAME OF COMPANY



Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD**SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY**

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.



SIGNATURE

EDWARD A. PATTIARDOZZI

PRINTED NAME

ADVANTICA ADMINISTRATIVE SERVICES, INC. CHIEF SALES and MARKETING OFFICER

NAME OF COMPANY

TITLE

**Failure to sign this page shall render your bid non-responsive.**

Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD

## REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: ADVANTICAFirm giving Reference: LEON COUNTY BOCCAddress: 315 S. CALHOUN ST., 502 TALLAHASSEE, FL 32301Phone: (850) 606-2400Fax: (850) 606-2401Email: POIRIERE@leoncountyfl.gov

1. Q: What was the dollar value of the contract?

A: \$20,400

2. Have there been any change orders, and if so, how many?

A: NO

3. Q: Did they perform on a timely basis as required by the agreement?

A: yes

4. Q: Was the project manager easy to get in contact with?

A: yes

5. Q: Would you use them again?

A: yes

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: ☒ 5 Excellent ☐ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A: Company is very easy to work with.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: ERNEST A. POIRIERE Title: H.R. SpecialistSignature: Ernest A. Poiriere Date: 2/9/15

Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD**REFERENCE QUESTIONNAIRE**

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Advantica BenefitsFirm giving Reference: Sarasota CountyAddress: 1660 Ringling Blvd, Suite 415, Sarasota, FL 34236Phone: 941-861-5000Fax: 941-861-5825Email: nparadise@scgov.net

1. Q: What was the dollar value of the contract?

A: \$273,000

2. Have there been any change orders, and if so, how many?

A: No

3. Q: Did they perform on a timely basis as required by the agreement?

A: Yes

4. Q: Was the project manager easy to get in contact with?

A: Yes

5. Q: Would you use them again?

A: Yes

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: ☐ 5 Excellent ☒ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A: No

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Nancy Paradise Title: Senior Benefit AnalystSignature:  Date: 2/10/2015



Issue Date: January 30, 2015

City of Hollywood, Florida  
Solicitation #RFP-4448-15-RD

## REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: ADVANTICAFirm giving Reference: City of Tampa, FLAddress: 306 E. JACKSON, 3E Tampa FL 33602Phone: (813) 274-5904Fax: (813) 274-5728Email: Therese.rodgers@tampagov.net

1. Q: What was the dollar value of the contract?

A: \$ 20,000

2. Have there been any change orders, and if so, how many?

A: NO

3. Q: Did they perform on a timely basis as required by the agreement?

A: yes

4. Q: Was the project manager easy to get in contact with?

A: yes

5. Q: Would you use them again?

A: yes

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: ☒ 5 Excellent ☐ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A: NO

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Therese Rodgers Title: Disability SpecialistSignature: \_\_\_\_\_ Date: 2/12/15