



Mansfield City Schools

**REQUEST FOR PROPOSAL
FOR HEALTH BENEFIT
CONSULTING SERVICES**

June 19, 2025



OUR VISION

To be the most respected and admired risk management consultant and insurance broker in the nation.

OUR MISSION

Caring for our clients' and employees' needs today and tomorrow.

OUR PURPOSE

We see risk, so you see opportunity.

OUR CORE VALUES

Passion for Excellence
Integrity
Resourcefulness
Commitment to Community

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Oswald Tower
950 Main Ave | Suite 1800
Cleveland, OH 44113



Tammy Hamilla,
Treasurer, Mansfield City Schools,
856 W Cook Road,
Mansfield, OH 44907

Dear Ms. Hamilla,

On behalf of Oswald Companies, I am pleased to submit our response to Mansfield City School District's Request for Proposal for Group Benefits Consulting Services. As Ohio's largest independent insurance brokers with over 132 years of experience serving our communities, we are uniquely positioned to provide exceptional value and service to your district.

Our deep expertise in serving public school systems throughout Ohio sets us apart. We currently partner with numerous school districts, including the Cleveland Metropolitan School District, Akron Public Schools, Parma City Schools, Mayfield Schools, and Hudson City School District. Additionally, we manage several educational consortia, including Ashtabula County Schools Council of Governments, NY44 Health Benefits Plan Trust, and Bucks and Montgomery County Schools Health Care Consortium, giving us broad insight into academic institutions' specific challenges and opportunities.

We understand the unique needs of public school systems, particularly:

- Managing complex benefits programs while maintaining fiscal responsibility
- Navigating collective bargaining agreements and union relationships
- Developing effective communication strategies for diverse employee populations
- Creating sustainable long-term strategies for controlling healthcare costs
- Building a sustainable wellness program to improve overall health

Oswald Companies brings several key strengths to our partnership:

- Dedicated public sector team with extensive experience in educational institutions
- Strong relationships with all major carriers, enabling superior negotiating power
- Comprehensive compliance support
- Industry-leading analytics and reporting capabilities
- Local presence and deep understanding of the Ohio healthcare market
- Employee advocacy and a dedicated customer service team
- Dedicated communications team for employee health and wellness engagement
- Delivering unique consortium options while managing partnerships

Our comprehensive scope of services includes strategic planning, compliance guidance, HR consulting, employee communications, wellness programs, and day-to-day plan management. We take pride in our high-touch service model and our ability to serve as an extension of your HR team.

As an Ohio-based firm with offices throughout the state, we maintain strong connections with local healthcare providers, carriers, and community organizations. Our presence in Ohio spans generations, and we are deeply committed to the success of our state's educational institutions.

We appreciate the opportunity to participate in this Request for Proposal (RFP) process. We are confident in delivering exceptional value and service to your district, employees, and community.

Sincerely,

A handwritten signature in black ink that reads "Nicholas Ferrando". The signature is written in a cursive, flowing style.

Nicholas Ferrando,
Relationship Advisor

WHY US



Employee Owners

We believe true organizational strength comes when your team members embrace the values of integrity, community, collaboration, diversity, equity, and inclusion, backed by the confidence of knowing their employer is with them at every turn and for the road ahead. We also believe that an independent and employee-owned brokerage model best serves clients.

Experience With Clients Like You

We have many public agencies as clients. We provide full-service brokerage and consulting services for clients such as Cuyahoga County Board of Developmental Disabilities, Cleveland Metropolitan Schools, Cuyahoga County, Akron Public Schools, Mayfield Schools, Parma Schools, the City of Dublin, and the City of Stow. We also work with the Ashland County West Holmes Career Center, a fellow member of the Jefferson Health Plan.

Healthcare Network Leverage

We conduct comprehensive network analysis through claim repricing, member-centric discounts, and network disruption assessments to help clients select and optimize the most effective networks for their geographic footprint, including narrow, high-performance, and HMO options. By evaluating carrier-specific discount methodologies and monitoring ongoing performance, we deliver maximum negotiating power through our strong relationships with all major Ohio consortiums and numerous TPA partnerships.

Consortia Experience

Our extensive consortia expertise includes direct participation in the Jefferson Health Plan (JHP), where we serve the Ashland County West Holmes Career Center. We also successfully manage the Diocese of Cleveland, the Independent Schools Benefit Consortium (ISBC), ERCHealth, New York 44 Health Benefits Plan Trust, and the Bucks and Montgomery County Schools Consortium. This experience offers a deep insight into data sharing protocols and consortium dynamics, positioning us to collaborate with the Mansfield City School District in developing effective consortium strategies.

Strategic Management

We take a strategic approach to risk management and benefits. Our experts work closely with our clients to design customized programs that address their unique needs and achieve their objectives. We are committed to delivering superior service and support to help clients manage risk effectively.

Data Analytics

Our data analytics team, led by our in-house actuaries, helps unlock the value of your data. We use our extensive data capabilities, benchmarking, industry knowledge, and professional expertise to review and evaluate your benefits programs, coverage levels, and risk management strategies. This deeper insight allows us to identify a broader range of cost-reduction opportunities.

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Prescription Drug Management

UnivationRx, our proprietary pharmacy solution, combines advanced technology, direct PBM contracting, and clinical care services to optimize prescription drug costs. The program features specialty drug cost assistance, personalized pharmacist support, and proven partnerships with major PBMs, to deliver significant savings while maintaining quality care for employees.

Innovation

We are committed to driving innovation in the employee benefits industry. We recognize the need for creative and cutting-edge solutions to meet the challenges faced by our clients. Our data analytics team uses advanced technology and predictive modeling to identify trends and outliers, providing insights that drive cost savings and improve health outcomes. We also leverage the latest communication and engagement strategies to ensure that employees are informed and empowered to take control of their health and well-being.

Union Experience

Working with labor unions requires specific skills and expertise. We specialize in crafting effective health plans for unions' unique demands and interests. Our team is experienced and well-equipped to support the negotiation process and reach agreements that meet union members' needs and preferences while ensuring compliance with legal requirements and managing risk for the benefit plan. We have a large clientele with union populations and specialize in managing multiple stakeholder decisions.



PRESENTATION EXPECTATIONS



1. Brief overview of your firm.

About Oswald

Founded in Ohio in 1893 by James B. Oswald and Harris Creech, Oswald is a privately held, majority-employee-owned company with a national reach that combines a 132-year heritage with an entrepreneurial spirit.

The firm became the James B. Oswald Company in 1915. Unison Risk Advisors is the parent company of The James B. Oswald Company, which provides group benefits, property, casualty, and risk management services. We have seven branches, including Columbus and Akron. We have over 475 employee-owners, with over 175 employee benefits professionals serving over 1,300 clients in multiple industries nationwide.

Oswald has a global reach and can advise on international benefits. Through our equity ownership, Oswald is part of the top 10 international insurance brokers in the world, Assurex Global®. Assurex Global is the world's largest privately held risk management and commercial insurance brokerage group. 100-plus independent insurance brokers employing nearly 18,000 insurance professionals on six continents make up Assurex Global. A hallmark of Assurex Global® is that all Partners, regardless of city and country, are committed to providing an immediate and professional response to requests for advice on local insurance conditions, assistance with local coverage, and other local services, including claims and loss control.

At Oswald Companies, we believe true organizational strength comes when your team members embrace the values of integrity, community, collaboration, diversity, equity, and inclusion, backed by the confidence of knowing their employer is with them at every turn and for the long road ahead.

Public School Experience

Oswald has extensive experience managing Public School systems. Our client list includes Cleveland Metropolitan Schools, Akron City Schools, Mayfield City Schools, Parma City Schools, and Hudson City Schools. We also have extensive experience with school consortia, managing Ashtabula County Schools COG, NY44 Health Benefits Trust, and Bucks Montgomery County Schools Healthcare Consortium. For a more complete list, please see page 34.

 **2. Structure, roles and expertise of the team that would service MCSD's account.**

Senior Leadership Team

KELSEY FINUCAN

Senior Vice President,
Practice Leader, Large
Market & Schools

JONATHAN SADLIER

Market President,
Central Ohio

NICK FERRANDO

Relationship Advisor

Service Team

JANET LUKACS

Vice President, Senior
Client Executive

JESSICA IHRIG

Client Manager

MEGAN NOVESS

Client Service
Administrator

Support Team

LEO DUVAL

Team Leader, Data
Consultant

BOB HOITSMA

Senior Benefits Data
Analyst

MOLLY BERRY

Health Management
Services Consultant

**DANIELLE JARVIS,
REBC**

Team Leader, Compliance

JOHN KERTIS

Vice President, Employee
Engagement Leader



KELSEY FINUCAN

Senior Vice President,
Practice Leader, Large
Market & Schools

Kelsey Finucan is Senior Vice President, Practice Leader, for Large Market and Schools with Oswald Companies. She and her team oversee the client service for large clients with complex benefits needs. Kelsey provides innovative solutions around vendor selection, self-funded plan strategy for medical, prescription, dental, and vision plans, and group life and disability products. She utilizes her experience in underwriting, claims analysis, and population health management to assist clients with contract negotiations.

Before joining Oswald, Kelsey served as the Director of Benefits for a large healthcare employer with over 7,000 employees. In that role, she managed a team and worked collaboratively with internal union leadership, insurance carriers, and consultants to administer all benefit programs effectively.

Kelsey received her Bachelor of Arts in Business Administration and Accounting and a Masters in Business Administration from Baldwin Wallace University. Kelsey maintains her Life and Health insurance license.



JONATHAN SADLIER

Market President,
Central Ohio

Jonathan D. Sadlier has nearly 20 years of experience working with businesses and non-profit organizations across the full range of employee benefits and financial services. He specializes in plan strategy's financial and technical aspects and implementing innovative, client-specific solutions.

As Market Leader, he is responsible for the growth and profitability of Oswald's comprehensive risk and insurance services throughout Central Ohio. He also directs team management and operations for the firm's full-service Columbus office.

Jon is a graduate of Ohio University with a BBA in Finance. While at Ohio University, he also completed a program of study in international business at the Audencia School of Management in Nantes, France.

Jon holds the Registered Employee Benefits Consultant (REBC) designation through the National Association of Health Underwriters and Chartered Benefits Consultant (CBC) through The National Association of Alternative Benefits Consultants.

He currently sits on the Board of Directors of Volunteers of America Ohio & Indiana and on the Greater Columbus Sports Commission. From 2008-2020 he served on the Advisory Board of the Salvation Army of Greater Cleveland and is a former Vice Chairman. Jon is a member of the Leadership Columbus Signature Program Class and volunteers with the United Way of Central Ohio.



NICK FERRANDO

Relationship Advisor

Nicholas Ferrando is a Strategic Benefits Advisor for Oswald Companies. Nick works across the state of Ohio identifying inefficiencies within Benefits programs. As a consultant, he works alongside his client management team to bring new ideas, top of the line service, and overall expertise within the insurance industry to fix the most complex challenges. With his previous experience as a teacher, he brings a unique approach through education to help HR teams across Ohio improve their programs.

Nick graduated from Kent State University and received his BA in Education. He holds the Accident & Health, Variable Annuities and Life license. He is part of the Central Ohio Human Resource Association as a member of the Emerging Professionals Committee. He is a frequent attendee and speaker at the OASBO conference and The OTA Trade Show. His true passion sits in the public sector.



JANET LUKACS

Vice President, Senior Client Executive

Janet develops and executes strategic employee benefits solutions for local and national employers. She joined Oswald in 2015 and brings over 30 years of extensive experience working with employers in the Employee Benefits industry. Janet has specific expertise with union employees and multi-employer Taft Hartley Funds. She previously held positions at Medical Mutual of Ohio, Anthem Blue Cross, Blue Shield, and, most recently, an international employee benefits consulting firm. At Oswald, Janet’s strategic focus is identifying, measuring, and managing employee and organizational risk. She provides innovative and cost-effective solutions to assist employers in controlling and reducing healthcare-related expenditures while guiding employers through compliance with the complex regulatory requirements of healthcare reform. Janet develops and executes strategic employee benefits solutions for local and national employers.



JESSICA IHRIG

Client Manager

Jessica Ihrig is a Client Manager within the Large and Middle Market Group Benefits Practices. In her role as Client Manager, Jessica acts as the day-to-day point of contact for her assigned clients to ensure delivery of quality services. She is responsible for resolving escalated service issues and ensuring overall client satisfaction. Jessica works closely with the Client Executive to develop and execute defined benefit strategies that will be both cost-effective and support clients’ initiatives.

Before joining Oswald, Jessica worked as an Account Administrator for a large medical carrier for seven years, focusing on supporting a large group of commercial accounts and servicing their benefit plans. She also worked as a Benefits Consultant for a healthcare consulting firm, assisting clients with mitigating risk and developing profitable benefit strategies.

Jessica holds a Bachelor of Arts from the University of Toledo. She is also a licensed Accident & Health, Casualty, Life and Property agent in the State of Ohio.



MEGAN NOVESS

Client Service Administrator

Megan Novess is a Client Service Administrator for public schools and municipalities. Megan focuses on day-to-day service contact, employee support, billing issues, claim resolution, and carrier website assistance in this role. She also collaborates closely with Client Executives and Client Managers by supporting presentations and carrier implementations.

Before joining the firm in 2022, Megan worked for two local competitors of Oswald Companies. This experience allowed me to explore different sections within the insurance industry, such as environmental risk, property and casualty, health and benefits, and accounting.

Megan graduated from Heidelberg University with her Master of Business Administration (MBA) and her Bachelor of Science in Business Administration.



LEO DUVAL

Team Leader, Data Consultant

Leo has over a decade of experience as a data analytics leader in the employee benefits industry. He serves as a Data Consultant at Oswald Companies, managing a team of data scientists and overseeing analytics to inform strategic decisions. Previously, Leo was the Senior Data Analyst and Practice Leader at The Fedeli Group. In this capacity, he led underwriting consultations, developed data models, drove business development initiatives, and managed group benefit databases. Leo also gained financial analysis experience at Environmental Pest Service, analyzing revenue streams, commission structures, customer billing, and financial reporting.

Leo holds a Bachelor of Business Administration and a Bachelor of Psychology from Ave Maria University, which he completed in 2013. During his studies, he gained relevant experience through an internship with Catholic Charities, providing financial assessments and database management. Leo augments his education and work experience with proficiencies in data visualization, SQL, communications, problem-solving, and other key skills.



BOB HOITSMA

Senior Benefits Data Analyst

Bob Hoitsma is a Senior Benefit Analyst at Oswald Companies. He has nearly two decades of experience in employee benefits. Bob had worked as a Finance Manager at Group Benefits Specialists and CBIZ. Bob's experience includes risk analysis of employer benefits, contract analysis, renewal rate projections, and employer and employee contribution analysis. Before transitioning into Employee Benefits, Bob was the Manager of Group Underwriting at Central Benefits, Community Life Insurance Company, and The Midland.

Bob's underwriting experience includes Group Medical, Group Disability, and Group Life Insurance. His projects include the following: Developed Experience Rating Exhibits to calculate expected renewal rate adjustments for Medical and Dental Benefits, developed an Aggregate Stop Loss Report that shows monthly covered lives, paid medical and drug claims, and Specific Stop reimbursements and developed underwriting training programs and directed the publishing the underwriting training manual.

Bob is a graduate of Ohio University. Bob received his Bachelor of Science in Mathematics Education.



MOLLY BERRY

Health Management Services Consultant

Molly Berry serves as a Health Management Consultant at Oswald, bringing extensive healthcare industry experience. Before joining Oswald, she worked at PeopleOne Health as a Health Management Consultant and Client Success Manager. Her career spans multiple healthcare organizations, including University Hospitals, Cleveland Clinic, and Charles River Laboratories, where she has held roles in patient care, cardiac monitoring, and report coordination. She has also spent time in service industries developing leadership and customer service skills through management positions.

Molly holds a Master of Public Health with a focus in Health and Policy Management from Kent State University (2020) and a Bachelor's degree in Exercise Science from the University of Mount Union (2017). During her academic career, she demonstrated leadership through involvement in multiple organizations including Delta Sigma Tau-Alpha Chapter and the St. Jude Up'til Dawn Committee, while also volunteering at Akron Children's Hospital and coordinating Greek Life activities.



**DANIELLE JARVIS,
REBC**

Team Leader,
Compliance

Danielle Jarvis performs legal and factual compliance research on ERISA (Employee Retirement Income Security Act), ACA (Affordable Care Act), and other health insurance benefits administration regulations. She serves as the Health Care Reform Advisory Services' internal communication needs coordinator and analyzes client compliance issues in-depth. She also conducts annual compliance reviews for clients and communicates the results with suggested solutions.

Danielle is a Registered Employee Benefits Consultant (REBC) and holds a Patient Protection and Affordable Care Act (ACA) certification from the National Association of Health Underwriters (NAHU). She has over a decade of paralegal experience and obtained a Notary commission.

Danielle has worked with Oswald for nearly a decade and actively volunteers with the USO and Playhouse Square.



JOHN KERTIS

Vice President,
Employee Engagement
Leader

John Kertis heads Employee Benefits Communications and Technology at Oswald. He works with Oswald's client service teams to ensure they are equipped with the very best tools and techniques to provide efficient and effective service to clients.

John works directly with Oswald clients with employee communication initiatives and benefits administration technology. Using a variety of print, digital and social media communication platforms, employees have access to all available employer-sponsored benefit materials. Employees are empowered with the knowledge to make the most appropriate selections for their lifestyle, family situation, and budget.

John earned his bachelor's degree from Denison University and has completed additional courses at the Darden School of Business and Weatherhead School of Management. He is a licensed Life, Accident, and Health insurance agent in Ohio.

Below is a breakdown of how each staff member will assist Mansfield City Public Schools

Senior Leadership Team

Kelsey Finucan, Senior Vice President, Practice Leader, Large Market and Schools: Kelsey is responsible for leading strategic growth initiatives and providing executive leadership to the team. Kelsey is also responsible for ensuring MCDS's satisfaction with our delivery throughout the year. Kelsey will participate in the annual stewardship and service review meeting.

Jonathan Sadlier, Market President, Central Ohio: Jonathan will draw on Oswald's resources to provide strategic management with carrier and market updates, informing the team about the latest trends and changes that may impact the county's benefit plans.

Nicholas Ferrando, Relationship Advisor: Nick will provide relationship advisory services and serve as an additional contact to meet all your short—and long-term strategic needs.

Core Service Team

Janet Lukacs, Vice President, Senior Client Executive: Janet will act as Mansfield City School District's primary point of contact, providing strategic advice and support. Janet will meet with MCSD's representatives to understand their needs and objectives. She will work to proactively identify any potential issues or concerns that the district might have and suggest effective solutions and services. Janet also manages the account and works to identify and resolve any client issues. She works to establish a strong and enduring relationship.

Jessica Ihrig, Client Manager: Jessica will manage the district's portfolio. She will provide administrative support to clients, coordinate meetings and presentations, manage correspondence, and work to identify and resolve client issues. She will ensure needs are met and stay up-to-date with district needs changes. Jessica will present reports to clients and play a role in maintaining our strong relationships.

Megan Novess, Client Service Administrator: Megan will provide internal support to an account management team for an assigned book of business; collaborate with sales and service staff by account, interface with clients and carriers, maintain records, and perform other general administrative duties.

Support Team

Leo Duval, Team Leader, Data Consultant: Leo will provide the school with analytical support, reviewing regular reporting while assessing data trends. This will allow the district to understand market trends and make other data-related decisions.

Bob Hoitsma, Senior Benefits Data Analyst: providing the district with advanced and local analytical services. He will work to assess their risk exposures, develop risk management strategies, and calculate insurance premiums. He also uses his analytical skills to identify trends and patterns in data and develop insights that can help the district make better decisions.

Molly Berry, Health Management Services Consultant: Molly is responsible for providing health management consulting services to clients. She works to assess health risks, develop health management plans, and implement health improvement programs. Molly will also use her skills and knowledge to educate about health and wellness topics.

Danielle Jarvis, REBC, Team Leader, Compliance: Danielle ensures that a company complies with all applicable laws and regulations. She works with various departments within Oswald to develop and implement compliance policies and procedures. She also monitors compliance activities and investigates any potential compliance violations.

John Kertis, Vice President, Employee Engagement Leader: John oversees the company's technology and communication strategy. John works to develop and implement technology solutions that support Oswald's business objectives, including website development. John also manages Oswald's Group Benefits communication channels and ensures our messages are effectively communicated to its stakeholders.

3. Describe the core services that are typically provided to your clients, and indicate services some clients need that are outside of that core scope.

Strategic Planning

Our strategic planning begins with a comprehensive Current State Assessment (Phase I). During this initial phase, we work closely with your organization to gain a deep understanding of your organizational structure and strategic goals. This includes thoroughly reviewing your program budget and allocations and evaluating your current program performance. This foundational assessment helps establish a clear picture of where your benefits program stands today.

Building on these insights, Phase II focuses on Strategic Planning, where we collaborate to create a detailed roadmap for your program's future. We facilitate the development of a strategic plan that aligns with your organizational objectives, defining specific key performance indicators and measurement methods to track progress. Our detailed service calendar outlines important milestones, and we develop a comprehensive employee communication plan to ensure effective information sharing throughout the organization.

The Implementation phase (Phase III) puts your strategic plan into action. Our team coordinates integrated benefits and health management initiatives while managing vendor relationships to ensure program efficiency. We emphasize maintaining clear communication channels and ensuring all data management processes align with the strategic plan. Finally, in Phase IV (Ongoing Evaluation & Measurement), we conduct regular analyses of progress toward established goals, identifying challenges and opportunities. This includes ongoing assessment of program performance metrics such as participation rates, satisfaction levels, utilization patterns, and cost reduction achievements. Based on these evaluations, we recommend program modifications and strategic enhancements to improve your benefits program continuously.



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Data Analytics

Oswald utilizes a proprietary database management platform for deep data analysis. The platform allows Oswald's experienced analysts to delve deeper into carrier data, ensuring data integrity and relevance. This in-depth analysis and use of research-backed tools enable the team to provide accurate deliverables that outline project plan utilization, financial performance, and potential opportunity areas.

Two key areas where this technology is applied are in Medical and Pharmacy Claims Analysis:

- **Medical Claims Analysis:** Oswald Benefits uses advanced data analytics to review and evaluate medical claims data. The analysis identifies trends, outliers, and areas for improvement, with the capability to benchmark against industry standards, analyze cost drivers, and provide actionable recommendations.
- **Pharmacy Claims Analysis:** Oswald Benefits analyzes pharmacy claims data to identify trends and cost drivers that can help decide pharmacy benefit design and management. Oswald has a proprietary Pharmacy Benefit Management (PBM) solution, UnivationRx, which controls costs, drives transparency, and provides members with the best care and value.

Moreover, Oswald is supported by a team of industry-experienced analysts who combine data analytics and reporting with sales and service teams to ensure a consistent and integrated approach to overall benefits program management. Oswald's reporting is customizable, offering several types of reports, from monthly financial reports to special event reports.

Oswald's underwriting projection process utilizes historical claims experience and trends to accurately predict future risk based on factors specific to each group.

Our analytics team is led by an accredited actuary, Leah Sardiga, FSA, who uses robust data warehouse technology to provide meaningful, actionable insights to drive strategy, including budget and cost projections, financial performance analysis, and multi-faceted analysis for clinical and risk management.

Reporting examples are in our STAR Report (Strategic Tactical Actions & Results) are in the appendix.

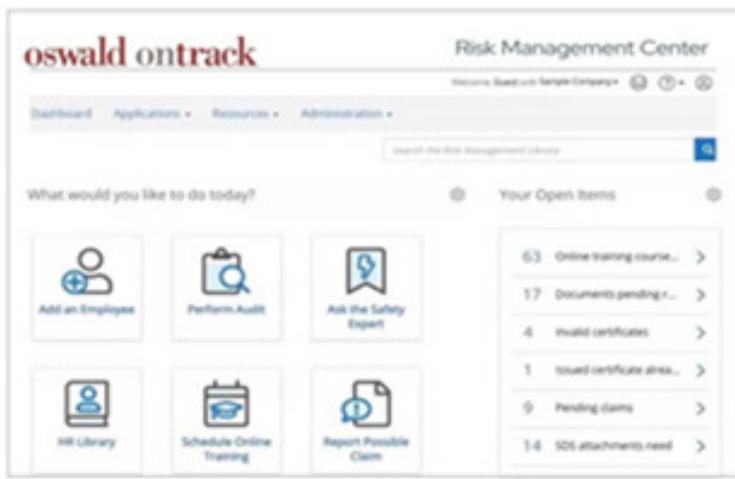
HR Consulting

We act as an extension of your Human Resources department so you can focus on strategic priorities. Oswald provides extensive HR services through in-house resources and local partners. We selected your Oswald team based on their expertise in managing benefit programs with a greater focus on consulting, employee engagement, employee health and wellness, and innovation in total rewards management. We include many benchmarking and strategic development services.

For clients looking to manage HR services internally while leveraging our support, we provide Oswald HR Management Solutions. This comprehensive set of resources includes:

- **OnTrack HR & Benefit Library** - This secure, web-based, comprehensive resource center provides resources to support all HR functions, stay on top of compliance, view customized compensation benchmarks, view laws by state, and access necessary HR forms to improve efficiency.
- **On-Demand Help Desk** - The "Ask the HR Expert" Help Desk provides access to certified, experienced HR professionals and labor attorneys. Conveniently available via email or phone, the "Ask the HR Expert" team will answer questions on various human resource management and benefit administration topics so you can get answers to your toughest HR challenges via phone call or email.
- **HR Alerts and Newsletters** - Information on regulatory changes and HR tips and tools are delivered to you in an engaging and easy-to-read format so you can more effectively manage your most valuable asset: your people.
- **Educational Webinars**— Twice-a-month webinars that explore various workforce management best practices, provide regulatory updates, and insight into the latest trends in HR. The webinars are presented live to allow for questions and are recorded and available for download.

Getting employees engaged is one of the biggest challenges our HR partners face. Oswald will help support the type of 24/7/365 communication that can drive results.



oswald ontrack



Testimonials

Simple to use and intuitive, OnTrack truly makes life easy for our employees, no matter where they are located.

Oswald OnTrack has made us significantly more efficient and reduced our insurance costs by 25%. I cannot believe how manual our processes were. Thanks to Oswald for the ease of doing business!

Incident Track

Manage all types of incidents and automate the reporting process.

Training Track

Automate the learning development of your employees and achieve training compliance.

Job Description Track

Create actionable roles and responsibilities and identify the types of jobs for all types of employees.

HR Library

Full-service resources to support all HR functions, stay on top of compliance, and access necessary HR forms to improve efficiency.

Risk Management & Training Library

Full-service resource to stay on top of risk management needs.

Some sample webinars include:

- Medicare Notice of Prescription Drug Coverage
- Congress Temporarily Reinstates Telemedicine/HSA Eligibility Relief
- Updated Health Savings Account & Excepted Benefit HRA Limits
- Transparency Rules- Machine Readable files
- Enforcement Efforts – Contraceptive Coverage
- HHS Guidance on Audio-Only Telehealth & Reproductive Care Privacy
- Gender Non-discrimination Considerations
- Abortion-Related Travel & Lodging Reimbursement
- Advisory: Domestic Partner Benefits
- Prescription Drug Reporting: Current Guidance for Employers and Information Collection Tool for Vendors
- Updated RX Reporting Instructions
- Medicare Notice of Prescription Coverage
- IRS Issues Final Rules for Family Coverage Affordability Determination
- Fixing the “Family Glitch”
- IRS Announces FSA, QSEHRA & Qualified Transportation Fringe Benefits Limits
- Employer-Responsibilities-in-Common- Rx-Reporting-Scenarios

ACA Compliance

We provide clients with HIPAA training and access to a HIPAA compliance module, through which they will receive:

- HIPAA Rules and Policy Manual
- Sample Business Associate Agreement Form
- Online Webinar Training
- Certificate of Training
- Notice of Privacy Practices and Distribution Instructions
- Sample Fill-In Employee Release of Information Authorization Form
- Custom Breach Assessment and Notice Preparation Services



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Brokerage, Renewal, and Placement Negotiation

We evaluate, negotiate with, and recommend insurers and providers. Our size and stability have allowed us to maintain high-level relationships with senior executives and underwriting directors at all medical and pharmacy locations and stop loss and ancillary carriers. Managing these relationships is essential to our business, as our reputation is only as good as the vendors we recommend.

We are one of the largest independent brokers in Ohio and serve on the national advisory boards of Aetna, Anthem, Cigna, and UnitedHealthcare.

Carrier RFPs

To ensure our clients' needs align with the best practices of each partner, we require carrier partners to undergo a rigorous RFP process. The RFP process includes analyzing and evaluating risk control, administrative services, utilization/claim management, and potential cost savings. We centralize the vendor marketing process to identify objectives, provide consistent answers, and aggregate responses for benchmarking purposes. This centralization allows us to efficiently relay market intelligence, focus on clients, spot trends, and proactively seek out the best partner. We provide full implementation support once a vendor is selected to minimize disruption and ensure a smooth transition.

Upon receiving the responses to the Request for Proposals (RFP), we conduct a meticulous analysis to evaluate each proposal thoroughly. The analysis comprehensively reviews the vendor's capabilities, pricing, services, personnel, stability, changes, enhancements, and alignment with prevailing market trends. We compare the responses against our established benchmarks and evaluate how well they meet our client's specific needs and objectives.

In addition, our analysis considers any organizational or ownership changes within the vendors and assesses their potential impact on the partnership. To facilitate the evaluation process, we utilize a vendor scorecard that enables us to track and compare the performance and capabilities of each vendor effectively. This rigorous evaluation process empowers us to identify the strengths and weaknesses of each proposal and make informed recommendations to our client.

When presenting the findings to a client, we provide a comprehensive and detailed analysis summary. This summary highlights the key points, including the strengths and limitations of each proposal, and allows our clients to make well-informed decisions. By presenting a clear and insightful analysis, we aim to guide our clients in selecting the most suitable benefits provider that aligns with their specific requirements and strategic goals.

Renewals

Managing renewals is a multi-step process that begins with extensive pre-renewal planning, including plan design modeling, targeting health risks, compliance reviews, and legislative updating. We prepare for renewal negotiations by understanding a client’s financial and budgeting goals, reviewing plan design needs, and benchmarking plan design and cost against historical trends and other organizations in the marketplace. If necessary, we go to the market for better value. We negotiate with vendors based on their roles, responsibilities, services, pricing, personnel, stability, changes, enhancements, and capabilities compared to market trends. We establish a timeline for all components, including pre-renewal meetings, RFPs, analysis, negotiation, and final renewal, and only place business based on what’s best for our clients. Our reputation and stability have made us a preferred organization with major vendor/carrier partners.

An Oswald client was informed of a renewal increase in their carrier’s health plan of over 50%. Oswald’s claims analysis indicated that, while an increase was warranted, the initial Anthem renewal quote was entirely out of line. After sharing results with the client and the carrier, the Oswald team marketed the plan and successfully negotiated a renewal that was 43% percentage points lower than the initial offer without disrupting the network.

A sample renewal timeline is included in the appendix.

Employee Benefits Communications

Employees who understand their benefits are more productive and engaged in driving business results. After all, your employees are your most expensive and most valuable asset. Our engagement starts with clearly understanding your unique voice, culture and workforce. With that understanding, we will work with your team to identify key objectives and critical measurement indicators to track the campaign’s ongoing performance.

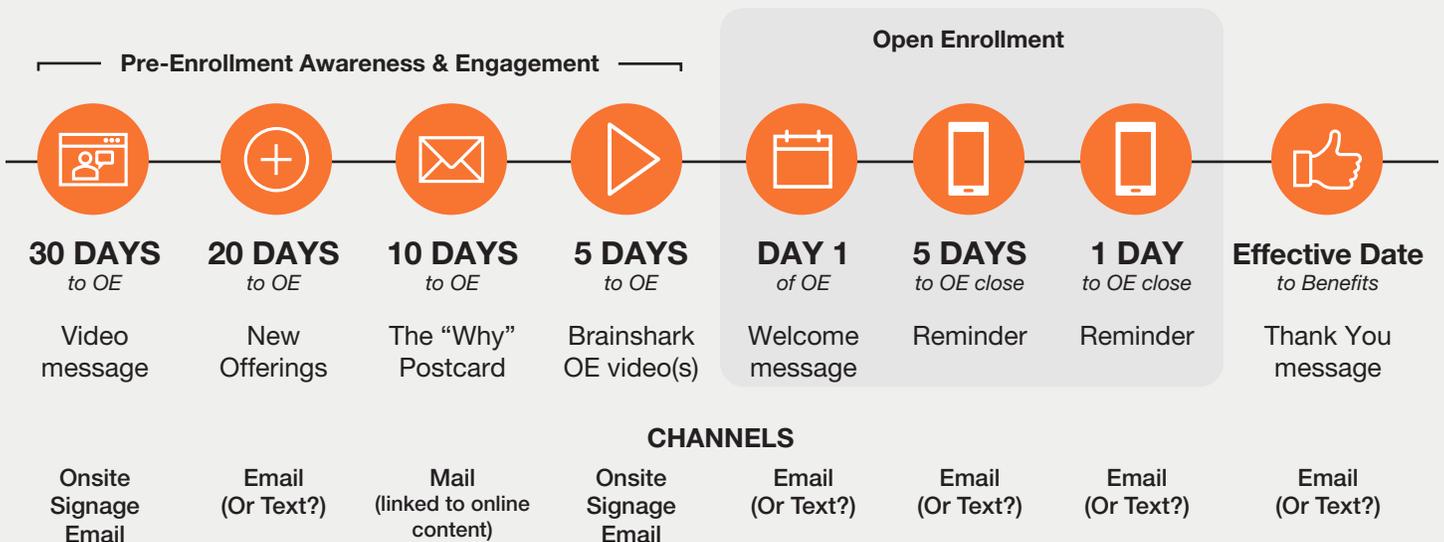
We enable clients to take communications to the next level through sustained campaigns based on strategy and cross-platform management. We have successfully designed, executed, and maintained print, online, and mobile communication solutions. We can reach all of the different generations in your workforce.

Our standard service offerings include:

- Assistance with open enrollment communication to employees
- Coordination of open enrollment & communication campaigns
- Creation of a basic employee benefits guide
- Editing of your existing communication piece templates
- Medicare Education seminars followed by one-on-one employee support

The Open Enrollment Experience

Timeline to be adjusted to fit your needs.



We can also provide customized communications and enrollment programs that are multifaceted and support our clients' business objectives. Our communication and design experts can assist your organization in creating a visual brand and identity for benefits and wellness initiatives. Branding is a value-added communications service that creates a solid foundation for a successful and engaging ongoing communication campaign.

Communications Capabilities

Benefit Websites

- Anchor point for all info
- Robust content library
- Responsive design looks great on smartphones
- Text, mail and email campaigns can drive page views
- Analytics measure engagement



Benefit Guides

- Some employers prefer summaries that are brief & to the point
- Other employers include everything, even required compliance notices
- Can be turned into flipbooks or printed & mailed home



Video

- Customized videos
- Open Enrollment or New Hire Onboarding overview
- Library of over 60 employee education videos
- Versatile: send via text, email a link or add to benefits website



Postcards

- Easy & inexpensive
- Simple way to disseminate information to all members
- Oversize format for higher impact



Benefits Website



I find the site very easy to navigate.

I appreciate how user-friendly and easy to navigate it is. Most importantly, I now understand that we provide solid healthcare coverage - an essential factor for my future work.

I think it is much easier to search than our payroll system where forms can be a pain

- A robust library for all communications, updated as needed, so your content stays current without the hassle or expense of reprinting.
- It's optimized for viewing on smartphones, tablets and other hand-held devices so employees can easily review the information regardless of location.
- It's translated, in real time, from English to other languages providing inclusive communication.
- It reduces the time your HR staff spends responding to employee questions and information is available 24/7/365.

Real Comments from Real People!

Out of Scope Items

While our core services provide comprehensive benefits management, certain specialized services are available for an additional fee. Standard out-of-scope items include printing, postage, and delivery costs for employee communication materials, translation services for multilingual workforces, and specialized professional services such as outside legal fees. These services can be provided project-specifically to meet your organization's unique needs.

Additional out-of-scope items requiring a separate engagement/fee include technical and administrative premium services, benefit administration system implementation, online enrollment system setup, and non-discrimination testing. We also offer specialized audit services, such as dependent eligibility audits. For organizations seeking a comprehensive wellness solution, we can implement full-scale wellness programs beyond our standard offerings. All these services are available through transparent pricing, either on a per-project basis or through an hourly rate structure, ensuring clear cost expectations before work begins.



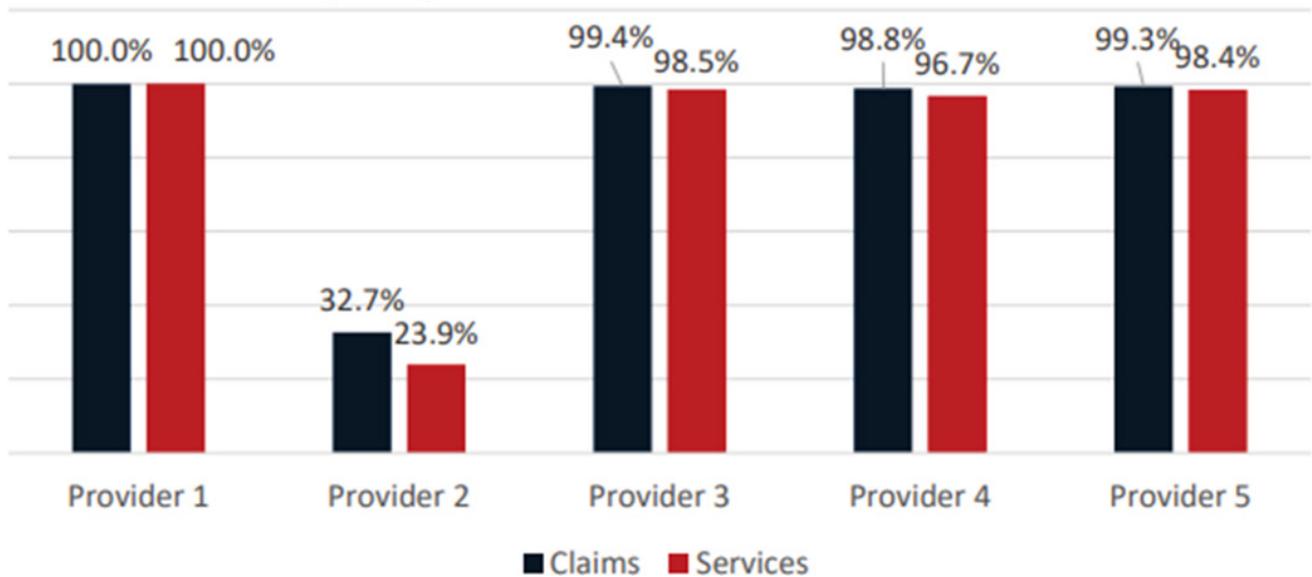
4. Describe some of the process, tools and resources that you would use in the analysis of potential solutions and prospective vendors for MCSD.

For Mansfield City School District (MCSD), our analysis process leverages multiple data sources and tools to ensure comprehensive evaluation of potential solutions and vendors. Our approach combines proprietary technology with industry-standard resources to deliver accurate, relevant insights.

Data Collection and Analysis Process

Our team focuses on collecting and evaluating comprehensive medical and pharmacy claims data spanning three years of historical data, including individual claim details in a de-identified format. This ensures confidentiality while enabling in-depth analysis. We utilize a proprietary data warehouse and analytics platform that combines data from carriers, national benchmarking platforms, and Oswald's book of business to ensure data integrity and relevance.

Medical Network Match | Disruption Exhibit



Key Analysis Tools

Claims Analysis Platform

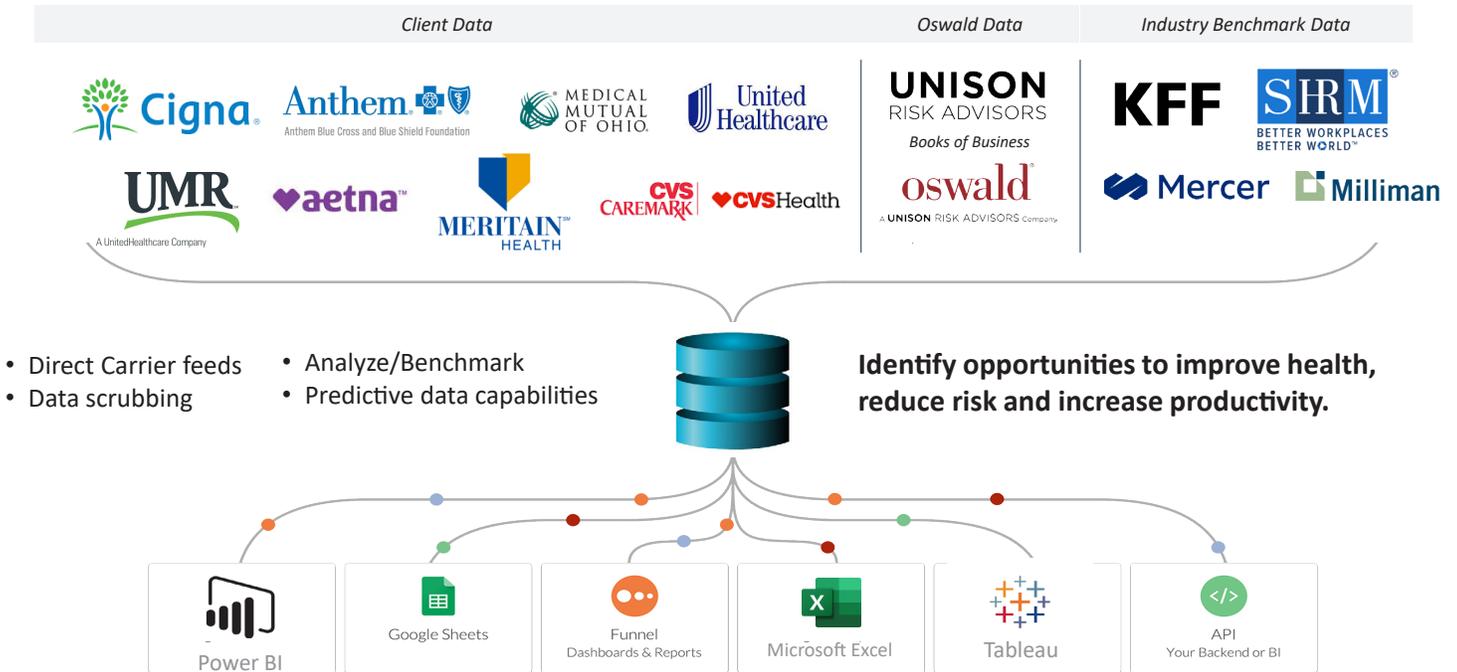
- Advanced data analytics to identify cost trends, patterns, and utilization rates
- Research-backed tools for analyzing every cost driver and utilization KPI
- Regular monitoring through monthly financial reports and quarterly utilization dashboards

Actuarial Modeling

- Milliman's Cost Relativity Analysis (CORAL) tool for modeling plan design changes
- Evaluation of stop-loss deductible adjustments
- Assessment of deductibles, copays, and out-of-pocket maximum impacts

Comprehensive Benchmarking Resources

- Federal Bureau of Labor Statistics data
- Medicare data
- Industry-specific surveys
- Milliman and Truven analytics engines
- Creation of virtual peer companies with matching demographic makeup
- Regional pricing adjustment capabilities



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Benchmarking Review

| | School District A | | | | School District B | | | | School District C | | | |
|---|--|----------------|--|----------------------|------------------------|----------------------------------|------------------------|----------------------------------|------------------------------------|--|------------------------------|----------------|
| | PPO Option (Medical Mutual) | | HDHP Option (Medical Mutual) | | Gold PPO Plan (Anthem) | | Blue PPO Plan (Anthem) | | Plan A- PPO (Medical Mutual) | | Plan B- PPO (Medical Mutual) | |
| | In-Network | Out of Network | In-Network | Out of Network | In-Network | Out of Network | In-Network | Out of Network | In-Network | Out of Network | In-Network | Out of Network |
| Annual Deductible - Individual | \$300 | \$600 | \$3,200 | \$3,300 | \$400 | \$800 | \$600 | \$1,200 | \$300 | \$600 | \$2,000 | \$4,000 |
| Annual Deductible - Family | \$600 | \$1,200 | \$5,400 | \$6,200 | \$800 | \$1,600 | \$1,200 | \$2,400 | \$700 | \$1,400 | \$4,000 | \$8,000 |
| Coinsurance | 15% | 40% | 0% | 40% | 15% | 35% | 25% | 45% | | | | |
| PCP Copay | \$15 copay then 100% | 60% | 100% after deductible | 60% after deductible | \$25 | | \$30 | | \$20 | 40% | 10% | 40% |
| Specialist Copay | \$30 copay then 100% | 60% | 100% after deductible | 60% after deductible | \$35 | Subject to Ded & 35% Coinsurance | \$45 | Subject to Ded & 45% Coinsurance | \$35 | 40% | 10% | 40% |
| Urgent Care | \$15 copay then 100% | 60% | 100% after deductible | 60% after deductible | \$50 | | \$70 | | \$20 | 40% | 10% | 40% |
| ER Copay | | 85% | 100% after deductible | 60% after deductible | \$100 | | \$140 | | \$100 copay/visit, 15% coinsurance | | 10% coinsurance | |
| Annual Out-of-Pocket Limit - Individual | \$7,350 | unlimited | \$6,650 | \$7,800 | \$2,500 | \$5,000 | \$4,500 | \$9,000 | \$950 | \$3,150 | \$4,000 | \$8,000 |
| Annual Out-of-Pocket Limit - Family | \$14,700 | unlimited | \$13,300 | \$15,200 | \$5,000 | \$10,000 | \$9,000 | \$18,000 | \$2,550 | \$8,350 | \$8,000 | \$16,000 |
| Retail Copays | | | | | | | | | | | | |
| Generic | 10% coinsurance generic | | | | \$10 | | \$12 | | \$10 | | 10% | 40% |
| Formulary | 20% coinsurance brand | | After you have met your deductible, you will then pay your coinsurance for Rx as follows until you reach your combined out-of-pocket maximum: | | 25% up to \$70 | | 30% up to \$85 | | 20% with \$100 max/Rx | 100% of retail cost, then file claim with Caremark | 10% | 40% |
| Non-Formulary | | | 10% coinsurance generic, 20% coinsurance for brand if generic is available; \$60 max per prescription Retail or Mail Service AFTER the deductible is met. If a brand name drug is prescribed and a generic is available, the maximum coinsurance is \$100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications. | | 35% up to \$85 | | 40% up to \$125 | | 40% with \$125 max/Rx | | 10% | 40% |
| Specialty | 40% coinsurance for brand if generic is available | | | | 30% up to \$125 | N/A | 35% up to \$150 | N/A | Contact Caremark | | Contact Caremark | |
| Mail Order Copays | | | | | | | | | | | | |
| Generic | If a brand name drug is prescribed and generic is available, the maximum coinsurance is \$100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications. | | | | \$25 | | \$30 | | \$20 | | 10% | 40% |
| Formulary | | | | | 25% up to \$175 | | 30% up to \$225 | | 20% with \$300 max/Rx | 100% of retail cost, then file claim with Caremark | 10% | 40% |
| Non-Formulary | | | | | 35% up to \$215 | N/A | 40% up to \$250 | N/A | 40% with \$375 max/Rx | | Contact Caremark | |



Vendor Analysis Process

As mentioned earlier, our centralized vendor marketing process involves a core group of specialists handling all client marketing projects and communications. This approach provides several advantages:

- Consistent RFP documentation and vendor response analysis
- Continuous market intelligence gathering
- Efficient information consolidation and trend analysis
- Timeline management for all process components

Our team maintains high-level relationships with C-suite executives and underwriting directors at all major carriers, including:

- United Healthcare (National Advisory Board member)
- Anthem/WellPoint (National Advisory Board member)
- Aetna (National Advisory Board member)
- Medical Mutual of Ohio (Platinum Level broker)

Risk and Cost Analysis:

- Development and implementation of risk mitigation plans
- Evaluation of high-cost procedures and high-risk factors
- Assessment of cost savings opportunities with carrier partners
- Analysis of administrative services and potential cost reductions



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Medical Expense Reimbursement Plan (MERP) Optimization

We provide comprehensive analysis and administration of MERP programs, recognizing their critical role in supporting employees with high-deductible health plans. Our evaluation process examines current reimbursement levels against utilization patterns, demographic needs, and budget constraints to ensure optimal value delivery. For MCSD's existing MERP structure, we would analyze the effectiveness of current reimbursement amounts (\$6,000 employee/\$12,000 employee+spouse) relative to your HDHP deductibles and employee financial burden, ensuring the program maximally supports your workforce while maintaining cost efficiency.

Our MERP expertise extends beyond administration to strategic integration with overall benefit design. We evaluate how MERP programs interact with HSA contributions, stop-loss coverage, and claims patterns to identify opportunities for enhanced employee satisfaction and potential cost savings. This includes assessing participant communication strategies, claims processing efficiency, and regulatory compliance to ensure your MERP program operates seamlessly within your self-funded structure, while supporting your fixed per-employee funding model.

Our communications department can work with your employees so they better understand MERP and its advantages.

[MERP on Vimeo](#)

A plan designed to help you save money:

MERP

MEDICAL EXPENSE REIMBURSEMENT PLAN



A great opportunity to

SAVE FOR YOU & YOUR SPOUSE

- Co-pays, deductibles and co-insurance reimbursement
- No premium contribution deducted from your paycheck.

Case Studies

Direct Primary Care

Oswald worked with a local School system to curb runaway healthcare expenses without compromising employee care. Facing common challenges of escalating costs and budget impact, the schools turned to Oswald. Leveraging extensive data analytics and population health expertise, our team conducted an in-depth assessment, uncovering an opportunity for Direct Primary Care. This innovative solution aimed to realign incentives around prevention and care coordination, reducing obstacles to access while generating savings. After careful consideration, the school system implemented Oswald's proposed DPC program. The results were highly promising - employees gained dramatically improved access and reduced out-of-pocket costs. The program delivered 11% lower health claims for the school system and nearly \$100,000 in savings.

Achieving Significant Savings Through Carrier Carve Out Pharmacy Solutions

Oswald recently faced a challenge with a client spending \$11,423,544 annually with an incumbent pharmacy solution. Recognizing a need for substantial cost reduction without losing quality, Oswald turned to Carrier Carve Out Pharmacy Solutions. This alternative solution cut the annual spending to \$10,691,441, achieving total savings of \$1,926,307 (22%). In addition to the significant cost reduction, this transition also enhanced the pharmacy benefit management



5. What trends do you see in employee benefits?

#1. Pharmacy legislation

On April 15th, the White House announced a new Executive order outlining changes aimed at lowering prescription drug costs, focusing largely on improving transparency, competition, and middleman reform. While many of the directives are Medicare-focused, several could directly impact employer-sponsored pharmacy benefits and commercially insured members.

While the report outlines clear goals, much of the language centers on evaluations and early-stage recommendations. Oswald will continue to closely monitor developments related to this announcement.

Areas we believe will be impacted as part of this legislation and we are poised to address are as follows:

- **PBM Fee Transparency:** The Department of Labor will propose new regulations to improve fiduciary transparency for employer health plans by requiring disclosure of direct and indirect PBM compensation. This may empower plan sponsors to better assess PBM contracts and identify hidden fees. Oswald is poised to help our employers navigate toward “full transparency PBMs” that offer no revenue retention beyond their administrative fees and provide greater steerage towards Acquisition cost pricing models as opposed to a traditional mark-up/spread model in some states.
- **Generic/Biosimilar Acceleration:** A directive to fast-track FDA approval of generics and biosimilars could increase competition and drive down drug costs, benefiting employer plans through lower net costs over time. The report also includes a directive aimed at improving the process through which prescription drugs can be re-classified as over the counter (OTC) medications.



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#2 Utilization and cost of behavioral health

We have seen an uptick in demand and shortage of behavioral health professionals. Recommendations we have deployed on behalf of our clients include:

- Re-evaluate employee assistance programs (EAPs) and behavioral health resources for employees
- Identify market innovation across traditional, payer-led and next-gen solutions to proactively support mental health and reduce the need for more intensive and costly interventions
- Collaboration with health plans and behavioral health providers to advocate for holistic and affordable coverage

#3 Inflationary impact on health care providers

Increasing prices from ongoing contract negotiations

- As the impact of inflationary health care spending on premiums continues, pushing cost sharing to employees may not be an option; other considerations may include:
 - Leverage plan design options to steer members to lower-cost providers, navigation solutions, or virtual health
 - Implement network strategies like narrow, high-performing, tiered networks, or centers of excellence to control costs

Our approach to anticipating and preparing MCSD for emerging trends is multifaceted and proactive. Through Univation Labs, our research and development think tank, we continuously analyze industry developments while testing and validating innovative solutions tailored to your specific workforce demographics.

We track key cost drivers for healthcare cost inflation, like specialty medications (now 60% of pharmacy spend) and emerging therapies such as GLP-1 medications. Our UnivationRx program develops targeted strategies to address these trends, including biosimilar-first policies and partnerships with cost-effective providers like Cost Plus Drugs.

We also monitor broader cost factors, including:

- Hospital consolidation impacts on pricing and negotiating leverage
- New treatment protocols for conditions prevalent in your population
- Technology advancements that shift care delivery models
- Evolving approach to high-cost chronic condition management

Regulatory Changes

We maintain direct connections with legislators and leverage our extensive resources through Assurex Partners and the Council of Insurance Agents and Brokers (CIAB) to stay ahead of regulatory changes. Our compliance team utilizes Thomson Reuters Checkpoint and EBIA publications to provide rapid, accurate guidance on complex regulatory developments.

We serve on national advisory boards for major insurers including Aetna, Anthem, Cigna, and United Healthcare, giving us early insight into industry shifts. This intelligence network enables us to anticipate changes that could impact your reference-based pricing approach and overall benefits strategy before they become widespread.

#4 Workforce Evolution

For workforce evolution, our three-tier service model provides local support and specialized expertise in communications, technology, and supplemental benefits. This approach is particularly valuable given your multiple manufacturing locations and diverse workforce.

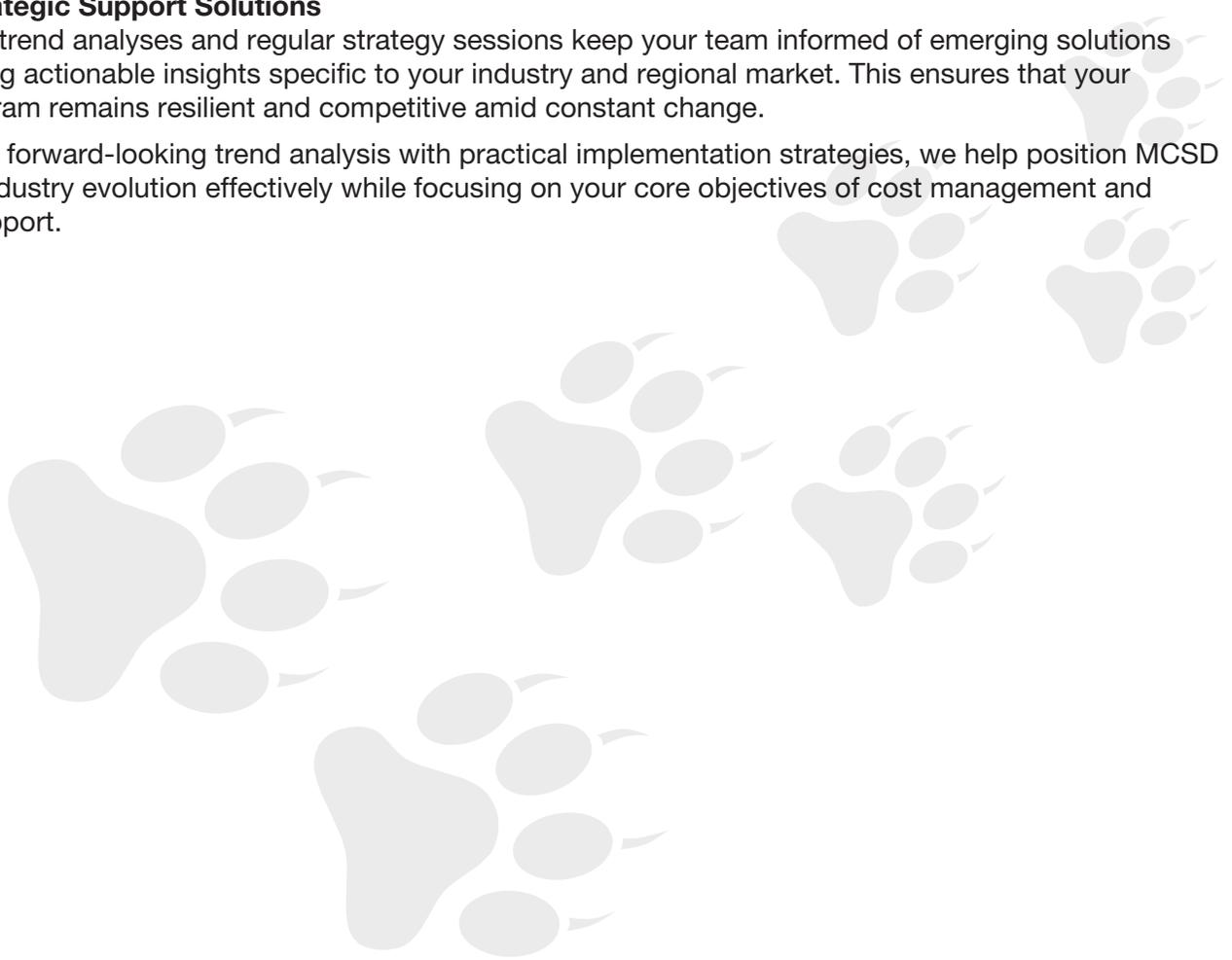
We develop targeted communication strategies based on demographic analysis across multiple channels to ensure all employee segments remain engaged regardless of work arrangement. This includes:

- Shift-specific communication approaches
- Generational preferences in benefits education
- Location-specific resources and access points
- Digital and traditional communication balance

Ongoing Strategic Support Solutions

Our quarterly trend analyses and regular strategy sessions keep your team informed of emerging solutions while providing actionable insights specific to your industry and regional market. This ensures that your benefits program remains resilient and competitive amid constant change.

By combining forward-looking trend analysis with practical implementation strategies, we help position MCSD to navigate industry evolution effectively while focusing on your core objectives of cost management and employee support.



6. How is your firm becoming an expert and helping your clients with these trends?

We carefully monitor current trends and legislation to continually stay in front of benefit trends, regulations, and best practices in order to better serve our clients, as evidenced by our personal connections with legislators at all levels. In addition, our senior staff serve in advisory board leadership positions with the region's premier insurance providers and participate in seminars, presentations, and leadership roundtables throughout the United States on topics ranging from ACA & DOL Compliance to innovations in cost containment and other timely benefits topics. We serve on the national advisory boards of Aetna, Anthem, Cigna, and UnitedHealthcare. We are the largest broker in Ohio with United Healthcare, Medical Mutual, and Anthem and maintain brokerage relationships with Blue Cross Blue Shield in various states.



We also regularly review and evaluate our processes and policies to identify emerging trends, areas for evolution and improvement and ensure that client service remains a priority. Our Oswald U portal allows ongoing training for employees to ensure they have the skills and knowledge necessary to deliver high-quality service to clients. When issues arise, we have established feedback mechanisms to gather input from clients on their experience with Oswald's services and use this information to make improvements and evolve with emerging trends.

Your service team will be in immediate contact with you as developments occur. Information is also disseminated via email, client alerts, webinars and in-person meetings.

7. What differentiates your firm from your competition?

Our firm was created based on the belief that an independent and employee-owned insurance brokerage model best serves clients and employees. This is our biggest differentiator and manifests in everything we do as a firm. We are not beholden to the pressures of being a publicly traded company. This can often lead to inadequate staffing resources available to service clients or non-transparent compensation structures, i.e., hidden fees. Our employee-owners are our biggest asset, and we believe engaged and satisfied employees provide better service to our clients. We can invest heavily in training our associates and in proprietary innovation, as evidenced by our Univation Labs and Univation Rx solutions for employee benefits clients.

Our model also believes in local service supplemented by national-caliber resources, truly offering the best of both worlds. As one of the largest independent brokerages, as mentioned earlier, we remain uniquely positioned with local and national carriers, serving on the national advisory boards for Aetna, Anthem, Cigna, and United Healthcare.

With a lean management structure, the leaders dedicated to serving MCSD also have a seat at the table with the largest carriers. Our combined firm provides access to every major domestic and international insurance market, covering all group benefit product lines and student insurance products.

8. What should we expect as a customer over the next 12 months?

Onboarding and Assessment (First 6 Weeks)

- Conduct a comprehensive assessment of Mansfield City School District's current benefits program, employee demographics, and organizational goals
- Gather and analyze historical claims data to identify cost drivers and areas for improvement
- Establish a dedicated service team and set up client-specific communication channels
- Schedule regular check-in meetings to ensure alignment with Mansfield City School District's objectives

Strategic Planning (Weeks 6-12)

- Develop a customized three-year strategic plan and one-year tactical plan aligned with Mansfield City School District's fiscal goals
- Create a multi-year strategic roadmap outlining key initiatives across funding, partnerships, benefit packages, risk management, and employee engagement
- Establish a detailed service calendar outlining milestones, meetings, and reporting obligations
- Conduct a thorough compliance review to ensure alignment with regulations and laws

Implementation and Ongoing Support (Months 3-12)

- Implement strategic initiatives outlined in the roadmap, including cost-saving opportunities and innovative Univation Labs solutions
- Develop and execute a tailored employee engagement and communication strategy
- Prepare for open enrollment by creating customized materials and planning educational sessions
- Provide ongoing compliance support and advisories to keep Mansfield City School District informed of regulatory changes
- Monitor plan performance and provide actionable insights through regular reporting
- Implement plan design changes or new offerings identified during strategic planning
- Execute a successful open enrollment campaign using our Virtual Open Enrollment (VOE) platform
- Provide dedicated employee support through client-specific communication channels



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Renewal Preparation (6 Months Before Renewal)

- Analyze plan performance data to identify cost drivers and areas for improvement
- Develop renewal projections and recommendations based on data analysis and market insights
- Negotiate with carriers and vendors to secure the most favorable terms and pricing
- Model various plan design scenarios and their impact on cost and employee experience
- Present renewal options and recommendations to Mansfield City School District's leadership team

Renewal and Open Enrollment (3 Months Before Renewal)

- Finalize renewal decisions and communicate changes to employees
- Update plan documents, summary plan descriptions (SPDs), and employee communication materials
- Conduct open enrollment meetings and provide personalized support to employees
- Implement renewed plans and ensure a smooth transition for employees

Throughout the entire 12-18-month period, Oswald will serve as a dedicated partner to Mansfield City School District, providing expert guidance, personalized support, and data-driven strategies to optimize their benefits program, control costs, and enhance the employee experience.

9. Description of proposed compensation structure for these services

Our proposed fee is \$12 PEPM for the Medical/Rx plan with standard commission on all ancillary lines for the duration of the contract. We are open to discussing transparent pricing options that better suit the district.

10. Experience with self-funded health insurance plans

Oswald has extensive experience with all versions of self-funding across our group benefits department. We have provided consulting services to self-funded clients for more than 25 years and advise over 200 self-funded clients. We also have significant experience creating and managing successful self-funded group purchasing arrangements. We own and operate our self-insured captive programs and have developed a refined process for implementing self-insured benefits programs for existing and new clients.

We take a data-driven and model-based approach, leveraging historical data and benchmarking analytics through our data warehouse to ensure the most optimal options are being put in front of our clients. Please refer to our funding analysis in the appendix.

We understand the challenges self-funded groups face, including identifying the optimal population health strategies to counteract inevitable healthcare cost increases faced by every employer in the United States and mitigate the impact and frequency of future claims. Our approach is progressive for clients with the appropriate risk tolerance to adopt a self-insured plan and justifies any decision with data. Additionally, we use our population health management resources derived from an intensive data analysis to support ongoing risk-mitigating strategies.



11. Experience with Ohio public school district health insurance plans

Here is a brief list of notable school systems:

- Cleveland Metropolitan School District
- Akron Public Schools
- Mayfield Schools
- Parma School
- Hudson City Schools
- Ashtabula County Educational Service Center
- Ashtabula County Technical & Career Center
- Buckeye Local Schools
- Conneaut Area City Schools
- Geneva Area City Schools
- Grand Valley Local Schools
- Jefferson Area Local Schools
- Pymatuning Valley Local Schools
- Reynoldsburg City Schools
- Highland Local Schools



We also work with a number of school consortia, including the aforementioned Ashtabula County Schools Council of Governments, NY44 Health Benefits Trust Plan, and Bucks Montgomery Health Benefits Plan Trust.

Below are just a few examples of Oswald working with public schools in Ohio and the surrounding region

Akron Public Schools

We have worked together with the Akron Public Schools since 2016, providing a full range of health benefits, including medical, dental, vision, and ancillary benefits. We have worked together to ensure that Akron Public Schools has access to the best benefit programs available. We have implemented several initiatives to enhance the member experience and improve the quality of care for employees.

Direct Primary Care

Oswald's Direct Primary Care (DPC) implementation at Akron Public Schools achieved an 11% reduction in health claims and significant employee out-of-pocket savings. The program increased primary care access and generic medication utilization while reducing healthcare costs for both the district and its employees.

Oswald's evidence-based DPC approach delivered measurable outcomes: controlled organizational healthcare expenses, reduced employee financial barriers to care, and improved workforce health metrics.

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Modernizing Wellness

We worked to modernize their employee wellness program and initiate a dependent audit to improve efficiency and reduce costs. We helped implement an online wellness solution, transitioning from paper-based physical confirmation forms to a digital submission process through their HR portal. This change streamlined operations, reducing administrative burden and improving data accuracy. Additionally, we are guiding the district through preparation for a comprehensive dependent audit to verify the eligibility of all covered dependents. While still in the planning phase, we project this audit to generate significant savings.

When APS due for their annual renewal. Having endured the pandemic and recent budget cuts, the school desperately needed significant cost savings. Aware of their plight, Oswald stepped in and conducted a broad portfolio review. Utilizing our carrier relationships, Oswald successfully negotiated a two-year guaranteed rate renewal with the school system's existing carrier, resulting in \$500,000 in savings.

Hudson City Schools

Although we just recently became their broker of record, we have already had a significant impact on the district. We revamped and modernized their benefits website, extending their communications reach. Employee feedback has been overwhelmingly positive.

The NY44 Health Benefits Plan Trust

We started working with this New York state public school consortium, comprised of 16 school districts plus the sponsor, a state Board of Cooperative Educational Services. The employees are offered several medical plans, a pharmacy plan, and a dental plan. We assisted this client in organizing their Board of Trustees into five subcommittees to gain trustee input and provide a more efficient plan oversight operation, including Finance, Benefits, Wellness, Communications, and Innovation. This reorganization helped us facilitate significant efforts, including:

- Designing and implementing a completely revamped website that includes content for all member school districts and enrollees.
- Managing all the extract, transform, and load process (ETL) from multiple TPAs into our secure data warehouse and consolidating them into one enhanced reporting package.
- Performing data analytics work that identified opportunities to lower pharmacy costs, including replacing the incumbent vendor with a new PBM. Savings thus far from the new PBM solution are almost \$10 million.
- Creating and distributing communications to participating school districts and enrollees in collaboration with the Communications Subcommittee. Communications include emails, postcards, flyers, and enrollee newsletters.

Mayfield City Schools

Mayfield City Schools faced budgetary concerns. We helped them address these challenges by introducing a comprehensive wellness program. The program included wellness incentives such as deductible credits for participating in biometric screenings and an on-site clinic through a local hospital system where employees and their families could access medical services without a copay.

These efforts enabled Mayfield City Schools to manage their long-term spending and build a culture of wellness. We also worked with Mayfield City Schools to educate their members on self-funding and how their utilization decisions could help manage premium increases. We implemented a transparency tool with a 50% engagement rate within the first 90 days. Faculty and staff prefer traditional programs that focus on fitness, nutrition, and mental health, and we help school districts implement such programs.

We also recently moved Mayfield City Schools from their deficient BenAdmin system to a more vigorous system. Implementing this robust system has not only improved the operational efficiency of the schools but has also garnered high levels of satisfaction from our clients. The schools can now perform their day-to-day tasks with greater ease and proficiency, resulting in a more streamlined and effective educational experience for students. The new system's advanced features have exceeded the client's expectations.



12. Experience with negotiated agreements and multiple union groups as part of a District Insurance Committee

Union Experience

Working with labor unions requires specific skills and expertise. We specialize in crafting effective health plans for unions' unique demands and interests. Our team is experienced and well-equipped to support the negotiation process and reach agreements that meet union members' needs and preferences while ensuring compliance with legal requirements and managing risk for the benefit plan.

Each client approaches negotiations based on the culture of their organization. We find it is best practice to prioritize open communication with unions and engage in dialogue to address any concerns or questions that may arise.

A large Ohio city has five unions whose plans are subject to collective bargaining. During our time with the city, we met with union leadership monthly to ensure open communication and education regarding costs and potential changes. We collaborated with management and the impacted unions to implement a new prescription plan that has saved the city close to \$2,000,000 and met the needs of the union employees.

We manage several other multi-employer health and welfare funds jointly overseen by union and management trustees. This list includes the following:

- The NY44 Health Benefits Plan Trust
- Cleveland Bakers and Teamsters
- Ohio Conference of Teamsters
- Ohio Bricklayers and Masons Local Union



13. Experience with Employee Care Medical Facilities

Onsite Clinics

At Oswald Companies, we have extensive experience working with onsite clinics. This experience includes partnering with large employers to bring employee clients with onsite clinics to their main facilities. We understand how to optimize and effectively communicate the services available associated with an onsite clinic. We also know how to help measure the clinical success, recognizing the importance in promoting accessible and convenient healthcare. Our expertise in integrating onsite clinics into the overall benefit program allows our clients to enhance preventive care, reduce costs, and improve the overall well-being of their community. We are proud of our proven record, ensuring seamless integration and efficient operation.

We were pivotal in implementing the first on-site clinic in Ohio, partnering with Paladina (now Everside) for the successful launch. Our resources and experience include

- Soliciting and analyzing various service proposals, including on-site build-outs, physician hiring, space allocation, and staff training.
- Engaged with multiple vendors, quoting services to ensure the most economical offer.
- Identified an established vendor with carrier integration options
- Establishing efficient and cost-effective clinic services.

Example of our Work

A local school system faced budgetary concerns. We helped them address these challenges by introducing a comprehensive wellness program. The program included wellness incentives such as deductible credits for participating in biometric screenings and an on-site clinic through a local hospital system where employees and their families could access medical services without a copay.

These efforts enabled the system to manage its long-term spending and build a culture of wellness. We also worked with the school system to educate their members on self-funding and how their utilization decisions could help manage premium increases. We implemented a transparency tool with a 50% engagement rate within the first 90 days. Faculty and staff prefer traditional programs that focus on fitness, nutrition, and mental health, and we help school districts implement such programs.

ACKNOWLEDGMENT OF SERVICES



We can confirm the following MCSD services are within scope and capabilities.

- Strategic plan
- Market review and cost/network analysis of multiple insurance carriers
- Review of various carrier agreements
- Recommendations of benefit plan design modifications, including possible Consortium membership options
- Claims resolution, assistance with benefit issues, and TPA administration options
- Evaluation and reporting of plan performance
- Recommendations to reduce claims experience and premiums and recommendations for our stop-loss coverage
- Evaluation and recommendations for our Prescription Drug program
- Consultation with the MCSD Treasurer's department as needed
- Compliance advice regarding federal and state laws, and other requirements
- Open enrollment & communications support
- Wellness program support