

Date: May 2, 2024

To: JLMBC

From: Staff

Subject: **Request for Proposal Health and Dependent Care Spending Account Services (HDCSA RFP) Findings & Recommendation**

JLMBC MEMBERS:

Management

Dana Brown, Chairperson

Tony Royster, First Prov. Chairperson

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RECOMMENDATION

That the JLMBC recommend to the General Manager of the Personnel Department that Ameriflex be selected as the administrator of the Civilian LAwell Benefits Program's (LAwell Program) Health and Dependent Care Spending Account Services for a three-year contract beginning January 1, 2025, through December 31, 2027, with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with Ameriflex for, at minimum, contract requirements, prices/premiums, and service level agreements.

DISCUSSION

A. Background

The following is a summary and recap of actions relative to the procurement of the Health and Dependent Care Spending Account Services:

At its January 4, 2024 meeting, the JLMBC approved the release of a Request for Proposals for Health and Dependent Care Spending Account Services (HDCSA RFP) for the LAwell Program. Since that action, the following has occurred:

- February 15, 2024 – The HDCSA RFP was released to the vendor community through RAMPLA.ORG as opportunity ID 211911, with a response deadline of March 21, 2024, at 3:00 p.m.
- March 7, 2024 – A pre-proposal conference was held.
- March 21, 2024 – A total of six HDCSA RFP responses were received from the following Proposers by the 3:00 p.m. deadline: Ameriflex, Health Equity, Inspira Financial (Inspira), Total Administrative Corporation (TASC), ThrivePass, and Voya.

B. RFP Services Overview

The primary objective of the HDCSA RFP is to select a qualified and experienced vendor who can administer the Healthcare Flexible Spending Account (HCFSA) and Dependent Care Reimbursement Account (DCRA) Services for the LAwell Program. The mission of this procurement is to identify the service provider(s) who can best support the LAwell Program population, the HCFSA and DCRA plan participants, and the Employee Benefits Division staff by:

- Providing the Scope of Services sought under the HDCSA RFP
- Enhancing HCFSA and DCRA plan education and communications
- Improving the customer service experience for members
- Being responsive and flexible to the needs of the City.

The LAwell Program’s HCFSA and DCRA benefits offer eligible participants the ability to set pre-taxed dollars into a special account for the purchase or reimbursement of qualified items, pursuant to the provisions of the Internal Revenue Code (IRC). Participation in these tax-advantaged accounts is “use it or lose it”, and all pre-tax money deferred during a tax year must be used by the end of the tax year. Any funds not used are forfeited to the plan. The IRC does allow for a grace period option which the LAwell plan adopted a few years ago and which gives participating members an additional two and a half months to use their funds before the remaining balance is forfeited. Participating members also have through the end of the month of April to submit their claims for reimbursement for qualified expenses made by March 15th.

Participation in Health and Dependent Care Spending Accounts are not limited to the LAwell Programs approximately 26,000 civilian members. The approximately 12,000 sworn employees of the Los Angeles Police and Fire Departments are also able to participate. In 2023, a total of approximately 3,055 employees (civilian and sworn) had an active Healthcare flexible spending account and a total of approximately 575 employees (civilian and sworn) had an active Dependent Care reimbursement account.

C. Minimum Qualification

The HDCSA RFP asked that any responder meet the following minimum qualifications in order to have their proposal considered.

1	Be legally authorized to do business in the State of California. All required permits and licenses must be in full force at the time of proposing.
2	Have a minimum of ten continuous years of experience providing the services solicited in this RFP.
3	Certify that neither Proposer nor its principals are presently disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, any California state agency, or any local governmental agency.
4	Must have gross annual revenues of at least \$5 million in 2023 and 2022.

D. Evaluation Approach

Pursuant to the Section 4 of the HDCSA RFP, each proposal would be subject to two separate levels of evaluation. The first level of evaluation would be to cover general contractor compliance. This would assess each proposer's ability to meet the City's standard provision requirements and each proposal would be evaluated for:

- (a) completeness of required documentation,
- (b) compliance with the City's administrative and general contracting requirements, and
- (c) ability to meet the minimum requirements outlined in this RFP.

Each proposal would be required to satisfactorily pass the evaluation of the first level before being evaluated for the secondary level.

The secondary level of evaluation would be to evaluate each proposer's ability to perform the services requested for in the HDCSA RFP based on their provided responses to the Questionnaire. The HDCSA RFP posed 187 questions over a range of categories and subcategories. Four primary categories (Sections) were included with the following weights

RFP Section	Factor Weight
Organizational Background, Financial Strength, Experience	Unrated
Plan Administration Support & Account Management	35%
Member Services	35%
Financial Cost	30%
Total	100%

Evaluation Methodology

A City Review Committee (Review Committee) evaluated the proposals and responses to each HDCSA RFP question and assigned one of five qualitative evaluation ratings (Unsatisfactory, Marginal, Satisfactory, Very Good and Excellent). The qualitative analysis was applied to these HDCSA RFP sections:

- Plan Administration Support & Account Management
- Member Services
- Financial Cost

Per Section 4 of the HDCSA RFP, the qualitative evaluation determination categories, and associated indicators, are provided in Attachment A.

Based on the Review Committee's evaluation of the responses, a numerical value was assigned, one through five, to each qualitative score in the following manner:

- (a) Excellent = 5 points
- (b) Very Good = 4 points
- (c) Satisfactory = 3 points
- (d) Marginal = 2 points
- (e) Unsatisfactory = 1 point

In addition to the qualitative scoring some questions in the Financial Cost section that directly related to the proposed cost component were scored quantitatively with a numerical value of one (1) to five (5). Per Section 4 of the HDCSA RFP, the quantitative evaluation determination categories, and associated indicators, are provided in Attachment A.

The qualitative and quantitative evaluation ratings were based on the Review Committee's assessment of the responses. The Review Committee was also supported by analysis performed by the LAwell Program consultant, Keenan & Associates (Keenan), who separately peer reviewed and scored each proposal. The analysis performed by Keenan was relative to objective assessments as well as relative to the responses of the other Proposers. A copy of the evaluation determination and associated indicators for the Qualitative and Quantitative categories are included as **Attachment A**.

The Review Committee (City of Los Angeles) rating is used to determine selection of a winning bidder. The evaluation rating performed by Keenan is a separate and independent review performed as a peer review and utilizing their subject matter expertise.

E. Proposals Submitted

The submitted proposals from Ameriflex, Health Equity, Inspira, ThrivePass, TASC and VOYA were all deemed as qualified for consideration under the first level of evaluation. Each Proposer met the minimum qualifications asked of the HDCSA RFP and each submitted proposal demonstrated compliance with the City's general contracting requirements as identified in the HDCSA RFP. All six Proposers provided a completed questionnaire workbook, as required by the HDCSA RFP.

A summary of each of the proposal pricing and highlights for each Proposer's answers to the questionnaire, by subsection, are provided in the summary slide deck that was prepared by Keenan in **Attachment B**. Additionally, a copy of the questionnaire with copies of Proposer answers shown side-by-side is provided in **Attachment C**.

All six proposals were found to have many similarities in terms of overall services as outlined through their questionnaire responses, but there were varying levels of differences as well. Some of the more notable differences between Proposer responses to the questionnaire pertaining to the three scored categories of Plan Administration Support & Account Management, Member Services, and Financial Cost are listed below:

Plan Administration Support & Account Management

- Services Outsourced / Services Outsourced Overseas
 - TASC, ThrivePass, and Voya: These three proposers indicated that the services sought under the RFP would not be outsourced and/or handled by their respective employees.
 - Ameriflex, Health Equity, and Inspira: These three proposers indicated that they partner with various vendors to support certain services, of which, some are overseas.
- Electronic Administration of Grace Period & Roll Over
 - All six proposers indicated that they can administer a grace period or roll over option for the HCFSA and DCRA benefits.
- Two (2) Debit Cards Provided at No Charge
 - All six proposers indicated that they will provide HCFSA and DCRA account holders with two (2) cards at no additional cost.
 - Two proposers, TASC and Inspira, indicated that account holders can request additional debit cards at no additional cost. Inspira did note that only one card is issued automatically.
- Pre-Fund Terms
 - Ameriflex, TASC, and ThrivePass: These three proposers indicated that they would agree to the City's preferred funding method whereby funding is sent on a weekly basis to Proposer with no pre-fund deposit.
 - Health Equity, Inspira, and Voya: These three proposers indicated a preference for a different funding method as follows by each response: City to pre-fund the HCFSA and DCRA benefits followed by weekly funding replenishment, Daily ACH debit based on a Proposer determined amount, and Proposer will pre-fund the claims and invoice the City weekly.
- No Charge for Customized Reports
 - Ameriflex, TASC, ThrivePass and Voya: These four proposers indicated that they can create customized reports for the City by request without an additional charge.
 - Health Equity and Inspira: These two Proposers indicated that customized reports will incur an additional charge though Inspira did note that their standard report offerings are quite extensive and so customized reports are generally not needed.

- City Ability to Audit Services
 - Ameriflex, Health Equity, Inspira and Voya: These four Proposers agreed to the City’s requested ability to audit services. Inspira agreed with the caveat that the audit will be at the expense of the City.
 - TASC and ThrivePass: These two Proposers indicated that the City can self-audit via their client portal or that anSystem and Organization Controls audit report can be provided to the City.
- Claims - Financial Accuracy
 - All six Proposers indicated an accuracy rating of 98% or better over the past 12 months for their proposed claim office.
- Claims - Turnaround Time
 - The reported average turnaround time ranges from one day (TASC), one to two days (ThrivePass), two days (Inspira), two to four days (Voya) and three to five days (Ameriflex and Health Equity).

Member Services

- Call Abandonment Rate
 - The reported call abandonment rate for the past 12 month period ranged from a little over 1% (Health Equity and Inspira) to about 5% (ThrivePass) with the remaining three somewhere in the middle at about 2% to 3% (Voya, Ameriflex and TASC).
- Claim Denial Rate for 2023
 - The reported claim denial rate ranged from about 3% (Ameriflex and ThrivePass) to around 14% (Health Equity and TASC) with Voya roughly in-between at about 7%.
 - Inspira responded that they do not currently track this particular statistic.
- Customer Service Hours
 - Health Equity, Inspira, and Voya: The call centers for these three Proposers operate 24 hours a day, seven days a week, 365 days a year.
 - Ameriflex, TASC and ThrivePass: These three Proposers offer expanded hours (beyond Monday through Friday, 8 AM to 5 PM PST) for participants. Additionally, Ameriflex also offers Saturday hours.
- Customer Service Access
 - All six Proposers offer additional communication tools for members.
 - Ameriflex: Online portal, text messaging, online live chat, and email.
 - Health Equity: Online portal, online live chat and Interactive Voice Response (IVR).
 - Inspira: Online portal, IVR, online live chat, and email.
 - TASC: Online portal and online messaging.

- ThrivePass: IVR and email.
- Voya: Online portal, online messaging, IVR, and email.
- Unit Staff Dedicated to City
 - Ameriflex, Inspira, ThrivePass and Voya: These four Proposers indicated that they would provide a 100% dedicated unit/staff to the City's account. Some Proposers have additionally identified a specific employee and specific account team members to support the City.
 - Health Equity and TASC: These two Proposers proposed a shared unit staff or were unclear in their response.
- Call Center Team Dedicated to City
 - Ameriflex, ThrivePass and Voya: These three Proposers indicated that they would assign or be open to assigning dedicated Customer Service Representatives for the City's account.
 - Health Equity, Inspira and TASC: These three Proposers proposed a shared customer service team setup for the City's account.
- Website Language (Other than English) and Disabled Access
 - All six Proposers provide assistive technology for disabled access but only Ameriflex's website is available in both English and Spanish.
- Satisfaction Survey Results - 2023
 - With the exception of Health Equity, all Proposers provided customer satisfaction survey data. However, a comparison of the survey data as the survey methodology varies from Proposer to Proposer and none provided member satisfaction survey data from their five largest public sector clients.

Financial Cost

- Implementation Credit
 - Ameriflex, Health Equity, ThrivePass, and Voya did not propose any implementation credit for the City and as the incumbent, Health Equity, implementation would not be applicable.
 - Inspira and TASC both made a credit proposal. \$5k credit proposed by the former and a waiver of implementation fees was proposed by the latter.
- Per Participant Per Month Fee
 - The Per Participant Per Month Fee (PPPM Fee) is as follows: Ameriflex \$3.00, Health Equity \$2.50, Inspira \$2.90, TASC \$2.60, ThrivePass \$2.98, and Voya \$2.95. For comparison, the current PMPM Fee is \$3.00.

F. Analysis and Scoring

All six submitted proposals were evaluated and scored by the Review Committee. Each proposal was also evaluated and scored by Keenan, as a peer review. However, the Review Committee’s rating serves as the final score and determination of the resulting recommendation.

Overall, while the Review Committee’s scores between the six proposals were fairly close and each Proposer was deemed as capable of providing the general HCFA and DCRA services for the LAwell Program at a base level, some proposals were consistently more aligned with the HDCSA RFPs objectives. At the end of the evaluation, Ameriflex’s proposal was ranked ahead of the other proposals with TASC, Voya, Health Equity, Inspira and ThrivePass following (Ranked in descending score order) afterwards. The Review Committee’s averaged scoring results for the proposals are shown in the chart below in alphabetical order:

CITY	Ameriflex	Health Equity	Inspira	TASC	ThrivePass	Voya
Category	Score	Score	Score	Score	Score	Score
Organizational Background, Financial Strength, Experience	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated
Plan Administration Support & Account Management	525	505	491	512	490	506
Member Services	77	77	73	76	70	76
Financial Cost	55	52	53	59	55	59
Total	657	634	617	647	615	641

Keenan’s review and scoring results were also fairly close but differed slightly from the City. Like the City, Ameriflex’s proposal was ranked ahead of the other proposals but with Voya, Health Equity, TASC, ThrivePass and Inspira following (Ranked in descending score order) afterwards. Keenan’s peer-reviewed averaged scoring results for the proposals are shown in the chart below in alphabetical order:

KEENAN	Ameriflex	Health Equity	Inspira	TASC	ThrivePass	Voya
Category	Score	Score	Score	Score	Score	Score
Organizational Background, Financial Strength, Experience	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated
Plan Administration Support & Account Management	525	475	471	482	482	504
Member Services	74	78	70	69	69	76
Financial Cost	49	56	47	57	53	59
Total	648	609	588	608	604	639

HDCSA RFP Scoring and Evaluation Rules Recap

As stated in the HDCSA RFP and previously in this report, each of the six proposals were scored based on the information provided in each proposal. No Proposer was permitted to alter, modify, or enhance its proposal after its submission. The City did reach out to all six Proposers for clarification to certain responses, as outlined in the HDCSA RFP Section 3.1.7. However, any response was treated as additional information, separate from and not used in conjunction with the original response for scoring purposes. Responses to clarifying questions were not allowed to alter the original answer. Should the City move forward with a recommendation to select a Proposer, the City may then address additional matters through a pre-award negotiation to obtain satisfactory agreement of service terms, as outlined in the HDCSA RFP section 6.0.

Scoring Overview

As stated previously, and in accordance with the HDCSA RFP evaluation criteria, a mix of qualitative and quantitative evaluation criteria was used to evaluate all three rated category sections of the questionnaire and a numerical value was assigned to each rated question. Overall, the Review Committee and Keenan found that each Proposer's response generally met the expected standards of each category. There were some variances in the qualitative and quantitative scoring amongst the proposals, however, they were relatively minor. All six Proposers were deemed as capable of providing the general HCFA and DCRA services for the LAwell Program at a base level. From a high level, the

Review Committee noted some distinct differences between each proposal and have highlighted some of these components below.

AMERIFLEX

- *Plan Administration Support & Account Management*
Ameriflex is able to administer the grace period / roll over options for the HCFSA and DCRA benefits; is willing to provide two debit cards to plan participants; agreed to City's preferred funding method of sending funding to vendor on a weekly basis with no pre-fund requirement; can provide customized reports at no charge to City; agreed to the City's ability to audit services; indicated a claim accuracy rating of 99.5%; and boast a low turnover rate of less than 1% in 2023 for their claims staff. However, Ameriflex average claims turnaround takes about three to five business days, longer than most of the other Proposers.
- *Member Services*
Ameriflex's call center call abandonment rate was a little over 2%, placing them fourth amongst all proposers; the call center itself is available Monday through Friday from 8 AM to 9 PM EST (or 5:00am to 6:00pm PST) and on Saturday from 10 AM to 2 PM EST (or 7:00am to 11am PST); provides additional communication tools (online portal, text messaging, online live chat, and email) for members; their website offers assistive technology for disabled access and is also available in Spanish; and agreed to provide unit staff and call center team that would be 100% dedicated to the City.
- *Financial Cost*
Ameriflex offered a per participant per month fee of \$3.00, highest amongst all Proposers but matching the current rate; and the rate is guaranteed for five years. However, Ameriflex did not agree to the 16% minimum amount at risk for the Performance Guarantees (PG), instead, offered 10% as the amount at risk instead and also requested 21 modifications for the PGs.

HEALTH EQUITY

- *Plan Administration Support & Account Management*
Health Equity is able to administer the grace period / roll over options for the HCFSA and DCRA benefits; is willing to provide two debit cards to plan participants; agreed to the City's ability to audit services; and indicated a claim accuracy rating of 99%. However, Health Equity does ask that the City pre-fund the HCFSA and DCRA benefits; would charge for customized reports; their average claims turnaround took longer than most of the other proposers; and while they provide electronic communications related materials to new members/enrollees, printed communication would be an additional cost.
- *Member Services*
Health Equity's call center call abandonment rate ranked first amongst all proposers; the call center itself is available 24/7 for members to access; provides two additional communication tools (online portal & online chat) for members; and their website offers assistive technology

for disabled access. However, Health Equity's 2023 claim denial rate is higher than other Proposers; their website is available in English only; and are unable to provide staff or customer service members dedicated 100% to the City.

- *Financial Cost*

Health Equity offered a per participant per month fee of \$2.50 (the lowest rate offered amongst all Proposers); rate is guaranteed for five years; agreed to the 16% amount at risk for the PGs; and implementation costs (if any) would be minimal as they are the incumbent. However, Health Equity noted that it does charge a 3% penalty fee for late payments, and the City would need to negotiate PG improvements.

INSPIRA

- *Plan Administration Support & Account Management*

Inspira is able to administer the grace period / roll over options for the HCFA and DCRA benefits; is willing to provide two debit cards to plan participants (one card is provided automatically but additional cards can be requested at no charge); agreed to the City's ability to audit services; indicated a claim accuracy rating of 98%; and indicated an average claims turnaround time of two days. However, Inspira would prefer to do a daily pull against the City's accounts (based on an amount to be determined by Inspira) when it comes to funding; would charge for customized reports; would, upon termination resulting agreement, provide files / data / reports to the City (but not the subsequent HDCSA services provider) in their standard format; and customized reports would be an additional cost.

- *Member Services*

Inspira's call center call abandonment rate ranked second just behind Health Equity; the call center itself is available 24/7 for members to access; additional communication tools (online portal, online chat, text messaging, and email) are available; and their website offers assistive technology for disabled access. However, Inspira does not track claim denial statistics so a comparison cannot be made relative to the other Proposers, their website is only available in English; and they are unable to provide call center or unit staff that would be 100% dedicated to the City.

- *Financial Cost*

Inspira offered a per participant per month fee of \$2.90; rate is guaranteed for three years (rate caps offered for years four and five); agreed to the 16% amount at risk for the PGs; only modified six PGs; and was the only Proposer willing to offer an implementation credit (\$5,000) to the City.

TASC

- *Plan Administration Support & Account Management*

TASC is able to administer the grace period / roll over options for the HCFSA and DCRA benefits; is willing to provide two debit cards to plan participants; indicated a claim accuracy rating of 99.9%; indicated an one day turnaround average for claims; can provide customized reports at no charge to City; agreed to allow City to audit services (Self-audit using client portal); and agreed to City's preferred funding method of sending funding to vendor on a weekly basis with no pre-fund requirement. However, TASC does not offer credit monitoring protection/monitoring to members in the event of a breach (TASC advised that ID Theft was provided in the past but had low participation rates and as such, it is not cost effective for clients) and they did not confirm they would mail statements to members who do not have an email address on file.

- *Member Services*

TASC's call center call abandonment rate of 3% placed it fifth amongst all Proposers, the call center itself is available Monday through Friday from 5 AM to 5 PM PST; additional communication tools (online portal and online messaging) are available; and their website offers assistive technology for disabled access. However, TASC's 2023 claim denial rate is lower than Health Equity but higher than the other Proposers; did not provide statistics for average call resolution time (opting instead to provide a first call resolution rate); their website is only available in English; and they are unable to provide call center staff that would be 100% dedicated to the City (but premium queue service is available for the City).

- *Financial Cost*

TASC offered a per participant per month fee of \$2.60 (the second lowest); rate is guaranteed for five years; agreed to the 16% amount at risk for the PGs; agreed to all PGs left certain PGs unanswered; and agreed to waive implementation fees.

ThrivePass

- *Plan Administration Support & Account Management*

ThrivePass is able to administer the grace period / roll over options for the HCFSA and DCRA benefits; is willing to provide two debit cards to plan participants; indicated a claim accuracy rating of 99%; indicated an one to two day turnaround average for claims; can provide customized reports at no charge to City; and agreed to City's preferred funding method of sending funding to vendor on a weekly basis with no pre-fund requirement. However, ThrivePass does not allow for external companies to audit (but has a System and Organization Controls audit that can be provided to the City) and is unable to provide a microsite for the City.

- *Member Services*

ThrivePass's 2023 3% claim denial rate was the second lowest amongst all Proposers, their call center is available Monday through Friday from 6 AM to 6 PM PST; additional communication tools (email and IVR after hours) are available; agreed to provide unit staff and call center team

that would be 100% dedicated to the City; and their website offers assistive technology for disabled access. However, ThrivePass's call center call abandonment rate of 5% was the highest amongst all Proposers; did not provide statistics for average call resolution time; and their website is only available in English.

- *Financial Cost*

ThrivePass offered a per participant per month fee of \$2.98 (the second highest); rate is guaranteed for five years; responded no to all requested PGs but indicated the amount at risk as 100%; and did not propose any implementation credit.

VOYA

- *Plan Administration Support & Account Management*

Voya is able to administer the grace period / roll over options for the HCFSA and DCRA benefits; is willing to provide two debit cards to plan participants; indicated a claim accuracy rating of 99%; can provide customized reports at no charge to City; and agreed to the City's ability to audit services. However, Voya did not agree to City's preferred funding method and offered to pre-fund the claims themselves and invoice the City weekly for funding; and indicated an one to two day turnaround average for claims.

- *Member Services*

Voya's call center call abandonment rate of 2% placed it third amongst all Proposers; the call center itself is available 24/7 for members to access; their 2023 claim denial rate was about 6% to 8% placing them third; additional communication tools (online portal, online messaging, email and IVR) are available; agreed to provide unit staff and call center team that would be 100% dedicated to the City; and their website offers assistive technology for disabled access.

- *Financial Cost*

Voya offered a per participant per month fee of \$2.95 (the fourth highest); rate is guaranteed for five years; agreed to the 16% amount at risk for the PGs; agreed to 14 PGs, modified 3 PGs and did not agree to 3 PGs; and did not propose any implementation credit.

Overall Findings

The Review Committee's overall scoring results show a close scoring in several sections amongst the Proposers. However, upon completion of the evaluation, the Review Committee's score resulted in Ameriflex being the highest scored proposal. Ameriflex scored well in the Plan Administration Support & Account Management and Member Services sections and while they fell behind in the Financial Cost section, they scored well enough to place first in the overall score.

Ameriflex scored more consistently across the Plan Administration Support & Account Management and Member Services sections and were more consistently aligned with the HDCSA RFP objectives, including but not limited to:

- Providing the Scope of Services sought under the HDCSA RFP

- Enhancing HCFSAs and DCRA plan education and communications
- Improving the customer service experience for members
- Being responsive and flexible to the needs of the City.

Ameriflex agreed to the City's preferred funding method; agreed to provide customized reports at no charge; has maintained a high claims financial accuracy rate; a low call abandonment and claim denial rate; their customer service center has weekend hours; and are willing to dedicate unit staff and call center staff specifically to the City. However, their customer service center is not available 24 / 7 / 365 days as offered by some of the other Proposers. This is mitigated in some measure as they have other communication methods available for members to utilize such as text messaging, online live chat, email, and the aforementioned Saturday hours. And, while Ameriflex offered a Per Participant Per Month Fee that matched the current rate (and guaranteed it for five years), all of the other proposals offered lower rates and Ameriflex's PGs also fell short of the other proposals.

Selected Bidder

As previously discussed, the HDCSA RFP sought a qualified vendor who can provide account administration services and who could potentially enhance both the City's administration and the members' experience of these services. All proposers demonstrated abilities to provide account administration services. However, the review committee has found that the proposal provided by Ameriflex provides the best combination of items which will meet the needs of servicing the account and potentially enhance the experience of employees and City administration staff. Ameriflex's combination of 100% dedicated customer service staff and an array of customization options should enable participants to receive the information that they need consistently, and help to enable them to be more successful in utilizing their accounts correctly and efficiently.

Incorporation into LAwell Program

The proposal submitted by Ameriflex is a standalone offer. Employees who enroll into the LAwell Program's separate Transit and Parking spending accounts will need to separately enroll with the selected vendor for those accounts (Please note that Ameriflex did not submit a proposal for that separate Request For Proposals, and a selection for that separate service is not yet known). The standalone offer was not uncommon for submitted bidders, and it should be noted that the LAwell Programs current incumbent (Health Equity) also provided a standalone offer for the HDCSA RFP. The concept of a standalone offer may result in an increased fee for participants who enroll into all four (4) of the offered accounts [(a) Healthcare, (b) Dependent Care, (c) Transit, and (d) Parking], or a combination between the Healthcare/Dependent Care and Transit/Parking accounts, but it would have no resulted financial change to employees who only enrolled into Healthcare and/or Dependent Care accounts. This is a fee model change from the current provided service which allows for joint enrollment and a shared fee model. Despite the fee model change for some members, the review committee strongly feels that the potential enhanced experience justifies the change.

The actual member experience of enrolling into an election, establishing an account, and having their election correctly pass through to the City's payroll is something for the City and the selected proposer to fine-tune. Each proposer was asked to submit an overall implementation plan, which was an unrated

question of the questionnaire. The City will need to negotiate further with the selected bidder on how to execute the implementation plan and to further develop the member experience.

Potential Negotiation Components

Pursuant to Section 6.0, the successful Proposer(s) may be required to attend negotiation meetings where the City and the successful proposer will be able to discuss and negotiate contract requirements, prices/premiums, service level agreements, detailed scope of work specifications, ordering, invoicing, delivery, receiving and payment procedures, etc. in order to insure successful administration of the contract. Should Ameriflex be selected, the City will negotiate with them in multiple of these areas. At a minimum, the City will negotiate with Ameriflex on the Per Participant Per Month (PMPM) fee rate, the PGs (aka “service level agreements”) amount at risk and metrics, and implementation cost and transition.

G. Recommendation

After the review and assessment of the six proposals submitted in response to the HDCSA RFP, the Review Committee has determined that the LAwell Program and its members may benefit from the proposal submitted by Ameriflex, pending the successful outcome of contractual negotiations in specific categories inclusive of price and performance guarantees (service level agreements). Under the stipulation that Ameriflex is able to negotiate with the City and mutual terms are agreed upon to sufficiently satisfy multiple areas inclusive of contract requirements, prices/premiums, and service level agreements within the next 60 days. If negotiations with Ameriflex are unsuccessful by this deadline, the City may then begin negotiations with the next most qualified proposal, as outlined in RFP Sections 3.1.14 and 6.0.

Therefore, it is recommended that the JLMBC should recommend to the to General Manager of the Personnel Department that Ameriflex be selected as the provider of the LAwell Program’s Health and Dependent Care Spending Account Services for a three-year contract beginning January 1, 2025 through December 31, 2027 with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with Ameriflex for, at minimum, contract requirements, prices/premiums, and service level agreement.

Submitted by:

Karina Aguiar, Personnel Analyst

Chuong Tran, Senior Benefits Analyst

Approved by:

Paul Makowski, Chief Management Analyst

Attachment A

Qualitative Evaluation Determination	Indicators
(a) Excellent	<ul style="list-style-type: none"> ● Response meets all and substantially exceeds many requirements. ● Response contains elements where there is significant increased value, innovation, technology, and/or program stability. ● Response demonstrates exceptional success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(b) Very Good	<ul style="list-style-type: none"> ● Response meets all requirements and exceeds some requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(c) Satisfactory	<ul style="list-style-type: none"> ● Response meets all requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● Very few weaknesses identified.
(d) Marginal	<ul style="list-style-type: none"> ● Response meets some requirements. ● Response does not contain or does not clearly indicate elements pertaining to value, innovation, technology, and/or program stability. ● Response touches upon work relative to scope of services and key success metrics but demonstrated experience and success is unclear. ● Weaknesses identified.
(e) Unsatisfactory	<ul style="list-style-type: none"> ● Response does not meet requirements. ● Response contains no elements of or indication of value, innovation, technology, and/or program stability. ● Response does not demonstrate or touch on work relative to scope of services and key success metrics. ● Significant weaknesses identified.

Quantitative Evaluation Determination	Indicators
(5) Five	<ul style="list-style-type: none"> ● Response meets all and substantially exceeds many requirements. ● Response contains elements where there is significant increased value, innovation, technology, and/or program stability. ● Response demonstrates exceptional success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(4) Four	<ul style="list-style-type: none"> ● Response meets all requirements and exceeds some requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(3) Three	<ul style="list-style-type: none"> ● Response meets all requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● Very few weaknesses identified.
(2) Two	<ul style="list-style-type: none"> ● Response meets some requirements. ● Response does not contain or does not clearly indicate elements pertaining to value, innovation, technology, and/or program stability. ● Response touches upon work relative to scope of services and key success metrics but demonstrated experience and success is unclear. ● Weaknesses identified.
(1) One	<ul style="list-style-type: none"> ● Response does not meet requirements. ● Response contains no elements of or indication of value, innovation, technology, and/or program stability. ● Response does not demonstrate or touch on work relative to scope of services and key success metrics. ● Significant weaknesses identified.



Health Care/Dependent Care Flexible Spending Account RFP

May 2, 2024

Presented by:

Megan Gardner, Vice President

Bordan Darm, Vice President

Melissa King, Sales Executive

Agenda

Program Overview

Current Plan Design

RFP Objectives

Proposers

Notable Proposal Provisions

Scoring

Recommendations

Program Overview

WageWorks has been a partner of the City of Los Angeles since 2008 for the Tax Advantaged Savings Accounts



Current Participant Counts	Count
Health Care FSA Participants	2,817
Dependent Care FSA Participants	175
Both Health Care and Dependent Care Participants	422
Total	3,414

Current Plan Design



HealthCare FSA (HC FSA) – For 2024 annual election, employees can set aside from \$300 up to \$3,050.



Dependent Care FSA (DC FSA) - For 2024 annual election, employees can set aside from \$600 up to \$5,000.



The City utilizes a Grace Period



IRS Governs the maximum election amounts and it can index each year.

RFP Objectives

The RFP process was developed with the goal of achieving certain objectives, including (but not limited to):



Meet Minimum Proposer Requirements



Provide the Scope of Services requested



Improve the Customer Experience



Partner with a vendor that is responsive and flexible to the specific needs of the City



Achieve enhanced and robust Performance Guarantees



Secure a higher, more robust level of educational and communication services



Strong compliance partner

Proposers

Six proposers are bidding on the HC/DC FSA Contract:

1. Health Equity (Incumbent)
2. Ameriflex
3. Inspira Financial
4. TASC
5. ThrivePass
6. Voya

All proposers met the Minimum Proposer Requirements as specified in the RFP.

Proposers

Ameriflex

HQ: Carrollton,
TX

Founded in
1998

**Health
Equity**

HQ: Draper, UT

Administration
of FSA plans
since 1989

Inspira

HQ: Oak Brook,
IL

Administration
of Account
Based plans
since 1987

TASC

HQ: Madison,
WI

In business for
49 years

ThrivePass

HQ: Denver, CO

Over 30 years
of experience
working with
FSA plans

Voya

Corporate
Office:
Minneapolis,
MN

Administration
of FSA plans
since 1989

NOTABLE PROPOSAL PROVISIONS

Administration

Feature	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Services Outsourced/ Services Outsourced Overseas	Yes/Unclear	Yes/Online chat functionality provided by facilities in India and the Philippines	Yes/Call Center and Claims in India and Philippines	No/No	No/No	No/No
Electronically administer grace period/roll over	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes
2 debit cards provided at no charge (minimum)	Yes	Yes	One card automatically provided; additional cards can be requested at no charge	Yes	Yes	Yes

Administration

Feature	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Pre-Fund Terms	Weekly funding; Waive funding credit/pre-fund/Deposit	Pre-fund required followed by weekly replenishments	Daily ACH debit; amount determined by Inspira. Other funding options are available	Weekly funding; Waive funding credit/pre-fund/Deposit	Weekly funding; Waive funding credit/pre-fund/Deposit	Voya will pre-fund the claims and invoice the City weekly for funding. Requires pre-fund equal to 2-weeks of contributions.
Customized reports at no charge	Yes	No	No	Yes	Yes	Yes
Agree to City's ability to audit services	Yes	Yes	Yes	Can self-audit through client portal	Doesn't allow for external companies to audit, but has an SOC audit that can be provided for City's review.	Yes

Administration

Feature	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Claims financial accuracy over the past 12 months.	99.5%	99%	98%	99.9%	99%	99%
Claims turnaround time	3 – 5 business days	3 – 5 days	2 days	Within 24 hrs	1 – 2 days	2 – 4 days
Implementation Credit	None proposed	None proposed – Incumbent	\$5,000	Waiver of implementation fees	None proposed	None proposed
Non-Discrimination Testing	Free self-service testing tool available for unlimited use. Full service testing for all the City's plans for an additional cost	Free for 1 st round of testing; Additional tests for \$600	\$5,000 credit for Non-Discrimination Testing (in addition to implementation credit) to offset cost; \$1,000 + \$0.25 per eligible EE	Included/ No additional fees	Included/ No additional fees	Included/No additional fees

Service Experience

	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Call Abandonment Rate	Peak Season: 2.34%	1.19%	1.42%	3%	5%	2%
Claim Denial % for 2023	<3%	16%	Not tracked	14.42%	3%	6-8%
Customer Service Hours	Monday through Friday, 8 AM to 9:00 PM EST and Saturday, 10 AM to 2 PM EST	24/7	24/7	Monday through Friday, 5 AM to 5 PM PST	Monday through Friday, 6 AM to 6 PM PST	24/7
Customer Service Access	Online portal, initiate text messaging, online live chat and/or email	Online portal, online live chat	Online portal, initiate text messaging, online live chat and/or email	Online portal, online messaging	Email 24/7 and IVR after hours	Online portal, online messaging, Email, IVR

Service Experience

	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Unit staff 100% dedicated to City	Yes	No	Dedicated account manager and implementation manager	Unclear	Dedicated relationship manager	Dedicated national account manager
Call Center team dedicated specifically to the City	Yes	No	No	No, but offers premium services queue	Yes	Yes
Website language other than English / Disabled Access	English and Spanish/Offers assistive technology	English Only/Offers assistive technology	English Only/Offers assistive technology	English Only/Offers assistive technology	English Only/Offers assistive technology	Not clear (appears to be English Only)/Offers assistive technology

Service Experience

	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
2023 satisfaction survey results	Net Promoter Score of 78—on a scale of -100 to +100— is 4x the industry average, aligning with brands such as Starbucks, Amazon, and Airbnb.	Customer Satisfaction Score 85.3% Net Promoter Score of 62.3	88.1%	95%	Satisfaction our ratings are: <ul style="list-style-type: none"> • Google - 4.9/5 • Trustpilot - 4.4/5 • Capterra - 4.7/5 	Call Center Satisfaction is approximately 95%



Underwriting

	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Underwriting	<p>Referred to an Administrative Services Agreement vs. completing the UW exhibit.</p> <p>Could not locate the ASA Referenced</p>	No concerns noted.	No concerns noted.	No concerns noted.	No concerns noted.	No detailed rate development provided.

- Generally, there is little to no underwriting for Flexible Spending Accounts.

Performance Guarantees

	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Amount at Risk	10%	16%	16%	16%	100%	16%
Notes	Did not agree to the minimum 16% at risk; 21 modifications requested; did not indicate acceptance to the reporting and payout timing – left unanswered	PG negotiations and % at risk redistribution would be needed. Did not agree to Cyber Security PGs	Six (6) PG modifications indicated; All others agreed to.	Agreed to all PG's but did not indicate acceptance to the reporting and payout timing – left unanswered	Response was 'No' to all PGs requested but comments indicate 100% of fees at risk It's unclear how/what will be measured	14 PGs agreed to; 3 modifications requested; 5 not agreed to at all. PG negotiations and % at risk redistribution would be needed.

Financial Cost

		Current	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
FEES:		Health Equity	Health Equity (Incumbent)	TASC	Inspira	Voya	ThrivePass	Ameriflex
Rate Guarantee			5-years	5-years	3-years	5-years	5-years	5-years
Per Participant Per Month Fee		\$3.00	\$2.50	\$2.60	\$2.90	\$2.95	\$2.98	\$3.00
Debit Card Fee (Per Participant Per Month)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Implementation Fee (First Year Only, if applicable)		N/A	\$0.00	Will cover all implementation costs	\$5,000.00	\$0.00	\$0.00	\$0.00
Debit Card Set Up Fee (Per Participant)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Debit Card Monthly Fee		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lost/Stolen Replacement Card		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Annual Renewal Fee (if applicable)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Performance Guarantee		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care FSA Participants	2,817	\$8,451.00	\$7,042.50	\$7,324.20	\$8,169.30	\$8,310.15	\$8,394.66	\$8,451.00
Depdent Care FSA Participants	175	\$525.00	\$437.50	\$455.00	\$507.50	\$516.25	\$521.50	\$525.00
Both Health Care and Depdent Care Participants	422	\$1,266.00	\$1,055.00	\$1,097.20	\$1,223.80	\$1,244.90	\$1,257.56	\$1,266.00
Monthly Total	3,414	\$10,242	\$8,535	\$8,876	\$9,901	\$10,071	\$10,174	\$10,242
Annual Total		\$122,904	\$102,420	\$106,517	\$118,807	\$120,856	\$122,085	\$122,904
\$ Difference			-\$20,484	-\$16,387	-\$4,097	-\$2,048	-\$819	\$0
% Difference			-17%	-13%	-3%	-2%	-1%	0%

- Incumbent provider coming in as the lowest cost with a proposal that is 17% below current with a 5-year rate guarantee
- Next lowest cost proposal from TASC at 13% below current
- Ameriflex proposed PEPM that is match to current

Value Adds

	Ameriflex	Health Equity	Inspira Financial	TASC	ThrivePass	Voya
Provide to City 3 HTML Push-Ready Emails for OE, Mid-year, and Wellness	Agreed	Agreed	Unable to provide – could provide template, but they prefer to send directly	Agreed	Agreed	Agreed
In the event of a security data breach, credit protection/ monitoring provided to impacted members	Yes	Yes – negotiate terms as part of contract	Yes	Unclear	Yes	Yes

Financial Cost – Additional Fees/Services

Additional Services	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
FEES:	Health Equity (Incumbent)	TASC	Inspira	Voya	ThrivePass	Ameriflex
Non-Discrimination Testing	First Round Included	Not listed as an additional service on the Pricing sheet	<p>Years 1-3: We are including a non-discrimination testing fee allowance up to \$5,000. You may use this to pay for the required testing for City account holders during the initial implementation period and available in the second through third contract years. If for some reason the non-discrimination testing fee allowance does not cover the total expense of the test for each year of the contract, the following fees will apply:</p> <p>5,001+ Employees: Standard Test/Cafeteria Plan (Section 125): \$1,000 + \$0.25 per eligible employee Test Expanded Test: \$1,500 + \$0.25 per eligible employee Comprehensive Test: \$2,250 + \$0.25 per eligible employee</p>	Included	Included	Self-Service Included
File Conversion	\$150 per hour					
Custom Reporting	\$150 per hour					

Financial Cost – Additional Fees/Services

Additional Services	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
FEES:	Health Equity (Incumbent)	TASC	Inspira	Voya	ThrivePass	Ameriflex
Form 5500 Preparation Services	\$150 per hour with a two-hour minimum					
Customized participant materials and other custom communication requests			Cost based on required Statement of Work, plus mailing costs (if applicable).			
Onsite Enrollment Meeting Support			\$500 per event			
Ad-hoc reporting			\$150 per hour. Statement of Work required.			
Rejected/NSF Customer Funding ACH transactions			\$50/occurrence			
Paper Account Statements			Available free online, or \$0.50/quarterly; \$1.50/monthly PPM for mailed paper statements			
Mid-Year Takeover Administration or Previous Plan Year Takeover			\$1,000.00			

Financial Cost – Additional Fees/Services

Additional Services	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
FEES:	Health Equity (Incumbent)	TASC	Inspira	Voya	ThrivePass	Ameriflex
Failure to Fund Release Claim			<p>Any funding due Inspira for claims paid on behalf of the company that remains unpaid after twenty (20) banking days shall be subject to a fee (Failure to Fund Fee). The Failure to Fund Fee shall be calculated as one hundred twenty-five (125) basis points above the three (3) month United States Dollar London Interbank Offered Rate. If such Failure to Fund Fee calculation is not permissible under applicable law, then the Failure to Fund Fee shall be calculated at a rate not to exceed regulatory rates based on the average daily balance outstanding across all non-funded days.</p>			

References

Not all carrier references responded



In general, responses for all proposers were a range of 'Satisfactory' to 'Exceptional'



There was nothing overly concerning or noteworthy for any of the proposers

Overall Scoring Results



Category	Ameriflex		Health Equity		Inspira		TASC		ThrivePass		Voya	
	City Score	Keenan	City Score	Keenan	City Score	Keenan	City Score	Keenan	City Score	Keenan	City Score	Keenan
Organizational Background, Financial Strength, Experience	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated	Unrated
Plan Administration Support & Account Management	525	525	505	475	491	471	512	482	490	482	506	504
Member Services	77	74	77	78	73	70	76	69	70	69	76	76
Financial Cost	55	49	52	56	53	47	59	57	55	53	59	59
Total	657	648	634	609	617	588	647	608	615	604	641	639

City Ranking

1. Ameriflex (657)
2. TASC (647)
3. Voya (641)
4. Health Equity (634)
5. Inspira (617)
6. ThrivePass (615)

Keenan Ranking

1. Ameriflex (648)
2. Voya (639)
3. Health Equity (609)
4. TASC (608)
5. ThrivePass (604)
6. Inspira (588)

Recommendations

All six proposals are credible proposals with the same/similar services provided



On a cost basis, Health Equity the incumbent provides the strongest financial position with 17% reduction from current and rate guarantees for 5 years.



Ameriflex however scored #1 in that their proposal indicates a close alignment with RFP Objectives



If the City were to contract with Ameriflex we recommend use of the Post-Award Negotiation process to secure strong caveats and contract requirements such as (including but not limited to):

A stronger financial position in terms of the PEPM cost

Agreement to the full 16% PGs at risk and robust reporting metrics; Cyber Security PGs are a must.

Commitment to offset the cost of implementation and transition between providers for the City.

Further review of references.

THANK YOU

Category	Subcategory	Rated/Unrated	Question	Questions, Statement, and Agreements	Ameriflex		Health Equity		Inspira Financial		TASC		ThrivePass		Voya	
					Answer	Explanation (As applicable)	Answer	Explanation (As applicable)	Answer	Explanation (As applicable)	Answer	Explanation (As applicable)	Answer	Explanation (As applicable)	Answer	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Overview	Unrated	1	Please provide an overview of your organization and organizational structure, to include the name of your parent company (if you have one), the nature of its business, the name of your company, the length of time your firm has been providing the broad range of services included within this procurement, and headquarters.	Founded in 1998, Interflex Payments LLC, doing business as Ameriflex, is a closely-held third-party administrator of consumer-driven health care (CDH), COBRA and Retiree Billing Administration, and Compliance products. The company was founded in 1998 and has since become the largest and most responsive provider of uniquely featured Flexible Spending Accounts (FSAs), Dependent Care Accounts (DCAs), Qualified Transportation Benefits (QTB), Health Reimbursement Arrangements (HRAs), Health Savings Accounts (HSAs), as well as COBRA Administration, Retiree Billing and Compliance Services. Our headquarters is in Carrollton, TX (Dallas County) and we have satellite offices in Cherry Hill, NJ and Orlando, FL.	In 2002 HealthEquity was established to transform the healthcare industry by empowering employers and individuals with tools to help manage healthcare costs, emphasize greater cost transparency, and realize savings opportunities. We reimagined what employee benefits could be and became an innovator in providing technology-enabled services that empower consumers to make healthcare saving and spending decisions. Today we offer total benefits solutions to 120,000 clients nationwide, with our services impacting 1/7 of the American workforce. We have decades of experience in administering consumer driven benefits. Our service history includes: - COBRA administration since 1986 - Direct Bill administration since 1998 - Commuter administration since	Inspira Financial Health, Inc. is a leading, national administrator of consumer driven benefits. Headquartered in Oak Brook, Illinois, we have administered account-based plans since 1987. Inspira Financial Health, Inc. is wholly owned by MTC Intermediate Holdco, Inc. which is a wholly owned subsidiary of Minotaur Investment Holdings, L.P. and related intermediate subsidiary holding entities. The company is majority controlled by ABRY Partners, LLC, a private equity firm. On January 8, 2024, Inspira Financial Health, Inc. changed its name from PayFlex Systems USA, Inc. alongside a company-wide rebrand. As Inspira, we continue to be your health, wealth, retirement, and benefits provider.	TASC is the largest privately-held Flex TPA in the country with over 70,000 clients including several large public employers like Los Angeles Unified School District, New York State, LA Metro, LADWP, State of Arizona, City of San Diego and more. TASC is its own company, and we are not owned by a parent company. We were TASC yesterday, TASC today and will be TASC tomorrow. We offer a multitude of products for tax-advantaged benefit accounts including FSA, Commuter and HSAs. We have been in business for 49 years. TASC is headquartered in Wisconsin with employees working remotely across the country.	We have over 30 years of experience providing core TPA services across HSA, FSA, HRA, Commuter, COBRA, and Direct Bill/Retiree Administration. Over the last 7 years ThrivePass has developed a modern and holistic benefits platform that reduces costs and consolidates core TPA services with our proprietary Wellbeing and Rewards, Tuition Reimbursement technology, and Enrollment tools that can now support the entire employee benefits journey by helping them Enroll and Transition.	Voya Benefits Company LLC is a member of the Voya® family of companies. At Voya Financial®, our mission is to make a secure financial future possible for all Americans — one person, one family, one institution at a time. Accomplishing this mission means helping individuals both save for and mitigate the risk of healthcare expenses, now and in the future. Voya has been offering group insurance solutions for more than 90 years, and voluntary insurance solutions for more than 60 years. Voya Benefits and its predecessor companies have been providing FSA administration since 1989. With our HSA and FSA offering, we are focused on fundamentally changing the consumer experience related to these accounts. Voya Benefits wants to integrate decision-making across a consumer's full suite of accounts (e.g., 401k, IRA, HSA) and ensure they have a complete understanding of the value of						
Organizational Background, Financial Strength, Experience	Overview	Unrated	2	Please provide your organization's revenues and net profits for the last 3 calendar years.	Revenue: 2022, \$31,602,304; 2021, \$27,550,711; 2020, \$27,456,493 Income: 2022, \$1,976,296; 2021, \$2,051,604; 2020, \$1,845,496	Please see: https://ir.healthequity.com/annual-reports-and-proxies	2023 Total Revenue \$708.3M (pre Audit) 2022 Total Revenue \$408.0M 2021 Total Revenue \$250.2M 2023 Net Income \$3.9 (pre Audit) 2022 Net Income (\$65.6M) 2021 Net Income \$6.6M	2023 - Revenue \$126,375,142. Net Profit \$19,937,910 2022 - Revenue \$125,534,442. Net Profit \$ 7,171,797 2021 - Revenue \$146,461,385. Net Profit \$(15,774,142)	Please reach out to Ryan Tacke, CEO ryan.tacke@thrivepass.com for this information.	2023 - \$7.08B revenue \$661.00M earnings 2022 - 5.92B revenue \$474.00M earnings 2021 - 4.23B revenue \$2.77B earnings						
Organizational Background, Financial Strength, Experience	Overview	Unrated	3	Is your company a subsidiary or affiliate of another company? If yes, describe the nature of the business of the parent firm.	No	No.	Inspira Financial Health, Inc. is wholly owned by MTC Intermediated Holdco, Inc. is a wholly owned subsidiary of Minotaur Investment Holdings, L.P. and related intermediate subsidiary holding entities. The company is majority controlled by ABRY Partners, LLC, a private equity firm.	No. TASC is not a subsidiary or affiliate of another company.	No	Voya Benefits Company, LLC is owned by Voya Holdings, Inc., both part of the Voya Financial company. Voya Financial is our parent company.						

Organizational Background, Financial Strength, Experience	Overview	Unrated	4	Describe any pending agreements to merge or sell your company or any portion thereof, or your parent company; or any pending or anticipated plans to reorganize your company within itself or as part of the larger organization of which your company is a part.	We have no pending or future plans to merge or acquisitions of any kind.	Not applicable.	We may consider any number of potential mergers, acquisition targets, or reorganizations in the financial wellness industry but are unable to disclose anything specific at this time.	TASC has no pending or anticipated agreements to merge or sell.	No pending or planned merger in process.	No anticipated mergers or sales
Organizational Background, Financial Strength, Experience	Experience	Unrated	5	Indicate the total number of full-time employees in your firm as of 12/31/23, 12/31/22, and 12/31/21	12/31/23 - 287; 12/31/22 - 225, and 12/31/21 - 197	HealthEquity currently employs 3,157 team members.	12/31/23: 1,276 12/31/22: 1,117 12/31/21: 443	12/31/23 = 776 12/31/22 = 849 12/31/21 = 1014	12/31/2023- 150 12/31/2022- 132 12/31/2021- 117	2023-7,158 2022- 6,113 2021- 5,727
Organizational Background, Financial Strength, Experience	Experience	Unrated	6	Confirm that you completed the scalability tab?	Yes	Yes	Confirmed.	Confirmed.	Yes	Yes
Organizational Background, Financial Strength, Experience	Experience	Unrated	7	Confirm that you completed the current reference tab?	Yes	Yes	Confirmed.	Yes	Yes	Yes
Organizational Background, Financial Strength, Experience	Experience	Unrated	8	Confirm that you completed the former reference tab?	Yes	Yes	Confirmed.	Yes	Yes	Yes
Organizational Background, Financial Strength, Experience	Experience	Unrated	9	Describe your ability to take on a client the size of the City of Los Angeles? How will you ensure excellent service and support for the duration of the contract?	Ameriflex will serve the City of Los Angeles by thoroughly understanding its unique needs and providing customized, scalable solutions to exceed its short and long-term goals. We integrate well with groups of all sizes and we understand the needs of governmental employers differ from those of the private sector delivering quality services on-time and within budgets. Some of our current government HCFA/DCRA clients include, but are limited to; the City of Milwaukee, WI, the City of Columbus, OH, the City of Jacksonville, FL, Wake County Public School System, NC, Gary/Chicago International Airport, and Anne Arundel County Government, MD to name a few. We currently serve public and private-sector clients that have HCFA and DCRA programs for a combined, approximate two-million employees; nearly 200,000 of whom are HCFA and DCRA participants.	The city of Los Angeles is a current client for the services requested in this RFP. HealthEquity's Member Services team has been built for scalability, with no limit or maximum capacity for this important aspect of our business. We forecast account growth and associated contact volume based upon historical trends, then plan staffing levels to create realistic hiring plans. Our hybrid in-office and at-home staffing model allows us to scale beyond the physical constraints a single site solution might impose. We look forward to any amount of anticipated growth and are committed to staffing accordingly. We employ quality control programs for every facet of benefit administration, through both systematic monitoring and internal auditing. Quality Assurance A quality team regularly audits processes, monitors performance	Inspira has extensive experience managing clients of all sizes with varying complexities. Our focus on innovative solutions, expertise with excellence, and dedicated support ensures that the City of Los Angeles will receive the service and support you need for throughout the contract's duration. Our 92% retention rate proves the success of our cutting-edge solutions and superior service. We understand that public sector clients and their employees need high service levels and cost-effectiveness. To this end, we empower our account managers and customer service representatives with the tools and support they need to ensure you receive excellent service and support.	TASC has a division specifically that caters to clients the size of the City... our Large Market Public Sector Division. We have a niche in large deployments for government entities. Our clients include New York State (200,000 eligibles), LAUSD, City of Baltimore, State of Arizona, State of Louisiana, Commonwealth of Massachusetts, State of Connecticut... to name a few. We assign clients like the City a dedicated Specialty Implementation Manager. We implement huge clients routinely as this is routine and customary for us. TASC will assign a day-to-day Account Manager and an Executive Sponsor to ensure optimal servicing for this contract.	ThrivePass has over 30 years of experience providing core TPA services across HSA, FSA, HRA, Commuter, COBRA, and Direct Bill/Retiree Administration. We have experience will 40,000 life groups down to 5 employees. The city will get a dedicated RM who will be assigned to the City's plan.	They City of Los Angeles is currently a Voya client for Retirement services. To supplement our relationship, the City will be assigned dedicated National Implementation Manager, Debbie Tatge, with experience leading implementation projects of this size. Deb will work closely with National Account Executive Jennifer Takahashi, and National Account Client Specialist Lisa Machamer, all of whom have extensive experience with clients like the City of Los Angeles. The City will have a dedicated team providing direct phone and email contact to ensure a smooth transition and excellent ongoing service relationship.

Organizational Background, Financial Strength, Experience	Experience	Unrated	10	Describe any incident within the past five years in which your business has had a contract terminated for default. Termination for default is defined as notice to stop performance due to your organization's non-performance or poor performance and the issue was either not litigated or litigated and such litigation determined your organization to be in default. Submit full details of all terminations for default experienced by your firm during the past five years including the other party's name, address, telephone number and your firm's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject your firm's proposal if the facts discovered indicate that completion of a contract resulting from this RFP may be jeopardized by selection of your firm. If your firm has experienced no termination for default in the past five years, so indicate.	None		HealthEquity has not had a contract terminated for default in the last five years.		We have not experienced termination for default in the past five years.		While TASC has certainly had clients we did not retain when the time came to renew their contract after a contract's expiration, TASC has not had a Large Market government client terminate our services as described in the question over the past five years where TASC is the prime contract holder to our knowledge (TASC has over 70,000 clients and also has back-office relationships with brokers and other providers that could act as the Prime contract holder).		ThrivePass hasn't had any terminations for default.		Voya Benefits has not had any termination default in the past five years.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	Unrated	11	Has your company been the subject of any complaint filed with any state or federal regulatory agency or office in the past five years? If Yes, please explain	No	No	See Explanation From time-to-time, we may be subject to various complaints that arise in the normal course of our business activities.	No		No		No	N/A	No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	Unrated	12	Has your company ever had a license to do business, an agent/broker license or any other insurance license revoked or suspended? If Yes, please explain	No	No		No		No		No	N/A	No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	Unrated	13	Has your company ever been reprimanded or otherwise cited by a licensing agency? If Yes, please explain	No	No		No		No		No	N/A	No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	Unrated	14	Vendor agrees to notify the City immediately (within 24 hours) if your firm loses any accreditation, licensure, or required insurance coverage (e.g. liability, Tech E&O, etc.)	Yes	Yes		Yes		Yes		Yes	See Explanation ThrivePass will notify the city within 72 hours to account for the weekend.	Yes	

Organizational Background, Financial Strength, Experience	Regulatory Compliance	Unrated	15	Describe what procedures and policies you have in place to protect against, and provide disclosure of, any potential or perceived conflict of interest involving relationships your firm may have with service providers for which you may also be asked to conduct performance reviews or otherwise evaluate for the City's Plan. To what extent and under what circumstances do the individuals who would be directly servicing the City's account personally meet with service providers that could be actual or potential City clients?		We enforce rigorous policies to address and disclose conflicts of interest with service providers for the City's Plan. We prioritize transparency through a clear framework for identification and disclosure, complemented by mandated HIPAA and PHI training for all employees. Strict guidelines limit personal interactions between those servicing the City's account and potential service providers who are also City clients. These measures ensure objectivity and uphold ethical standards in our evaluation processes.		HealthEquity maintains a robust Corporate Governance program, including a Code of Business Conduct and Ethics. All members of the board of directors, executive officers, and employees of the HealthEquity and the HealthEquity's subsidiaries are required to be familiar with the Code, comply with its provisions and report any suspected violations. The Code contains an extensive section on Conflicts of Interest. Protocols are also in place where employees must report any potential conflicts. Directors and executive officers of HealthEquity must seek determinations and waivers of potential conflicts of interest from the Nominating and Corporate Governance Committee of the Board of Directors. The General Counsel keeps accurate records of all requests for and grants of waivers of conflicts of interest.		Not Applicable		TASC ensures employees are not placed in positions where an apparent or perceived conflict of interest may occur. Senior Associates are responsible for ensuring compliance and training for the Organizational Conflict of Interest Mitigation Plan. NDA agreement is a pre-employment requirement for all employees to sign. Our Confidentially Speaking reporting program guarantees enterprise employees can report concerns or communicate regarding sensitive information. Reported issues are fully investigated. The enterprise will take appropriate action against any person found to violate policy, or any applicable law. There are no circumstances where TASC would personally meet with the City's service providers.		When responding to an RFP ThrivePass will see if there are any conflicts of interests as we have employees in numerous states. If we do find such conflict of interest we will notify the client.		No known conflict with the City exists. We report potential conflicts of interest promptly to management, as needed, to help us manage such appropriately. In dealing with these potential conflicts, we require integrity, the use of good judgment and discretion exercised in a manner expected by this Code, Company policies and our Corporate Values. We understand certain conflicts simply cannot be permitted, particularly employees accepting employment with or appointment by a competitor of Voya Financial (e.g., acting as a financial or tax planner, representative or agent of another financial services firm) or practicing as an attorney.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	Unrated	16	Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability?	No	N/A	No		No		No		N/A	No		
Organizational Background, Financial Strength, Experience	Regulatory Compliance	Unrated	17	Identify and describe any past, pending or threatened judicial or administrative litigation (including lawsuits or protests) in which you have litigated against a client or prospective client, within the past five years, related to the type of services you are proposing. Indicate the reasons for the lawsuit/protest and the outcome. Provide contact information for the entity sued or challenged.		We have no past, previous, or pending lawsuits, legal actions, investigations, and/or threatened legal proceedings of any kind.		From time-to-time, we may be subject to various judicial or administrative litigation that arises in the normal course of our business activities. We do not provide any additional information.		Not Applicable		Within the last five years, TASC has not been involved in any material legal matters.		No current or past litigations.		In its role as service provider for its clients, Voya Benefits Company from time to time is named as a defendant in litigation. Although it is not possible to predict the outcome of pending or threatened litigation, there is no past, pending or threatened litigation that has had or is likely to have a material adverse impact on VBC's ability to perform services under the proposed contract.

Organizational Background, Financial Strength, Experience	Financial Strength	Unrated	18	Please provide the most recent rating for your company by the following: - Standard and Poor's - Duff and Phelps - A.M. Best - Moody's If your firm is not rated, submit documentation of a similar nature, which attests to your firm's financial stability.	Ameriflex is not an insurance company nor are we affiliated with an insurance company, and therefore we are not rated by independent insurance rating organizations or similar entities that provide ratings for life and health insurance companies. We do not issue debt and we are not underwriters. Therefore, we are not rated by independent insurance rating organizations or similar entities, e.g., Best's, Moody's, Standard & Poor's, Weiss, and etc. Ameriflex is a Third Party Administrator of consumer driven benefit accounts (e.g. Healthcare FSAs, Dependent Care FSAs, HRAs, and HSAs), COBRA Administration and Compliance Services. We have provided a similar financial rating as Exhibit 1 for review.	HealthEquity's most recent financial ratings are: - Dun & Bradstreet (D&B): 80 + Cash flow risk rating 97 - Moody's: Ba3 - Standard Poor's (S&P Global): BB	This is not available as Inspira Financial Health, Inc. is a privately held corporation and does not share audited financial statements.	TASC is a privately-held Flex TPA that is not an insurance carrier nor do we issue debt (we are not a bank). As such, we are not rated by credit rating organizations established for such as A.M. Best, Moody's or Standard & Poor's. TASC undergoes an annual independent third party audit and has received a clean report with no material weaknesses. Documentation on our Financial strength is submitted on TASC Response Exhibit 18: Consolidated Balance Sheet	ThrivePass is privately held and is not rated.	Standard & Poor's – A+ (Strong) Fitch (D&P) – A (Strong) A.M. Best – A (Excellent) Moody's – A2 (Good)	
Organizational Background, Financial Strength, Experience	Financial Strength	Unrated	19	Have there been any downgrades in your ratings in the last 2 years? Y/N If yes, indicate to what they are attributed	No	No	To demonstrate our financial stability, please refer to our annual 10-K at: https://ir.healthequity.com/sec-filings/sec-filing/10-k/0001428336-23-000014	Not Applicable	No	ThrivePass is privately held and is not rated.	No
Organizational Background, Financial Strength, Experience	Financial Strength	Unrated	20	Has your company or its subsidiaries ever filed or been petitioned into bankruptcy or insolvency or has your company ever made any assignment for the benefit of your creditors? If so, provide complete details.	No	No		No	No	N/A	No
Organizational Background, Financial Strength, Experience	Financial Strength	Unrated	21	Within the past three years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes?	No	No		No	No	N/A	No

Plan Administration Support & Account Management	Overview	Rated	22	<p>What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted?</p> <p>For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions.</p> <p>For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.</p>	<p>Ameriflex is 100% liable for the administration of the City's HCFSA and DCRA programs for the duration on the contract. We partner with the following vendors for our book of business:</p> <p>1) Fiserv provides secure processing of debit card-related transactions, 2) NTT Data Services will perform claims adjudication services for Ameriflex, 3) We outsource our primary remote redundant data center to Armor, 4) TPx Communications performs network management and phone services, as well as provided barcoding services for claim-related faxes, allowing Ameriflex to accept faxes from a participant with Data Matrix Code identification, thereby linking it to the participant's MyAmeriflex account, 5) The Bancorp Bank will issue preloaded Ameriflex debit cards to enrolled participants, and 6) UMB Bank provides printing services for reimbursement checks.</p>	<p>While HealthEquity provides core benefit administration services internally, we partner with expert partners to support key services. Key service partners include:</p> <ul style="list-style-type: none"> - Wells Fargo: Partner since 2012 providing ACH payment processing. - DataBank: Partner since 2013 providing hosting services for platform (data center backup). - RackSpace: Partner since 2007 providing hosting services for the platform. - TTEC/Verint: Partner since 2006 providing behavioral analytics services. - Conduent: Partner since 1995 providing chat, call center support, and claims processing. - Language Line: Partner since 2018 providing foreign language interpreter services. - Fiserv: Partner since 2006 providing debit card production and transaction processing, fulfillment for quick start guides, explanations of benefits, and check/direct deposit. 	<p>Our core services are managed in-house; however, we utilize the following subcontractors to support claims administration, customer service, and non-discrimination testing:</p> <p>Alight Services: Call center customer service Location: Chicago Length of relationship: 2020</p> <p>Sagility Services: Offshore vendor services for claims Location: India Length of Relationship: 2014 Percentage Offshored: approximately 50% for total book of business</p> <p>EXL Services Services: Offshore vendor services for call center and claims Location: Philippines Length of relationship: 2014 Percentage Offshored: approximately 30% for total book of business</p>	0% will be outsourced.	<p>No services will be outsourced, all administration is handled by ThrivePass employees. FSA and DCAP is subcontracted through Alegeus with a Proprietary backend platform.</p>	All services will be provided by Voya employees.	
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	23	Vendor agrees to provide funding reporting	Yes	Yes	Yes	Yes	Authorized City staff will have online access to the Funding Report.	Yes	Yes
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	24	Vendor agrees to provide quarterly and annual utilization reports	Yes	Yes	Yes	Yes	Authorized City staff will have online access to the daily, weekly, monthly, quarterly or annual Utilization Reports.	Yes	Yes

Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	25	Vendor agrees to make standard reports available for viewing and for download from a City-accessible website, including but not limited to: summary of expenditures claimed by the participants, number of participants, and total amount of benefits paid or reimbursed for each FSA plan as applicable.	Yes					TASC's agree to provide authorized City staff with access to the website and reporting. The Universal Benefit Account platform will allow the City to generate reports 24/7 on-demand reports are real time and provide the most current and accurate information. The City may view details regarding their plan and those of their employees, collectively or individually. Following is the list of our standard reports, easily downloaded in CSV or Excel format: <ul style="list-style-type: none"> • Month End Balance & Activity Reports • Funding • Enrollment Report • Participant Balance Summary Report • Request Payment Detail Report • Posting Data Report • Finalization Report 	Reports can be scheduled to be auto delivered upon the cadence the City prefers. The City can access reports on demand via the employer portal 24/7.	Yes	Yes	
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	26	A 240-day notice of termination will be provided. If the City elects to renew services, a 240-day notice of rate renewal will be provided	Yes	Yes	Not Applicable		Our standard notification period for termination is at least 90 days before termination. Our standard renewal process is initiated at 90 days prior to renewal.	TASC is offering the City a rate guarantee for the length of the contract, and will provide any rate renewal changes with at least 240 days notice as described.		Yes	Yes	
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	27	Vendor agrees to provide year end forfeiture report within 4 months of the end of the plan year?	Yes	Yes				TASC meets and exceeds by finalizing plans within 30 days after the plan year end.		Yes	Yes	
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	28	Are plan documents provided as a template or is it customized by the Vendor for the specific plan?		Plan documents are provided as a customizable template.			We provide a standard Plan Document template for no additional fee. For customization, the City can review with their legal counsel and make changes as needed to fit their specific plan design.	Plan documents provided are customized by TASC for the specific plan, services and eligibility.	Plan documents are customized by ThrivePass for the City's specific plan.			Voya Benefits will provide a plan document specific to the City of Los Angeles plan features.

Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	29	The City's preferred method is to send funding on a weekly basis with no pre-fund/capital deposit. Can you administer that method? If not, please explain how you can administer.	Yes		No.		Our standard funding arrangement is a daily pull against the plan sponsor's designated corporate account. On each funding day, we notify you of the amount to be funded. We then initiate an ACH debit transaction to pull funds from your designated account for the identified amount. Other funding arrangements are available.	Yes, TASC can administer the City's preferred method of remitting funding for claims paid on a weekly basis, and will agree to waive/credit pre-fund/ capital deposit.	Yes		Voya pays claims in advance from one of our bank accounts. This includes debit card transactions. An invoice will go out to the client weekly via email for claims paid the prior week. We can email an unlimited number of contacts. Payments can be made through EFT, ACH or paper check. Backup reporting is included and payment is due 2 days after invoice. Because we pay claims in advance we do require a small Maintenance Deposit (2-weeks worth of contributions) to facilitate this. This deposit is retained until the service is no longer provided, at which point it can be used to pay the final invoice or returned as part of the plan closeout process. The standard for administration fees is to bill monthly in arrears (ETF, ACH or paper check). Payment is Net 15. Voya is open to negotiating the amount and frequency of invoicing for claims paid.
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	30	Can Vendor electronically administer a Grace Period?	Yes	Yes		Yes		TASC can electronically administer a Grace Period.	Yes	Yes	
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	31	Can Vendor electronically administer the roll-over provision(s)?	Yes	Yes		Yes		TASC can electronically administer the roll-over provision(s).	Yes	Yes	
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	32	Can your system maintain covered dependent information if that information is provided to you by the City or the member?	Yes	Yes		Yes		Yes, our system can house dependent information used for ordering dependent Debit Cards and claims submission eligibility. Participant may self-input dependent info or clients may send it to us.	Yes	Yes	Yes, we can load dependent information via a file feed. However, deponents are not required for FSA because coverages is not based on medical coverage tiers, etc. If they want dependents listed though, we can support loading them.

Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	33	Describe how you would track and capture employee contributions, eligibility information, benefit payments, account balances, etc.	Participant demographics, enrollment and contribution information can be provided to Ameriflex electronically through secure file transmission. We have integrated with Demographic and enrollment information for new hires can also be manually entered into the Ameriflex Employer Portal by Plan Sponsor of the City. Contribution files are submitted to Ameriflex according to the employer's payroll frequency schedule. Participants can view updates to their accounts via the Ameriflex Participant Portal in real-time once an update has been made.	HealthEquity typically receives enrollment information from the client via electronic file transfer. Upon processing eligibility and enrollment data received from the client, HealthEquity mails welcome materials to employees enrolled in the FSA. Welcome materials include debit card (when applicable), instructions for accessing the member portal, contact information for member services, and tips for maximizing health savings with an FSA. If electronic enrollment confirmation is elected by the client during implementation, HealthEquity can also email a confirmation statement to the member within minutes once the file loads into our system. Deductions are usually established through the client's payroll or benefits systems provider. We accept contribution records per established payroll intervals. We can accept carrier files for	Employee contributions, eligibility information, benefit payments, and account balances are tracked through our proprietary system. The City of Los Angeles provides the required information to Inspira, which we then input into our system to track and provide benefit administration. Plan sponsors have easy access to all captured employee information via their employer login and through utilizing our robust reporting capabilities.	Setting up connections is routine for TASC. We can successfully interface with TELUS, Lawell; virtually all HRIS/Payroll/ ERP systems. Enrollment and payroll data can be uploaded directly into Universal Benefit Account for daily updates. TASC can accommodate other various electronic methods; most commonly, via SFTP. The SFTP process allows for multiple files to be transmitted by multiple approved users, processed in contracted timeframes. Our EDI Team can handle all typical data exchange requirements. During implementation phase, we'll work directly with the City to agree upon data exchange specifications. Our implementation process includes testing phase ensuring data exchange is configured correctly.	Our preferred method is to receive this information electronically. If it is sent electronically a ticket is created and will be assigned to the appropriate party. The file will be processed and information will be updated in the members accounts.	We have two files for FSA: The payroll file and the eligibility file. These are loaded into the same administration platform in which we administer claims (loading, processing, denials and payments.) Full scheduled and on-demand reporting is available in the employer portal.
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	34	Indicate if your system can store alternate participant ID numbers in addition to social security numbers (SSN), and if your system can perform search, sort, and reporting functions using alternate participant IDs in lieu of SSN.	Ameriflex is PCI DSS 2.0 and SSAE-18 certified. We use both symmetric (AES 256-bit) and asymmetric encryption methods (public-private key) to protect the data of our clients and participants. We can accommodate a unique 9-digit numeric Employee ID number provided by the employer in lieu of using employee Social Security Numbers. This number provides login access into the online Ameriflex Participant portal.	Yes, we can accept an employer-provided identification number in lieu of the Social Security number for FSA administration. We can accept alpha numeric account numbers up to 11 characters/digits in the unique ID field.	Yes.	Yes, the TASC system can store alternate participant ID numbers in addition to social security numbers (SSN), and if our system can perform search, sort, and reporting functions using alternate participant IDs in lieu of SSN.	Yes ThrivePass can use alternate ID Numbers in addition to SSN. The search, sort and reporting will be based on what ID is provided.	Yes, as long as it's a unique identifier, we can use an additional number, such as an Employee ID number.

Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	35	Please describe your Nondiscrimination testing process.		Yes	Ameriflex offers a FREE, easy-to-use, self-service non-discrimination testing tool that allows employers to test their plans for any sign of discrimination in a matter of minutes. This tool is available for unlimited use to allow for frequent and convenient testing throughout the plan year. However, for an additional fee we offer full service Non-Discrimination Testing for Cafeteria Plan, HCFSAs, DCRA and HRA plans.	HealthEquity offers non-discrimination testing for clients with reimbursement accounts. Although the IRS requires one testing session per plan year, our clients can request to test twice a year to maintain non-discrimination status. Additional fees may apply. We utilize a web-based service to conduct testing and results are usually processed within two to three business days. Upon client request, we provide testing guidelines, login credentials, and detailed instructions for accessing the required template. Templates request the following data: - Employer identification data (used to designate the employer in our system). - Plan start date. - Employee identification data (name, date of birth, date of hire, officer status, union status). - Shareholder voting power percentage. - Ownership percentage.	Our non-discrimination testing services provide: – Easy to use self-service website. – Data templates. – Pass/fail results. – Recommendations on how to make your plans compliant. From the online non-discrimination testing tool, clients download the template(s) needed, populate the confidential data required, and submit the test. Once test results are ready, our client receives an email advising that test results are ready to view. Testing includes a results report and a recommendation report for failed test results. Fees are outlined in the pricing section of this proposal.	TASC will forward the appropriate NDT census via email. LA will populate the cells on the census spreadsheet for eligible employees on the Plan (s) and then forward the completed spreadsheet census to TASC via email. After TASC conducts the non-discrimination testing on your spreadsheet census we will alert you to whether your Plan(s) are discriminatory or not. If discriminatory, we will consult you on the steps needed to bring your Plan(s) into compliance with the non-discrimination rules and regulations.	As a standard practice ThrivePass performs two tests for each plan year – a preliminary test and a final year-end test, while also offering an optional mid-year test towards the end of Q3/start of Q4 to prepare for the final year-end test. These tests consist of several sub-tests which address different non-discrimination requirements. The preliminary test is based on projected data and is run early in the plan year, typically February, to determine whether your plan is in danger of being non-compliant with any portion of the rules. If the results of the preliminary test indicate a danger, your Relationship Manager will reach out to you and explain your options to make adjustments and prevent a failure on your final year-end test. The year-end test is performed after the conclusion of your plan year and serves as the certification that your plan was compliant with the non-discrimination rules during the prior plan year.	When the City would like testing performed, they will notify their dedicated account manager. The account manager will send out the testing packing, which includes the census spreadsheet and the Questionnaire. The client completes the spreadsheet and the Questionnaire and returns it to the account manager. Our Compliance team performs the testing and provides results to the account manager. The account manager will send out the results and is available to talk through the testing results, and pull in a member of the compliance test if needed.		
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Unrated	36	Vendor has provided a detailed implementation plan, with milestones/deadlines/roles/responsibilities, that assumes a tentative contract award date of 7/1/2024 with effective date of 1/1/2025.	Yes	Yes	As HealthEquity is the incumbent provider for these services we do not anticipate a full implementation process would be required; however, we have provided Attachment 1 - Sample Implementation Plan for reference.	Please see <i>Exhibit 1_Inspira Implementation Project Plan</i> , detailing milestones, deadlines, roles, and responsibilities.	Submitted on TASC Response Exhibit 36: TASC FSA Implementation Schedule.				Please see the attached Implementation Timeline	
Plan Administration Support & Account Management	Data File Transmission	Rated	37	Vendor agrees to accept electronic enrollment feeds	Yes	Yes			We publish standard fixed-width Open Enrollment, file specifications that our plan sponsors can use to communicate enrollments. This file provides employee demographic, account and election information and is used to create accounts and elections for the new plan year. PGP-encrypted files must be delivered to our SFTP site.		We have a dedicated EDI Team for file feeds.			

Plan Administration Support & Account Management	Data File Transmission	Rated	38	Vendor agrees to accept electronic payroll deduction feeds	Yes				We work with many payroll software/systems and third-party providers to accept electronic payroll deduction feeds. To facilitate the integration with your payroll/HRIS system, TELUS, we publish standard file formats and will work with you to support your implementation process with comprehensive testing prior to program launch. These file formats make it easy to automate the transfer of data to us.	Yes	The client sends contribution data to TASC at each payroll, which is credited to the participants' accounts on the payroll date for immediate availability. We understand this will be just notinal payroll data as funding will be separately provided by the City weekly per the RFP's Scoe of Services.	Yes		See Explanation	Voya pays claims from a Voya bank account and invoices weekly for claims processed the week prior. The City of Los Angeles would not be sending payroll contributions to Voya in this instance.
Plan Administration Support & Account Management	Data File Transmission	Rated	39	Vendor shall audit the payroll feeds posted to accounts match payroll feed sent by employer group?	Yes		The City has access to our Funding Report on the employer portal that can be used to reconcile with their payroll feed. the Funding Report, available On-Demand, displays payroll deductions and contributions posted to members' accounts for the date range selected	See Explanation	A file results email is sent to the plan sponsor every time a file has been processed. The email includes an Error Report Macro (if there are errors or warnings present), allowing you to correct errors within the spreadsheet. The file can then be placed on the SFTP site for processing. Our best practice recommendation is to correct the error for the next file feed. Otherwise, the member will continue to show on the error report until manually resolved between the plan sponsor and their Account Manager.	Yes	Audits are done on every file exchange with Exception Reporting generated and reviewed should any errors occur.	Yes		When we import a file, the system creates an exception report for any data that could not be loaded to the system. These exceptions are all reviewed manually and either updated internally or sent to the vendor contact for confirmation (and then updated internally). Any exceptions on the report would also indicate any difference in total dollar amount imported. However, we do not audit differences in dollar amounts from week to week as we hold the file as the source of truth.	
Plan Administration Support & Account Management	Data File Transmission	Rated	40	Confirm: Electronic file feeds shall be posted within 1 business days following receipt of file	Yes			See Explanation	We process all files within two business days of receipt. Files received after 2:00 PM (CT) will be considered received the next business day.	Yes	TASC will adhere to the City's PG Tab for file processing and posted timelines.	Yes	Files are posted within 24-48 hours of receipt.	Yes	
Plan Administration Support & Account Management	Data File Transmission	Rated	41	Confirm: Electronic file feeds shall be posted in a order set upon by the City.	Yes			Yes	Confirmed. Our system processes file feeds as they are received.	Yes	We will follow the City's instructions.	Yes		Yes	
Plan Administration Support & Account Management	Debit Card	Rated	42	Vendor agrees to provide debit card utilization reporting	Yes			Yes		Yes	Our Client Portal provides the Debit Card utilization reporting. Reports are available at anytime, anywhere. Reimbursements/Claim Status Information provides details regarding reimbursement requests for the plan year including reimbursement date, amount, method, status and substantiation status.	Yes	Reporting is available on demand 24/7 via employer portal.	Yes	

<p>Plan Administration Support & Account Management</p> <p>Debit Card</p>	<p>Rated</p>	<p>43 Describe your process of working with the City and/or its health care plans to auto-substantiate debit card purchases. Do you allow for the 'loading' of benefit schedules for medical, dental, and vision plans in order to facilitate a higher level of auto-adjudication? Additionally, describe which automatic electronic substantiation methods you use, including copayments, recurring claims, etc.</p>	<p>Our debit card claims processing is highly-automated which consequently results in near-flawless financial and processing accuracy. Our proprietary system utilizes a highly specialized analytical framework that assesses several submission factors including the eligibility date, Plan maximums, current election amounts, co-pay matching, recurring expense logic, and duplicate-checking logic which flags a claim as a duplicate if the date of service and amount of the claim are identical to a separate reimbursement request. Yes, we allow the loading of benefit schedules for medical, dental, and vision plans to facilitate a higher level of auto-adjudication. For most claims like Debit Card transactions, Picture-to-pay, direct carrier feeds, and online claims submission, this is a completely automated process for the participant without requiring any additional information.</p>	<p>Our proprietary adjudication engine reviews all debit card transactions to ensure compliance with IRS regulations while using a comprehensive checks and balances system to protect against fraud. We limit card use to locations associated with approved healthcare-related merchant categories. Next, the system verifies that the transaction is for an eligible healthcare product or service. Once the merchant and purchase eligibility are confirmed, the system verifies that the card is activated, the authorization date of the transaction falls within the member's coverage period, and the transaction amount does not exceed the account balance.</p> <p>Once the system verifies these criteria, our adjudication engine uses the following methods allowed by the IRS to automatically substantiate debit card transactions:</p> <ul style="list-style-type: none"> - Inventory Information Approval 	<p>We have several ways to auto-substantiate debit card transactions for the members before we request substantiation:</p> <ul style="list-style-type: none"> – Copay Matching - by building out all copay plans by employer or employee level. – Enhanced Verification Process - with internal and external medical/dental/vision carriers to try matching coinsurance and deductible amounts. – Recurring Matching - once the member validates a debit card transaction if the member uses the card again in the same amount and for the same service it will auto substantiate using the reoccurring method. This is set up for 3 years for each transaction. – IIAS merchants reduce substantiation requests for Rx and OTC items. 	<p>Yes, we will load all known copays and other amounts from the healthcare plan for auto-substantiation of Debit Card transactions. TASC uses the merchant category codes (MCC) to determine transaction eligibility. TASC also utilizes the Inventory Information Approval System (IIAS) to determine eligibility of specific line-item goods and services.</p> <p>TASC's proprietary software utilizes a highly specialized analysis framework which evaluates a number of submission parameters, including date eligibility, plan maximums, current yearly reimbursement total, election amount, copay matching, recurring expense logic, and duplicate- checking logic.</p>	<p>ThrivePass has a 87% auto-substantiate rate. We have thresholds put into place for various categories to help offset the amount of receipt requests we ask for. We can load benefit schedules and copayments amounts to help bring the auto-substantiation rate up.</p>	<p>Our auto-substantiation methods are: Copay matching, recurring claim logic, IIAS and 90% merchants. With these methods, most clients achieve a 85-90% auto-substantiation rate. During implementation, clients will provide us with all plan copays and we enter those copays into the system. The system will auto-substantiate and card transactions matching a copayment amount and up to 5X the copayment amount.</p> <p>Although we don't substantiate FSA claims from a carrier claims feed, certain carriers may have an arrangement with our debit card platform partner where they will send medical claims files so the system can attempt to match to a debit card transaction. Voya would assist in getting this in place. There are some negatives to this process and we would want to discuss it in more detail with the City.</p>
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<p>Plan Administration Support & Account Management</p> <p>Debit Card</p>	<p>Rated</p>	<p>44 With what other companies do you contract in order to provide debit card services (e.g. bank, credit card company, etc.)? Describe the services provided by your company and those contracted to other companies, and the contractual arrangements.</p>	<p>We partner with the following vendors for our book of business: 1) Fiserv provides secure processing of debit card-related transactions, 2) NTT Data Services will perform claims adjudication services for Ameriflex, 3) TPx Communications performs network management and phone services, as well as provided barcoding services for claim-related faxes, allowing Ameriflex to accept faxes from a participant with Data Matrix Code identification, thereby linking it to the participant's Ameriflex account, 4) The Bancorp Bank issues preloaded Ameriflex debit cards to enrolled participants, and 5) UMB Bank provides printing services for reimbursement checks.</p>	<p>HealthEquity's debit card partner is Fiserv. We utilize Wells Fargo Bank for banking and payment processing.</p> <p>HealthEquity's proprietary platform is the system of record for all activity, including debit card and manual claim submissions. We interact with our debit card partner during the setup of the client's program to ensure that the appropriate card package is selected, payment order is established in accordance with the program, and that only the types of merchants eligible by the program are accepted. Additionally, HealthEquity works with the vendor daily to:</p> <ul style="list-style-type: none"> - Request new, replacement, or reissued cards for participants and/or their dependents - Communicate updated card and plan account status - Update addresses - Update balances based on daily card and claim activity - Load plan account information, 	<p>We are a Sponsor of the Inspira Debit Card and have integrated our proprietary platform with the card processing capabilities of Fiserv, the world's largest card processor. We have been using Fiserv since June 1999 and our BIN sponsor is UMB Bank, n.a.</p> <p>By integrating directly with a card processor, we effectively manage the debit card process, provide more flexible debit card solutions, and ensure accuracy and efficiency through real-time connectivity, all while maintaining control of all facets of our debit card administration.</p>	<p>We own are Card. It is proprietary, the TASC Card. TASC is a certified and registered service provider with Mastercard, processing \$3 billion for nearly 63,000 businesses, and we have issued over 1 million cards.</p> <p>The TASC Card is affiliated with the MasterCard network.</p> <p>Xformative is our Card processor, and they leverage microservices in a secure AWS cloud-native environment that is PCI-DSS compliant. Our owner also owns our Debit Card Processor. We seek and have the same type of controls and contracting as we would any service provider.</p>	<p>ThrivePass utilizes Alegeus for pretax services and they outsource debit cards to BennyCard.</p>
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<p>Plan Administration Support & Account Management</p> <p>Debit Card</p>	<p>Rated</p>	<p>45 Describe your process in handling debit card transactions (include timeframes) from point of sale through posting to member accounts. Address member's ability to access transaction information online (computer & mobile app) or via IVR.</p>	<p>The Ameriflex card is a smart card, immediately at the time of card swipe the transaction is recognized as an eligible expense according to plan design, expense and any ordering rules. Ameriflex utilizes the Inventory Information Approval System (IIAS) along with 90% Rule Merchants to adhere by IRS regulations to automatically substantiate expenses when possible. Real-time substantiation occurs during the card swipe authorization in the pharmacy prior to the transaction's approval and requires no special handling on the part of the merchant or consumer. The card transaction is matched to the claims data at the point of sale. If they match, the card swipe transaction is approved and considered substantiated requiring no further action. If the transaction cannot be matched, it is declined. This method is ideal for plan designs that require more information than is available through IIAS alone (e.g., for HRAs with a restricted prescription formulary).</p>	<p>All card transactions are checked against account balances in real-time at the point of sale. The authorization network only approves a card transaction if account funds are available to cover the transaction amount.</p> <p>It generally takes overnight for all card transactions to process. Members are able to check card transactions via the HealthEquity website, the HealthEquity mobile app and/or by contacting our Member Services team. We also provide short message service (SMS) text alerts to enhance access to account information and real-time updates to members. Our mobile app provides push notifications that allows members to receive account balance and card usage status such as authorized and denied via text message.</p> <p>HealthEquity's member portal provides online access to up-to-date information account information to participating</p>	<p>Members access funds for eligible expenses through the debit card; the cards uses merchant, terminal, and card payment rules to create a simple, convenient payment experience.</p> <p>With just a swipe at a qualified merchant, necessary funds for the transaction are immediately deducted from the applicable account. There is no waiting for reimbursement. In the event that we cannot determine with certainty that the expense is eligible, we will directly contact the member asking for further documentation.</p> <p>Members access up-to-date transaction information through the online member website, via the mobile app, using IVR, or by calling a customer service consultant.</p>	<p>Nearly all debit card claims are auto substantiated at the point-of-sale, eliminating the need to submit requests for reimbursement and waiting for payment. This combination ensures ease of use and IRS compliance without the need for further substantiation.</p> <p>Members can access transaction information online (computer & mobile app) or via IVR 24/7/365.</p>	<p>Debit card transactions are updated in real time. As soon as a card is swiped the transaction will appear on the mobile app as well as the member portal. Members have access to the portal 24/7 to view balance information and claims. The IVR is available 24/7 for the member to get account information.</p>	
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<p>Plan Administration Support & Account Management</p> <p>Debit Card</p>	<p>Rated</p>	<p>46 Describe your debit card services and type of benefits handled (e.g., FSA, Dependent Care,, etc.). Do you provide a proprietary card or do you use an outside vendor?</p>	<p>DCRA requests that are approved for payment are paid as funds are available in a participant's account via payroll data received from the City. The system audits the file to ensure payments have not been made above the IRS limit, for more than the participant's current account balance, or the annualized amount. The payment can only be reimbursed up until the amount of payroll contributions realized. There is no limitation as to the number of accounts that can be linked with the Ameriflex card because of our card and offering configurability, unlike other service-delivery models. The Ameriflex card can be used for all benefits accounts (i.e. HCFSA, Limited FSA, DCRA, HRA, HSA, and Transit/Commuter. The Ameriflex Debit Card is administered and owned by Interflex Payments LLC dba Ameriflex (we are the debit card provider); issued by The Bancorp Bank, Member FDIC; licensed by Mastercard; and processed by Fiserv.</p>	<p>Debit card is available for HCFSA. Debit card functionality is not available for Dependent Care accounts.</p> <p>As previously described, HealthEquity's debit card partner is Fiserv.</p> <p>HealthEquity's proprietary platform is the system of record for all activity, including debit card and manual claim submissions. We interact with our debit card partner during the setup of the client's program to ensure that the appropriate card package is selected, payment order is established in accordance with the program, and that only the types of merchants eligible by the program are accepted. Additionally, HealthEquity works with the vendor daily to:</p> <ul style="list-style-type: none"> - Request new, replacement, or reissued cards for participants and/or their dependents - Communicate updated card and plan account status 	<p>Our proprietary debit card lets the member access multiple account balances through a single card, including FSA and Commuter. Using proprietary technology, the card differentiates between the type of eligible expenses and automatically draws funds from the applicable account.</p> <p>Please note, Inspira does not advise using the Inspira Card for Dependent Care services because many providers:</p> <ul style="list-style-type: none"> – Do not use a daycare merchant code which causes transactions to be denied. – Require payment <i>before</i> service, which is not allowable under IRS regulations. 	<p>Yes, TASC provides a proprietary card. A single TASC Card can be used for all offered benefits Medical FSA, Limited Purpose FSA, Dependent Care FSA, Commuter/Parking Spending Accounts, HSA, Limited HRA, HRA, Wellness Incentives, etc. accounts via one smart, easy and connected platform. Through our own proprietary TASC Card technology, multiple accounts are stacked using our System of Financial Accounts (SoFA) allowing a coordination of benefits of which account pays first and which pays next, accordingly.</p> <p>The TASC Card works for Dependent Care (<u><i>exceeds City current servicing</i></u>).</p>	<p>Our debit card is a stackable card (FSA and Transit). We use Alegeus technology for our pretax services and the debit cards are provided through BennyCard.</p>	<p>Voya provides one debit card for all spending and savings accounts. For the City we would provide one card programmed with up to four "purses": Health FSA, Dependent Care FSA, Transit and Parking. Depending on what the participant is enrolled in, the applicable purse(s) will be activated. Smart card technology allows the card to determine at the point of the card swipe which account should be debited. NOT sure how we answer the question on a proprietary card.</p>
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<p>Plan Administration Support & Account Management</p> <p>Debit Card</p>	<p>Rated</p>	<p>47</p>	<p>Is the debit card issued automatically to the employee or only upon request? If automatic, is a new card issued if the member continues enrollment from one plan year to the next?</p>	<p>Yes, all active HCFA participants, including all enrolled dependents over the age of 18 automatically receive a pre-loaded and activated Ameriflex debit card at no additional cost. Lost, stolen, and additional cards can be ordered at no additional charge. Cards are active for three (3) years and are used for subsequent plan years.</p>	<p>Upon processing FSA enrollment data from the client, HealthEquity mails welcome materials to enrolled employees. These materials are typically mailed within two weeks after the eligibility file has been uploaded. Welcome materials include the FSA debit card, instructions for accessing the member portal, contact information for member services, and tips for maximizing savings with an FSA.</p> <p>There is no limit to the maximum number of debit cards per account holder. We provide each enrolled member with one debit card prior to the start of the plan year. Members may request additional cards for covered dependents at any time.</p> <p>Debit cards are issued for a three-year term. The card is reloaded each plan year during the three-year term for existing members who re-enroll with a new election amount. After three years, the card is reissued to enrolled</p>	<p>Yes. We automatically issue one debit card per member. For no added cost, additional debit cards may be requested for dependents or a spouse, either online through the member website or by calling our toll-free number. Our debit card has a five-year expiration date allowing use across multiple plan years.</p>	<p>Yes, the Card is issue-all automatically to any enrolled participant. A TASC Card is automatically ordered/ issued upon a participant's enrollment into a qualified plan. The TASC card is then reloaded each year based on the elected/ enrolled benefit(s) without the participant having to order another one. The card is automatically reissued every four years upon expiration.</p>	<p>One card is automatically issued to the employee and good for 5 years. Additional cards can be ordered for dependents.</p>	<p>Cards are issued automatically and cards are good for three years. Each year, the card is loaded with the plans the person is enrolled in for the new plan year, reflecting their new election. New cards are issued automatically to participants who are enrolled when the card expires.</p>
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Plan Administration Support & Account Management	Rated	50	Does Vendor own its debit card adjudication system?	See Explanation	Yes	The Ameriflex Debit Card is administered and owned by Interflex Payments LLC dba Ameriflex (we are the debit card provider); issued by The Bancorp Bank, Member FDIC; licensed by Mastercard; and adjudicated and processed by Fiserv.	Yes	Unlike many benefit administrators, we manage all aspects of our debit card program. Sole oversight of the card program and administrative process provides HealthEquity total control over the employer and member experience. Additionally, this empowers us to deliver innovations not possible via a split administrator/card provider model. Other features that differentiate our debit card in the industry include: - Proprietary Adjudication Engine: Our proprietary adjudication engine optimizes the member's point-of-sale experience while ensuring compliance with IRS regulations. The engine provides real-time integrated visibility and control over card-related service inquiries. - Card Program Control: HealthEquity's ownership of the card program and processes enables our member service representatives to have immediate, real-time visibility into	Yes	Inspira owns and manages its own debit card technology and card adjudication system and does not use a third-party solution. We utilize Fiserv as our card processor and Mastercard as our network sponsor.	Yes	TASC owns the Debit Card adjudication system, our Universal Benefit Account claims platform.	Yes		No	Voya partners with Bancorp Bank as the standard issuing bank for our debit card. Our debit card is powered by MasterCard.	
Debit Card																	
Plan Administration Support & Account Management	Rated	51	Vendor agrees to provide account holders with 2 debit cards at no additional cost?	Yes	Yes		Yes		Yes	We automatically issue one debit card per member; however, additional debit cards may be requested for dependents or spouse at no additional cost.	Yes	Participants can order as many Debit Cards as they want at NO cost (Free - exceeds requirements).	Yes	Cards are available for no additional cost.	Yes		
Debit Card																	
Plan Administration Support & Account Management	Rated	52	Confirm that you will not charge a fee for lost/stolen/replacement debit cards.	Yes	Yes		Yes		Yes	Confirmed.	Yes	Confirmed.	See Explanation	ThrivePass charges \$5/per replacement card.	Yes	Confirmed.	
Debit Card																	
Plan Administration Support & Account Management	Rated	53	Confirm that you can create customized reports for the City by request, without additional charge.	Yes	Yes		See Explanation	If a custom report is required, we would need to review the scope of the requirements to determine if we can accommodate the request. Custom reports will result in additional fees.	See Explanation	Ad Hoc and custom reports are provided upon request. The time frame and cost depend on the data requested. We bill a standard rate of \$150 per programming hour, and a Statement of Work is required.	Yes		Yes	Ad-hoc reports can be created for no additional cost.	Yes	Confirmed.	
Plan Administration Sponsor Services/Reports																	

Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	54	Please describe your customized reporting capabilities.	<p>All Ameriflex standard and custom reports are included in its proposed fees. One of our greatest strengths is our comprehensive employer portal. All authorized City plan administrators will have 24/7/365 access to on-demand management reports, all of which can be downloaded into Excel, CSV, and PDF for further analysis. Because of the breadth of our reporting package and the flexibility it allows, the City plan administrators will be able to sort and organize its data according to their needs and priorities. Additionally, the City's plan administrators can enable email notifications once reports are generated. Real-time, online eligibility update capabilities are available via our employer portal. Updates and changes made through Ameriflex's system directly are effective immediately based on the updated coverage dates. The online employer portal displays a snapshot of pretax programs, including the number</p>	<p>HealthEquity offers access to on-demand reporting and additional self-service features online. Clients can access these reports and information from the employer portal. Standard reports include:</p> <p>Account summary: This report provides an account summary that includes the number of members with a zero balance, average balance, maximum dollar amount within any member account, members with balances greater than \$2,500, and the number of employees balances within various ranges.</p> <p>Card status: This report provides the most recent debit card mailed date. Cards are typically received seven to 10 business days after mail date.</p> <p>Employee listing: This report provides a quick overview of each member's plan listing, with details pertaining to employee name, employee ID, current account</p>	<p>Ad Hoc and custom reports are provided upon request. The time frame and cost depend on the data requested. We bill a standard rate of \$150 per programming hour, and a Statement of Work is required.</p>	<p>It is our goal to meet all of the City reporting needs. Reports are available online on demand with customization with sort, filter, date range, division, benefit account, searchable by multiple parameters.</p> <p>TASC has a Premium Services Team that can run adhoc reports for our clients customized reporting needs outside of our standard reporting system.</p>	<p>The City has access to numerous reports within the employer portal. Customized reports can be created and scheduled to be sent a cadence the City would like. There is no additional cost for ad-hoc reports.</p>	<p>Voya will provide custom/ad-hoc reports at no additional cost for any data that is already housed in our systems. All standard reports can be pulled in CSV format so the data can be manipulated in the way that best meets City of LA's needs.</p>
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Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Unrated	55	What 3 recent enhancements/innovations have you implemented over the last few years? Comment on how these innovations are relevant to the City and its mission for this program.	<p>We've further enhanced our call center IVR solutions for non-card groups, added more improvements to participant portal registration, and added more options for employers for sending secure files to us. These enhancements were implemented without causing disruption or downtime. Ameriflex aims for long-term sustainability through the application of achieving operational excellence. Our commitment to adapting to change with agility enables us to make business strategies with greater success for our employees and the clients we serve. Our continuous improvement processes are driven by methodologies such as lean Six Sigma. Our advanced business system enables employers to migrate from a functional improvement management system to a process-based, customer-focused management system. And for that reason, we create a holistic environment where we focus heavy on our</p>	<p>HealthEquity offers comprehensive, employee-centric solutions focused on flexibility, innovative technology, and a business model built on simplicity and employee satisfaction. We set ourselves apart through:</p> <p>Engagement Engage360 is our scalable member engagement program that delivers the right message to the right member at the right moment. Our packages are proactive, ongoing, scalable, and targeted programs that help members get more for their healthcare dollars while relieving healthcare costs across each organization.</p> <p>Clients using Engage360 have seen a 90% increase in contributions with over 10% of members being more likely to contribute, compared to clients not enrolled in our program.</p> <p>Employers can opt members into behavior-driven journeys that</p>	<p>In 2023, Inspira Financial spent more than \$100M in technology and product development; these investments were to:</p> <ul style="list-style-type: none"> – Improve our claim payment system inclusive of a proprietary substantiation process. – Member services – System interfaces – Client reporting <p>These enhancements are directly relevant to The City of Los Angeles as it seeks an administrator who can provide both streamlined technology that makes it easy for members to use their benefits while providing useful reporting for plan sponsors, and customer service capabilities that not only answers your member's questions, but comes alongside them as a friendly guide to help them better engage with their benefits.</p>	<p>1) Continuation services (COBRA, Direct Bill, Retiree Billing, etc.) technology was added to the MyTASC platform. Benefit Continuation is administered on the same platform as FSAs providing clients a continuity of user experience with ONE platform.</p> <p>2) Mobile app: Participants can access the Beneshop™ tool via the mobile app. Beneshop helps consumers find the lowest cost option for health-eligible products, ensuring participants maximize their pre-tax benefits.</p> <p>3) Endless Aisle Technonogy: Our platform has over 50 benefit accounts both pre-tax and post-tax that the City can use, in particularly for its CommuteWell Transit and Parking.</p>	<p>ThrivePass moved service providers from WEX to Alegeus in 2021 and this has provided a better service experience for employers as well as employees.</p> <p>ThrivePass has built in auto-substantiation rates to lessen the burden on the employees and employer for claims that should have been approved.</p> <p>ThrivePass uses a stackable card so the employee only needs to have one card to access their FSA and transit benefits.</p>	<p>1) We implemented Multi-Factor Authentication (MFA) in 2023 to increase security for savings and spending accounts. 2)We implemented a new Voya login page where participants can login once and be able to see balances for their Voya retirement plan and Health Account Solutions accounts. In addition, they can SSO to their Voya retirement portal and their Voya FSA portal, as well as other Voya portals for plan they are enrolled in with Voya. 3) We have enhanced our reporting around analytics and benchmarking to provide better performance outcomes.</p>	
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	56	Confirm that upon termination of any resulting agreement that you will provide files, data, and reports to a subsequent vendor at no cost to the City or subsequent vendor and in a format that is usable by the subsequent vendor.	Yes	<p>In the event of termination of the contract, all data files are available for download from our employer website through the final termination date. Thereafter, we will agree to provide reasonable transition services at a mutually agreed upon rate. However, if data is required to be in a medium other than a secure download or if data needs to be retrieved after the termination of the agreement, we will bill on a time and material basis.</p> <p>See Explanation</p>	<p>Inspira will send files, data, and reports in our standard format to the The City of Los Angeles upon completion of plan reconciliation at no additional cost. We do not send this information to the subsequent vendor.</p> <p>See Explanation</p>	Confirmed.	Yes	Confirmed.	Yes

Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Unrated	57	Describe any other media or technology your firm could bring to enhance this program specifically and/or employer benefits programs more broadly.	<p>The Ameriflex card can be added to mobile wallets like Apply Pay, Google Pay, and Samsung Pag which allow participants an easy contactless payment feature when using their smartphones at the point-of-sale for added convenience and security. Additionally, our customer service center can accommodate any native language, via live chat and voice services. Participants no long need to hold onto receipts. Our receipt capture integration allows participants to take a picture of or upload receipts with their smartphones or electronic devices and store receipts which simplifies record-keeping and documentation. Our participants portal has budgeting tools and calculators that help participants estimate healthcare expenses, plan their HCFSA contributions effectively, and make informed decisions about managing their HCFSA funds throughout the plan year. We offer virtual card provisions that allow participants to access a digital version of their</p>	<p>Engage360 is our scalable, year-round member engagement program designed to deliver the right message to the right member at the right moment. Our proactive, ongoing, and targeted programs help members get more from their healthcare dollars while relieving healthcare costs.</p> <p>Through our exclusive behavior-based email campaigns, we engage members with targeted content relevant to their benefit choices. All emails, message center posts, and showcased images on our member portal pages are created to inform, educate, and inspire members.</p> <p>Engage360 also features a robust digital gallery of content, tools, and insights proven to drive adoption, maximize utilization, and measure success.</p> <p>Our Engage360 library contains fully customizable content for our clients that includes:</p>	<p>We maintain and frequently update the Resources & Education section of our website with educational content, including blog articles, FAQs, and a glossary.</p>	<p>TASC has made tremendous investments to innovate and develop its Universal Benefit Account platform. We will continue to execute our 3-year innovation roadmap that will expand our capabilities and account offerings. All new features would include the work needed to make the new functionality accessible to all users. TASC's innovation strategy is focused on maximizing security, improving the overall experience of our participants, clients and distributors, and improving the health, wealth and well-being of our customers, employees and community.</p>	<p>On the member portal there are resources for the employees to better understand how the benefits work located under Resources.</p>	<p>The City will have a custom Employee Benefit Resource Center (EBRC) microsite built on voya.com. Employees will be able to see all of their Voya Health and Health Account Solutions plans on this site. This will include plan documents, videos on how the plans work, relevant forms (such as FSA eligible expense list), and other documents, as well as links to quickly file claims, obtain additional information, reach The FSA Store, and find contact information for customer service. The EBRC is maintained by the account management team and can be updated at any time to keep it current and relevant.</p>
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Plan Administration Support & Account Management	Plan Sponsor Services/Re ports	Rated	58	Can your system accommodate changes to an employee's election during the plan year due to: Employee Status Changes, Family Status Changes, Changes in eligibility, Leaves of Absence, or other events that would impact election and contributions.	Yes		Our FSA system uses a blended method to manage mid-year changes that results in two coverage periods. This best-practice approach results in two separate coverage periods, which accommodate contributions (including additional benefits from the client) made to, and payments made from, one coverage period and applying them toward the other period, and vice versa. If a member experiences a qualified life event within the plan year and changes their election, our system shows both elections with the eligibility dates associated with each election. This approach allows the member to use contributions made during the first period (if unspent) during the second period, which is important for dependent care FSA members.	Yes		Change logic is built in our platform and is configurable to the City's Plan Design.	Yes		Yes	
Plan Administration Support & Account Management	Plan Sponsor Services/Re ports	Rated	59	Confirm: Any modification to a Participant's eligibility, status, or election under either Plan shall identify the effective date of eligibility and the termination date of eligibility and shall be provided (via telefax, mail, e-mail, electronic submission, or Interactive Voice Response system) prior to the effective date of such modification in order to be considered by Contractor in making benefit determinations hereunder.	Yes	Yes		Yes	Confirmed.	Confirmed.	Yes		Yes	Confirmed.
Plan Administration Support & Account Management	Plan Sponsor Services/Re ports	Rated	60	Confirm that you can accept two separate files, one for enrollment and one for contributions from either the City's Third Party Administrator or as a direct file from the City's payroll system on a bi-weekly basis. If No, please explain.	Yes	Yes		Yes	Confirmed.	Confirmed.	Yes		Yes	Confirmed.
Plan Administration Support & Account Management	Plan Sponsor Services/Re ports	Rated	61	Confirm that you will ensure account reconciliation is processed on a schedule to be determined by the City to maintain accuracy between participants' funding and actual contribution amount.	Yes	Yes		Yes	Confirmed.	TASC will reconcile each file received with Exception Reporting generated and reviewed should any errors occur.	Yes		Yes	Confirmed.

Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	62	Confirm that you agree to the City's ability to audit services, as described in the Professional Service Agreement	Yes		Yes	Confirmed. At the expense of the plan sponsor, we will participate in any external audits requested. We require sufficient notification to ensure we can align the appropriate resources based on timeline for audit from beginning to end.	Yes	Confirmed. Our Client Portal will house all things Plan Related for the City to self-audit the account anytime it needs.	See Explanation	ThrivePass doesn't allow for external companies to audit our systems. We have a SOC audit that can be provided for your review.	Yes	Confirmed.		
Plan Administration Support & Account Management	Plan Sponsor Services/Reports	Rated	63	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other legislative and regulatory matters pertaining to tax-advantaged account programs? Provide a recent sample.		Ameriflex regards compliance as one of its highest priorities. Our team is comprised of tenured individuals: including Attorneys, Legislative Analysts, Lobbyists, Internal Auditors, and Privacy Officers; who are proactive in overseeing corporate governance, legal, and regulatory compliance, TPA licensing and registration, quality assurance, Standards of Practice and gathering information regarding legislative issues in Washington D.C. on Consumer-Driven Benefits, Continuation and Compliance services we offer. We keep our company and our clients thoroughly informed of any legislative changes. Ameriflex has staff certified in PCI Compliance, as well as HIPAA; this is unusual in our industry and shows our commitment to compliance. We have enclosed a sample as Exhibit 3 .	Yes	HealthEquity maintains a full-time, dedicated compliance staff of professionals. This team monitors changes in regulations impacting our services and works with industry groups and lobbyists to influence legislation to benefit our clients. The team is responsible for providing updates to clients, members, and internal teams related to regulatory and legislative changes impacting our solutions. Compliance managers are available to address client questions regarding regulatory compliance issues. Client service personnel can serve as your liaison to our internal compliance staff. Where appropriate, the compliance department will work with the client to assist with compliance-related issues and provide information. Please see: https://blog.healthequity.com/regulatory-updates	Yes	Throughout our tenure as an administrator, we have gained a wealth of compliance knowledge and experience. Our compliance and risk management department is tasked with acting as our conduit to the legislative and industry changes that impact our business. Staffed with experienced personnel, compliance and risk management is dedicated to reimbursement account compliance. Legislative and regulatory updates are reflected in our communication materials. As changes in legislation dictate, we provide updates on our platforms as well as notices to our clients. <i>Please see attached Exhibit 2_ Inspira HSA Limit Update 2024 Communication Sample.</i>	Yes	TASC has a Compliance Team (Enterprise Risk Management) and in-house Staff Attorney as resources on legislative matters and laws for TFA programs. TASC also has blogs, client news, email alerts and a Large Market website that contains whitepapers to update clients on new laws. The City's TASC Relationship Manager will be the day to day contact to facilitate information sharing. Relationship Managers ensure subject matter experts and resources are available for the City's needs. Submitted on TASC Response Exhibit 63 - additional resources such as Client blog and webinar series.	Yes	ThrivePass maintains memberships with multiple benefit compliance organizations (e.g. ECFC and EBIA). Additionally, we have outside counsel to stay abreast of any and all compliance, regulatory, and legislative updates. Our Security & Compliance Team in turn provides support to all of ThrivePass, our clients, and broker partners	Yes	State and Federal legal and regulatory matters are monitored by our internal Legal and Compliance departments. Legislative Bulletins are issued by the Compliance Department in order to inform our employees, claims payers, and group policyholders of new state laws and regulations that impact policies and/or business practices of Voya Benefits.
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	64	Indicate the total number of Claims Processors (# of staff, avg. years claims administration experience, annual turnover %)		Ameriflex employs 65 claims processors which have an average of 11 years of claims administration experience. Our annual turnover in 2023 was <1%.		We employ 86 internal claims processors across our organization. Many of our member service representatives are also trained to adjust and/or reprocess claims. Claims processors have an average of 3.49 years in that position with HealthEquity and have a turnover rate of 14% in the past 12 months.		Total number of claim processors: 59 Average years claim administration experience: 1-20+ years for stateside (11 years for 10 vendor team members; 3 years for 21 team members) Annual turnover: 5% stateside and offshore		Of our over 800 person workforce, TASC has a variety of roles that process claims as well as other tasks, and the number of claim processors varies and is based on demand and the number of claims to ensure that our service standards are met. With an average experience of 4 years, our average turnover rate is 9%. The majority of turnover is related to promotion to other areas of the business.		15, average 2.5 years, 3% turnover rate		Voya Benefits employs 45 Claims Processors with an average tenure of 5-years. The annual turnover for Claims Processors is less than 2%.
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	65	Indicate the total number of Supervisors (# of staff, avg. years claims administration experience, annual turnover %)		Ameriflex employs 3 claims managers who have an average of 10 years of claims administration experience. Our annual turnover in 2023 was 0%.		We employ 5 supervisors in our claims team. Supervisors have an average of 7.03 years in that position with HealthEquity and have a turnover rate of 0% in the past 12 months.		Total number of Supervisors - 3 - # of staff - 29 - Avg. years claims administration experience - 27.5 years - Annual turnover % - 14.6%		Five (5) Supervisors, average years claims experience is 16 years. Annual turnover % is 14%.		1, average 2.5 years, 3% turnover rate		There are 3 Supervisors overseeing Voya Benefits Claim Processing. Their average tenure is 7-years and there has been no turnover.

Plan Administration Support & Account Management	Direct Staffing/Support	Rated	66	Indicate the total number of Managers (# of staff, avg. years claims administration experience, annual turnover %)	Ameriflex employs 1 operations director with 14 years of experience in claims administration. Our annual turnover in 2023 was 0%.	We employ 5 managers in our claims team. Managers have an average of 4.86 years in that position with HealthEquity and have a turnover rate of 0% in the past 12 months.	Total number of Managers - 2 - # of staff - 16 - Avg. years claims administration experience - 18.7 years - Annual turnover % - 0%	The Director of Business Administration has with five (5) supervisors. Average years of claims experience is 20 years. Annual turnover % is 0%.	1, average 2.5 years, 3% turnover rate	There is one Manager who oversees Claim Processing. She has 18-years experience.	
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	67	Please describe your account team that will be assigned to the City to include: a) Local overall account management . Please identify the proposed account team members assigned to the City. b) Location of your local telephone service office, number of staff, and hours of operation c) Member services call center telephone number	a) We appoint account management teams based on the complexity and size of cases, to assure a balanced workload and client satisfaction. For the City, we will appoint the following primary senior management professionals who will be available to directly handle the City's account; 1) Sarah Viana, Manager of Account Management, for ongoing pretax benefits administrative oversight, implementation, and service delivery; 2) Ginger Lester, Vice President of Sales & Benefits Consultant, who will initiate the implementation process with you upon notification, as well as assist with the Open Enrollment process and employee meetings; 3) Michelle Gourley, for primary support during EDI and implementation activities; 4) the Local Relationship Manager (to be determined upon contract award), will be located within the greater Dallas area to oversee all matters arising in the administration and management of the HCFA and DCRA plans, 5) Aimee Reynard,	The City of Los Angeles will continue to be supported by their existing Service Delivery Manager David Hanley. David Hanley / Senior Relationship Manager David provides direct support for human resources and payroll personnel. He acts as a primary, day-to-day client contact. Serving key clients since 1988, his expertise encourages improved planning strategies for consumer driven healthcare. David offers recommendations that increase program participation. His goal is to improve the participant and employer experience, and will coordinate follow-up training and education for employers to ensure a complete understanding of products and processes. David also collaborates with internal teams to ensure contractual service levels meet or exceed targets. David has extensive experience	a. We will provide the City with an Account Management Team. We will assign you an Account Manager, Nicole McPherson, and an Implementation Manager, Ashley Cooley. b. Our service centers are located in Oak Brook, IL and Omaha, NE. We employ approximately 400 call center consultants, and our hours of operation for our call center is 24 hours per day, 7 days per week, and 365 days per year. c. Our member services call center telephone number is 844-729-3539.	a) California resident, Michelle Seitz r Relationship Manager will be the City's day-to-day contact. Michelle has the authority to answer any questions and to take immediate action to address any issues related to the account. Eric Haunfelder is your Specialty Implementation Manager ensuring a streamlined deployment. Derrick Daniel will have overall responsibility for TASC's services. He is your Executive Sponsor. Derrick has provided Delivery Assurance for projects including New York State, Los Angeles County, LAUSD, etc. b) TASC staff works remotely throughout the country. Hours of operation are M-F, 8am-5 pm. c) Member's telephone number is 800-422-4661.	a) We will assign a dedicated Relationship Manager who will serve as the main point of contact for City of Los Angeles b) Denver, CO, 15 FTE, M-F 6 am-6 pm PST c) 866-855-2844 (Option 1 for Pre-tax Services: FSA/HSA/HRA/Commuter)	a. A dedicated Account Management Team will be assigned to the City of Los Angeles. Anthony Galli resides in the LA area, and will be the primary contract during the RFP process. The dedicated Account Management & Implementation Manager will be available to support the City of Los Angeles throughout the Implementation process and will provide direct contact information. Biographies are provided for the team who will be assigned. b. Voya's 400 Customer Service Representatives provide live-representative support 24/7/365. Voya's U.S. based customer service representatives answer calls during our core business hours of 8AM- 8PM Eastern Monday-Friday. Our extended call center provides support during non-core business hours to enable us to offer excellent customer service and access to live representative 24/7/365. C. Voya will provide a dedicated toll-free number for City	
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	68	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance in person and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Yes	Yes	We will attend a specified number of meetings either in person or virtually as mutually agreed to between the parties during implementation.	Yes	Confirmed.	Yes	Yes
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	69	Will your company need to hire additional staff to support the City of Los Angeles account?	No	No	No	No	No. TASC is fully-resourced to support hundreds of deployments monthly, including dozens of Large Market - Public Sector employers similar to the City as we have nearly 70,000 clients.	No	No

Plan Administration Support & Account Management	Direct Staffing/Support	Rated	70	If selected, will your company offer a 100% dedicated unit/staff to the City of Los Angeles account? If yes, Which team members/units will be 100% dedicated to the City of Los Angeles? If no, what is the estimated percentage of time that team members and units would be dedicated to the City?	Yes	Yes	No	David Hanley, your assigned SDM, focuses on this client 11.5% of his time.	No	We will provide the City of Los Angeles with a dedicated Account Manager, Nicole McPherson, and a dedicated Implementation Manager, Ashley Cooley, who will be your main contacts if selected. Every client's needs are unique and we strive to exceed our clients' expectations daily. Your account manager and implementation manager will spend the amount of time you need to ensure your satisfaction. We constantly evaluate our team's book of business, distribute resources efficiently, and maintain appropriate staffing levels. This focus allows us to deliver to the high standards we have committed to for each and every client.	See Explanation	The City Administrators and HR staff will have a team that includes a Relationship Manager.	See Explanation	We will assign a dedicated Relationship Manager who will serve as the main point of contact for City of Los Angeles . There is no shared team or e-mailbox to deal with where you never know who will be on the other end of the line or when you will get a reply. At ThrivePass the City will have someone they can rely on who will get to know them, their plan design, objectives, and ultimately become an actual extension of the client's benefits team. The Account Manager assigned will handle 12 National Accounts in addition to Arcfield. The average client size of these accounts are 800 employees.		The City of Los Angeles will have a dedicated National Account Manager who will be 100% dedicated to the City of Los Angeles, and an FSA /Commuter Subject Matter Expert who will be 50% + dedicated to the City of Los Angeles assigned to them. In addition, the Voya Retirement VP Client Relationship Director for City of Los Angeles, Deirdre Jones, will be a part of the team to ensure continuity in service level across Voya products The Dedicated National Account Manger will meet regularly with the managers of Data Services, Claims Processing and Customer Service to stay ahead of issues and be proactive.
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	71	Vendor agrees to provide an implementation manager?	Yes	Yes	Not Applicable	HealthEquity is the current incumbent for the services requested.	Yes		Yes	Eric Haunfelder is your Specialty Implementation Manager ensuring a seamless and streamlined onboarding process.	Yes		Yes	
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	72	Vendor agrees to provide a dedicated account manager to this account?	Yes	Yes	Yes	The City of Los Angeles will continue to be supported by their existing Service Delivery Manager David Hanley.	Yes		Yes	The TASC designated account manager will be dedicated to the City to ensure optimal satisfaction as they will dedicate whatever amount of time is needed to perform our contractual duties for the City's account. Workload management by our Account Management Leadership Team ensures our Account Managers have the time and resources to provide proper attention to our large accounts.	Yes		Yes	
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	73	Confirm that you will provide a dedicated Account management team/manager for addressing administrative and client relationship issues	Yes	Yes	Yes	The City of Los Angeles will continue to be supported by their existing Service Delivery Manager David Hanley.	Yes	Confirmed.	Yes	Confirmed. TEAM LA will back up the Account Manager, Michelle.	Yes		Yes	Yes
Plan Administration Support & Account Management	Direct Staffing/Support	Rated	74	Confirm that you will have a representative attend annual Open Enrollment meetings, in person or virtually (as required by the City).	Yes	Yes	Yes	We will attend a specified number of meetings either in person or virtually as mutually agreed to between the parties during implementation.	Yes	We will provide onsite assistance and webinar/Web-Ex meetings as needed based on availability. Standard fees include two onsite meetings based on availability: additional meetings, \$500/event. We support webinar/online meetings for no additional fees.	Yes	Confirmed.	Yes		Yes	Yes

Plan Administration Support & Account Management	Claims Processing	Rated	75	What are your internal payment processing standards, including claim processing and payment issuance timelines? Do you consistently meet those standards? If so, indicate the % of time that you meet your internal standards.	We process claims daily. There is no minimum amount for reimbursement at Ameriflex. 100% of claims must be substantiated with supporting documentation from the participant and/or an independent third party, or through the safe harbors allowed by IRS ruling 2003-43 and 2006-69. To assure compliance with IRS regulations, we offer the maximum electronic substantiation capabilities to drive the minimum amount of follow up requests. Yes, we consistently meet these standards.	HealthEquity processes claims and issues reimbursements daily. We approve claims within two business days of receipt and issue reimbursements within three to five days. HealthEquity service standard is 98% of claims are processed within 5 business days. Based on our book of business in 2023, 99.9% of claims are processed within 5 business days.	Our internal payment processing standards, including claim processing and payment issuance timelines is as follows: – Turnaround Time – Two business days or less. – Financial Precision – 98% Yes, we consistently meet those standards. Our Turnaround Time for 2023 across all client’s claims was 1.45 days on average. Our Financial Precision for 2023 across all clients was 99.65% on average.	Internal payment processing standards, including claim processing and payment issuance are processed daily, meeting the goal at least 99.8% of the time.	Claims are processed within 24-48 hours upon receipt of claim.	Voya processes claims daily. For a clean claim, the average turnaround time for claims process and is 2-4 business days. This standard is met 95% of the time.
Plan Administration Support & Account Management	Claims Processing	Rated	76	What % of claims are auto-adjudicated?	97%	HealthEquity delivers an average auto-substantiation rate of nearly 90%. Our rates for each account type are in line, or better, than industry average. The rate experienced by individual clients may vary based upon specific plan design and how the program is set up.	Our debit card auto-substantiation rate is 91% for our entire book of business.	With TASC technology, 90% of claims are auto-substantiated.	87%	Voya takes a unique approach to FSA substantiation using our proprietary claims “pre-check” process. This process has allowed us to achieve 85-90% auto-substantiation rates across our FSA products and will in turn reduce the number of times we request a receipt from a
Plan Administration Support & Account Management	Claims Processing	Rated	77	Please provide the # of CSR staff, avg. years customer service experience, annual turnover %.	We have 55 Customer Service Representatives with an average of 9 years in customer service experience. Our annual turnover in 2023 was <3%.	We currently employed approximately 1,200 member service representatives (MSRs). MSRs have approximately four years tenure on average. The turnover rate in 2023 was 32%.	– Number of Call Center Consultants: 400 – Average years of experience: Three years – Annual turnover: 20%	TASC employs approximately 110 Customer Care Representatives (CSR) year round, who are geographically dispersed across the nation to serve each time zone and back up our services in case of severe weather conditions. TASC enjoys a significantly lower than average customer care team turnover rate and a significantly higher than average tenure of more than 7 years. This experience and commitment translates into an exceptional client – and participant – service experience. Our average turnover rate for the past five years is 9% for CSRs. The majority of turnover in Customer Care Representatives (CCRs) is related to promotion to other areas of the business.	15, 2.5 years tenure and 3 % turnover rate.	Voya employees 400 CSR, with an average tenure of 5-years, which is higher than the industry standard. Our annual turnover is approximately 15%

Plan Administration Support & Account Management	Claims Processing	Rated	78	Do you assign CSRs to specific accounts? If yes, how many would be assigned to the City? If no (not?), can dedicated CSRs be assigned to the City?	Yes	Because of the complexity and size of this project, and to assure a balanced workload and client satisfaction, we will appoint a dedicated customer service team to service the City's employees.	No	Our member service teams operate in a shared service environment to support all members across our book of business for all products.	No	We can assign dedicated CSRs specializing in handling your employee questions. An additional advantage of utilizing this option affords you the ability to provide a cultural training class for this team covering all aspects of your program to ensure an optimal experience for your employees. Additional fees will apply. The downside of this solution is simply that if the call center team receives a significant increase in calls, a dedicated model can't flex to the increase as well as a designated model.	Yes	TASC has a dedicated premium services Team that will assist the City. All Customer Care staff will be trained on LA. These Specialists may also receive overflow calls for other clients if necessary, to meet call volume demand. If a caller fails to interact with the automated system upon initiation of their call, these calls will be routed to any available Specialist within the Service Center and then may be rerouted to a Specialist specifically trained on this case. Because Flex benefits are pretty uniform for all employers, all our CSRs would be available to ensure City PGs are met.	See Explanation	CSRs aren't assigned to specific accounts but if awarded the City contract this can be discussed.	Yes	The City team will include a lead and 10 additional team members. All CSRs will be fully educated on the City of LA's benefit programs.
Plan Administration Support & Account Management	Claims Processing	Rated	79	With regard to your recordkeeping systems, please describe your record retention and destruction policy, including how long records are retained.		Customer records for covered participants, dependents, and beneficiaries are retained for ten (10) years or as required by law and Ameriflex policy. Mandatory physical and logical controls to protect data in compliance with the HIPAA Security Rule, Privacy Rule, and HITECH amendment. These include physical and logical access control, strong encryption when data is in transit and at rest, and document classification, retention, and destruction policies which ensure that hardcopies are protected, stored, and destroyed in full compliance with relevant laws. Data is removed and destroyed once the retention period is met. Ameriflex maintains accounting records on both the plan level, recording all fund transactions between the clients and Ameriflex, and the employee level, recording transactions for each participant. Records are maintained onsite with redundancy backup offsite through a secure storage solution.		There are different federal and state laws that require entities to keep documents for a certain number of years. Our practice is to retain data for a minimum of seven years or the period required by applicable law.		Our retention and destruction processes are dictated by our Records Retention Policy and Schedule, and as mandated by applicable laws. At the end of the retention period specified for Records Retention (generally 10 years), data will be purged, in accordance with this Schedule or applicable plan sponsor contract requirements.		We maintain certificates of destruction from our contractors. We will also perform an Active Navigation search for the City's data. Customer records are retained for seven (7) years or as required by law and TASC policy. Data is removed and destroyed once the retention period is met.		Records are retained for 7 years. If data older than this needs to be retrieved. The member can send in a request to our CSR team.		Voya has a Record Retention and Destruction Policy which includes electronic data. Records are retained for 7-years.

Plan Administration Support & Account Management	Claims Processing	Rated	80	Describe how your systems/processes check for duplicate expenses.	Our system has built-in auditing capabilities to check for duplicate expense reimbursement requests. Along with several other data elements, our system performs a series of edit and audit checks to identify duplicate claims. We conduct research on all system-assigned codes before making the final registers. Our system edits information to screen for duplicate claims payment. Our claims auditors have access to all previously filed claims by a participant and can flag an expense filed as a possible duplicate claim if the date of service and amount of the claim match. If a claim is flagged as a possible duplicate, a review, and override must be completed by a Claims Auditor. Our system can also determine duplicate risks between all claims, including manual claims, imported files, and debit card transactions. We flag potential duplicate reimbursement requests based on three key data fields: type of claim		HealthEquity performs duplicate checking to ensure all transactions are unique to mitigate the possibility of duplicate payment/reimbursement, out-of-synch balances, and the need for funds recovery. Before HealthEquity processes an eligible claim for payment, our database logic checks each transaction against our database to determine: - If the debit card had been used to pay for that service; or - Whether a provider payment had been requested for that service. If the claim does not meet those criteria, the claim is processed. Likewise, if the same transaction is submitted as a paper claim or provider payment, it is rejected as a duplicate.		Our platform looks at the date of service to determine if the expense qualifies, it determines which account the claims should be applied to, checks for duplicates, and determines if adequate funding is available. It then systemically applies any remaining plan sponsor-specific verification and account stacking rules.		TASC's proprietary software utilizes a highly specialized analysis framework which evaluates a number of submission parameters, including date eligibility, plan maximums, current yearly reimbursement total, election amount, copay matching, recurring expense logic, and duplicate- checking logic which flags a claim as a duplicate if the date of service and amount of the claim are identical to a previous claim. If the system flags a transaction for an irregularity, it is reviewed by claims processing staff. TASC's quality assurance department reviews processing staff's claim accuracy and recommends additional coaching or training if necessary. Overall, TASC's claim accuracy rate is over 99.8%.		Our system will check amount, date and place of service for duplicate expenses.		Our system will flag any possibly duplicate submissions that we review internally before approving the claim.	
Plan Administration Support & Account Management	Claims Processing	Rated	81	Vendor shall accept claims submitted via U.S. mail?	Yes	Yes	Yes	Yes	Yes	TASC accepts claims submitted via U.S. mail.	Yes	Yes		Yes		
Plan Administration Support & Account Management	Claims Processing	Rated	82	Vendor shall accept claims submitted via fax?	Yes	Yes	Yes	Yes	Yes	TASC accepts claims submitted via fax.	Yes	Yes		Yes		
Plan Administration Support & Account Management	Claims Processing	Rated	83	Please provide the location of the claims office(s) that will handle the City of Los Angeles claims.		Ameriflex's national service center, and the location that would service the City's HCFSA and DCRA programs, is located at our hub at 2508 Highlander Way, Suite 200, Carrollton, TX 75006. Overflow support is provided from 7 Carnegie Plaza, Suite 200 in Cherry Hill, NJ 08003, and 622 E Washington Suite 200, Orlando, FL 32801.		Claims are processed by remote examiners nationwide. Additional claims processing services are provided by Conduent-managed centers in Lexington, Kentucky and centers in Hyderabad and Kochi, India.		All claims are processed from our Omaha, Nebraska office.		The claims office is located at 2302 International La., Madison, Wisconsin.		Denver, CO		Claims Processors work remotely throughout the United States and India.

Plan Administration Support & Account Management	Claims Processing	Rated	84	What is the average number of claims processed for each claims processor, by day, for the team that will be assigned to the City of Los Angeles?	This number varies, but since we are appointing a dedicated team for the City, this team's role will encompass only the City's plans.	Our claim processors typically process between 175 and 190 claims per day.	The average number of claims processed by each claim processor daily is approximately 175.	With our 90% auto adjudication rate, most claims submitted are virtually processed. For those that are manual with over 70,000 clients, our system uses historical and real-time data to identify and generate the number of resources needed. Over 25,000 claims are processed each day. To ensure adequate staff is in place to achieve service standards, volume and resource forecasts are generated using predictive modeling from workforce management software called TotalView IEX by N.I.C.E.	150-200 claims per day with a turnaround time of 1-2 days	Voya processes an average of 100 claims per processors, per day.
Plan Administration Support & Account Management	Claims Processing	Rated	85	What is your annual HC/DC FSA claims volume?	In 2023, over 1.1M HC/DC FSA claims were processed.	More than 1.5 million.	Inspira's annual medical and dependent care FSA claims volume is 10,727,402 claims.	TASC serves more than 18,000 FSA clients with over 1.2 million covered lives. TASC processed more than 9 million claims in 2022, averaging more than 770,000 claims per month with a total paid out of 7.2 million. We are the largest FSA provider in the country.	~60,000	822,317 claims transactions per year. 2,594,268 debit card transactions annually.
Plan Administration Support & Account Management	Claims Processing	Rated	86	How many dedicated claims processors will be assigned to the City?	20	We employ approximately 119 internal claims processors and 18 leaders across our organization. The team is also supported by five claims support analysts and five claims operations analysts. Many of our member service representatives are also trained to adjust and/or reprocess claims.	We have approximately 60 designated claim processors who can assist you with the administration of your FSA.	Total number of Claims Processors is over 50. TASC has a variety of roles that process claims as well as other tasks, and the number of claim processors varies and is based on demand and the number of claims to ensure that our service standards are met.	2	For the fastest claims turn-around-time, having all claims processors available to process claims for the City of Los Angeles is the best practice. If a dedicated team is needed, we would want to evaluate estimated claims volume from previous years to scope the size of the team.

Plan Administration Support & Account Management	Claims Processing	Rated	87	Can your system flag certain recurring expenses that have already been substantiated? (i.e., will you require substantiation of a recurring eligible expense each time the expense is submitted or only the first time the expense is submitted?)		Yes, our system can flag certain recurring expenses that have already been substantiated. No, we do not require substantiation of a recurring eligible expense.		Dependent care FSA members can submit claims throughout the plan year or on an annual basis. For members who opt to submit claims throughout the plan year, they can select "Pay-as-you-go" on the HealthEquity claim form. Standard information is required, including childcare provider, dependent name, cost of care, description of care, start/end date of services, and provider signature if receipts are not provided. Alternatively, members can opt to submit a request for reimbursement once during the plan year. With this option, reimbursements will automatically be sent to the member as funds accrue in their dependent care FSA. Members must submit standard information as detailed above and indicate "annual" on the HealthEquity claim form. If a member needs to make a change to an existing annual claim, they can submit a new claim form. FSA claims require substantiation		For recurring expenses, once an initial debit card claim is substantiated via documentation from the member, any subsequent claims with the same merchant code, and the amount, will automatically substantiate. Recurring transactions will happen for three years. Examples: Recurring medical services at the same location/providers office and for the same dollar amount. All other transactions, similar to claim requests, require substantiation.		Yes, TASC has recurring expense logic built into the platform and has a form where participants can designate a recurring expense.		Our system can process recurring expenses the employee will need to send substantiation on a quarterly basis.		Yes, we utilize co-pay matching and Recurring Expense Logic, so after a transaction has been substantiated once for the plan year, transactions for the same amount in the same setting are substantiated electronically and do not require another review.
Plan Administration Support & Account Management	Claims Processing	Rated	88	Confirm that you will provide issuance of reimbursements	Yes	Yes	Yes	Confirmed.	Yes	Confirmed. The Participant Portal and Mobile App has notifications of claims paid. Additionally, auto-email alerts are set to send upon reimbursement issued.	Yes	Yes	Yes	Yes	Yes	
Plan Administration Support & Account Management	Claims Processing	Rated	89	Confirm that you will provide Employee notification of account balances near year-end	Yes	Yes	Yes	Confirmed.	Yes	Confirmed. Available on demand 24/7 through the participant portal and mobile app.	Yes	Yes	Yes	Yes	Yes	
Plan Administration Support & Account Management	Claims Processing	Rated	90	Will separate reimbursement checks be used for healthcare versus dependent care reimbursements? If so, will these be processed in the same or different locations?	Yes	Yes	Yes	Claims are processed by remote examiners nationwide. Additional claims processing services are provided by Conduent-managed centers in Lexington, Kentucky and centers in Hyderabad and Kochi, India.	Yes	We will issue separate reimbursement checks for healthcare and dependent care reimbursements. These will be processed in the same location.	See Explanation	Yes	DCFSA and HCFSA checks will all be processed from the same location.	No	If a member as multiple claims across the healthcare and dependent care plans at one time, we send one check with the total amount across all claims. If the member just has a dependent care claim one day, then we would just send one check for that claim. However, we also have Direct Deposit which is a much faster method for members to receive their reimbursements.	

Plan Administration Support & Account Management	Claims Processing	Rated	91	Describe your process for manually substantiating claims that you are unable to auto-substantiate.	<p>If a card transaction requires additional documentation, automated email notices are sent to the participants. Participants may also view transactions and receipt status online or via the mobile app. Ameriflex will initiate multiple substantiation notifications via online portal alerts and email with associated dates for a response. If the participant does not have a valid email address on file, notices are sent via USPS first class mail to the home address on file for the participant. Participants must submit required substantiation documentation; otherwise, the unsubstantiated claim will be denied, and Ameriflex will use IRC recovery options. When card transactions are left unsubstantiated after multiple requests, claims will be denied. We use the following methods of resolution, permitted by Revenue Ruling 2003-43: a) Request for repayment (pay back the funds) or substitute/trade claim with another eligible expense</p>	<p>Claims processors review claims to ensure required data and documentation are provided for adjudication. For healthcare services, receipts, provider statements, and explanation of benefits can be provided as substantiation when accompanied by a completed claim form. The following data are required for health care FSA claims approval:</p> <ul style="list-style-type: none"> - date service was provided, - type or description of service provided, - name of the service provider, - name of the patient/dependent, and - amount of the expense incurred. <p>For expenses not covered by health insurance (e.g., deductible), an itemized statement from the provider is required with the patient's name, date of service, procedure description, provider name, and charge for the service. For prescription drugs, a pharmacy</p>	<p>In cases when a claim cannot be auto-substantiated, members will receive a debit card substantiation request letter. The member is given complete guidance of the process and requirements for claim substantiation. In addition, the letter outlines what the member can do if they cannot find the documentation/receipt or if they've used their card in error. The unsubstantiated transaction will also be shown as an alert on the member website and mobile app.</p>	<p>Participants are notified of any claims which require manual substantiation, which can be sent to us via the mobile app or the participant portal.</p>	<p>Employee can submit claims via the member portal or via the mobile app. The employee will enter in needed information and provide receipts for processing. Claims are processed within 24-48 hours upon receipt.</p>	<p>Voya has a proprietary process, "Advanced pre-check claims review" in which a Claims Processor will review all claims that are not auto-substantiated to determine if enough information is available to substantiate the claim, before asking for additional information. If after this process additional information is needed, we will email the Participant requesting the documentation. Additional documentation can be uploaded via the mobile app or participant portal, faxed, or emailed.</p>		
Plan Administration Support & Account Management	Claims Processing	Rated	92	Confirm that you will pay claims during the run-out period for FSA/DCRA.	Yes	Yes	Yes	Confirmed.	Confirmed.	Yes	Yes	Yes

Plan Administration Support & Account Management	Claims Processing	Rated	93	How and when are employees warned of potential FSA/DCRA forfeitures? Please include the medium(s) in which employees will receive those warnings (e.g. letter in mail, email, phone call, text) and provide samples of these warning notifications. How are actual forfeitures identified and reported to the City and participants?	Prior to the end of the Plan Year, we initiate reminders emails and online portal alerts to participants of the "use-it-or-lose-it" requirements as follows: a) If the employer decides to implement the Ameriflex debit card, each FSA/DCRA participant will receive monthly account summary statements, b) Reimbursement checks can be included a reminder message, and c) Our call center representatives can remind participants in the 4th quarter about the importance of filing claims prior to the run-out period deadline.	Clients find forfeiture amounts can be reduced significantly when using the HealthEquity platform. We provide continuous member education regarding the possibility of forfeiture and encourage members to review account information via our member portal or mobile app. Additionally, we utilize email to provide reminders to members about their account's spend-by date and the balance remaining.	Inspira emails a year-end reminder in late November to inform members that their plan year is ending soon and encourages members to spend-down their FSA dollars, submit claims, check their balances, and submit eligible claims as soon as possible. Our monthly Ledger Summary Report lists deposits, payments, and account balances by member account for the period and YTD. Plan sponsors use this report for internal account reconciliation purposes. This report also includes a "Remaining Election" column. When the plan year run out expires, this column displays forfeitures. We send forfeitures back to the plan sponsor. Please see attached sample notification - <i>Exhibit 3_ Inspira Year End Balance Reminder Sample.</i>	TASC generates plan-year-end and grace period-end emails 30 days prior to the end of the plan year to HCFSA-DCRA participants, showing the following information: • Benefit account • Available balance • Carryover maximum (if applicable) • Annual election • Contributions • Expenditures • Last day for spending (deadline to incur eligible expenses) • Last day for submitting expenses Submitted on TASC Response - Exhibit 93: Forfeiture Warning Notification samples	Employees will be notified of forfeitures 60 day before balance expire. They will receive an email letting them know to login and submit claims to use their funds. The employee can change their communication preferences in the member portal to receive messages via text. A monthly report is provided to the employees and an automated monthly report is provided to the City.	Within the portal, employees see a countdown calendar of how long the participant has to incur expenses and to submit claims. All reimbursements checks go out with current balance information. Statements are emailed to participants and loaded to the Participant Portal as a "task" to view with option to download and print. Under our best practice claims funding method, Claims Paid Invoicing, Voya doesn't retain contributions. Clients hold contributions and only pay claims funding invoices when Voya has paid for an expense. At plan closeout, we provide a final Account Balance Report that shows the actual Cash Balance (election amount minus claims paid) for each participant.	
Plan Administration Support & Account Management	Claims Processing	Rated	94	Do you offer ACH or direct deposit of FSA/DCRA reimbursements into participants' bank accounts?	Yes. We provides reimbursements through the following; 1) Debit Card (Ameriflex Card) – automatically adjudicated, 2) Direct Deposit (daily deposits into participant's accounts), 3) Paper Check (processed daily and mailed out), 4) Direct Carrier Feed – My Connect (auto-substantiated at the point services are rendered), 5) Pay-A-Provider (works like bill pay).	Yes.	Yes	Yes. Participants are able to schedule a direct deposit electronic transfer to their bank account from their MyCash balance.	Yes we offer direct deposit for reimbursements.	Yes, direct deposit.	
Plan Administration Support & Account Management	Claims Processing	Rated	95	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.	All claims are reviewed by the quality assurance processor until the claims processor demonstrates that they can process all claims sent with a 99.5% accuracy rating.	We maintains a 99% accuracy rate for claims processing. An independent internal audit team reviews up to 5% of all claims processed daily, for both financial and coding accuracy. Additionally, all identified claim issues are documented and factored into our quality assurance rating each month.	Our claim financial accuracy is 98%.	99.9% financial and processing accuracy.	99%	99%	
Plan Administration Support & Account Management	Claims Processing	Rated	96	Do you anticipate any changes to the claims system over the next two years? If so, how will they affect the claims system used for the City?	Yes	No	We do not foresee any changes will impact our claims administration for the City.	No	No	No	No

Plan Administration Support & Account Management	Claims Processing	Rated	97	Describe your method for ensuring that benefit terminations are adequately and timely handled. How does the system track termination dates provided to you by the City?	It is important that you notify your dedicated Senior Account Manager as soon as a termination or leave of absence occurs, as this will help avoid excess charges. The City can terminate an employee online through the Ameriflex Employer Portal. After the termination is submitted online, the employee's account and Ameriflex debit card will be deactivated based on the effective termination date the City provides. Please note that should an employee termination request not be submitted in a timely manner, the employee will remain active in the Ameriflex system, and standard administration fees will apply. Ameriflex does not apply its standard administration fee to non-active participants. The terminated will still have access to the Ameriflex participant portal for proper account management and oversight. The terminated employee will typically have up to three months from the date of termination (the City's plan may vary; plan documents will verify if	Yes	<p>Clients can communicate terminations to HealthEquity via file or manual update to our system. This information governs the program end date for the FSA. Per IRS regulations, employees are not refunded upon termination of an account. However, the member account remains in place until the end of the plan year.</p> <p>Once the termination is processed, FSA health cards are set to a restricted status and can no longer be utilized. Members can continue submit claims for reimbursement of eligible expenses incurred prior to the termination date. These claims will be approved in accordance with plan eligibility rules.</p> <p>We encourage employers to provide termination data as soon as possible to limit the exposure of time between the date of the termination and the processing of the termination data. Claims for services after termination date,</p>	Yes	<p>When a member is terminated, the plan sponsor communicates the new status and Status Effective Date via the Eligibility Maintenance File. Our platform uses the Status Effective Date as the last date on which expenses can be incurred and are still eligible for reimbursement. Expenses may be filed up to the end of the run-out period; however, the expense must be incurred on or before the Status Effective Date in order to be eligible for reimbursement.</p>	Yes	<p>As terms are sent on the file exchanges they will be processed as received systematically. For any time sensitive terms off cycle, the City may send via the Client Portal self-service access which will initiate the term tracking in the platform per the City's termination rules for participant access of funds.</p>	Yes	<p>ThrivePass prefers to receive this information via file feed. Once the file is processed the termination date will be updated.</p>	Yes	<p>During implementation, the assigned Data Services Specialist will work with the City's file vendors on conducting testing scenarios to include various termination scenarios. When an eligibility file is received, it's loaded in the system within 2 business days, using the termination date on the file. Following the termination rules determined during implementation, the account will be terminated and the debit card turned off. The terminated employee runout period, determined during implementation, will be programmed in the system and terminated participants will be able to submit claims incurred prior to the termination during that runout period.</p>
Plan Administration Support & Account Management	Claims Processing	Rated	98	Confirm that you have the ability to recoup ineligible expenses from future approved claims.	Yes	Yes	<p>HealthEquity utilizes a single funding account concept per member for all claims, card transactions, and direct payments. The balance of this account is updated in real-time prior to any fund disbursement. As a result, overpayments are exceedingly rare. Should a claim payment need to be corrected or recouped, HealthEquity provides a communication to the member with clear instructions on how to correct the claims error.</p> <p>Account repayment is typically facilitated via a check, or where a vendor card transaction took place, we accept and process credits back onto the debit card. Where appropriate, payroll funding reversals may be provided on the client's funding file for processing.</p>	Yes	Confirmed.	Yes	Confirmed.	Yes		Yes	

Plan Administration Support & Account Management	Claims Processing	Rated	99	Please confirm whether you are able to close/suspend/lock accounts when an employee goes on a long term leave and contributions are not being made. If not, what would need to be done to automate this?	Yes	Administration depends on the client's plan document and how the leave is reported to HealthEquity. Coverage effective dates are driven by what the client reports. If the client prefers to end coverage during the leave, then a coverage end date for the enrollment is required to end coverage during the leave. If the client prefers to make the account available to the participant during the leave, then no action needs to be taken. The account remains open, and expenses incurred during the leave period may be reimbursed, if submitted. The absence of a funding record during the leave period does not cause an enrollment to automatically end. Our program can be configured to meet the actions as required by the client's plan document.	Confirmed. If a member goes on long term leave and contributions are not being made, we will update the member's status on our platform to Leave of Absence (LOA). This will prevent any further claims being paid if incurred from that date forward.	TASC is able to accept leave of absence notifications via the eligibility file and suspend contributions when an individual is on leave. Leaves can be with or without pay, and the Universal Benefit Account platform offers clients the flexibility in how the manage employees on leave. The City can provide actual dates of leave for automatic suspension and reactivation of accounts or if the dates are unknown, the City can provide leave start and end dates at the time of each event. In all cases TASC complies with IRS rules and regulations for claim adjudication and suspension.	During implementation we discuss the process the City wants us to follow when someone is on an LOA and program our system accordingly. Passing LOA status on an eligibility file is also part of file setup and scenario testing.		
Plan Administration Support & Account Management	Claims Processing	Rated	100	Describe the member's appeal options in the event a reimbursement claim is denied. In the event of a contested claim, does the employee have any recourse with the plan sponsor?	Yes	Employer's plan participants would be would be advised in writing when a claim is denied or incomplete. Claim denials are imparted through an explanation of benefits summary. Ameriflex uses an automated email notification system, and online participant portal system for communicating with plan participants, unless the participant elects to receive paper notices via US First Class Mail. Participants are given guidelines in regards to how to file an appeal with each denial notification. Our formal claims appeal process is administered by its corporate compliance team. We hold fast to ERISA appeals process and to applicable regulations for appeals for post-service claims. Written appeals must be received within 180 days from the date the claim was denied. We utilize a multi-tiered approach with respect to claims appeal responses: written first-level appeal responses from Ameriflex claims appeal committee are provided within 30	If a member believes their claim was denied in error, they can file an appeal with HealthEquity within 180 days of the denial. If the claim denial is upheld through the initial appeals process, an override decision can be made in the second stage when the plan administrator/employer provides a second-level appeal review and decision.	Appeals typically come in written form but can be initiated through the member website. A written appeal must be submitted to us within 180 days (healthcare) or 60 days (dependent care) from the original denial date of the claim. We review the original claim and associated appeal documents and make a determination regarding the appeal within 30 to 60 days. Depending on how many levels of appeals the plan has a final decision will be made. Yes, the employee does have recourse with the City of Los Angeles.	Yes. TASC has a standard appeals process. The denial notification includes the reason for denial, action needed and instructions to file an appeal. The notification gives the participant a set amount of days to resubmit the claim. Denial notices are sent to the participant if the missing information is not returned by the deadline. The client is notified via email of the denial. Participants do have a 7-day grace period once denial has been issued to appeal by providing the substantiation to TASC.	If a member wants to appeal a claim decision they have 30 days. They will send in written communication stating why they believe the claim should be approved. Once the appeal is received the claim will be reviewed by ThrivePass and a decision will be communicated.	If a participant has provided the requested documentation for a denied claim, and the information still does not satisfy the requirements to pay the claim, the participant can request an Appeal form from customer service. The City's dedicated Account Manager would facilitate the appeal process. City of Los Angeles would make the final decision on the appeal as the plan sponsor, but Voya would provide the information on why we believe the claim should be denied, with any necessary supporting documentation.

Plan Administration Support & Account Management	Claims Processing	Rated	101	Do you provide reports on member complaints, grievances, and appeals? If so, please provide a sample.	Yes	No				Yes we can provide an appeals report upon request. Submitted on TASC Response - Exhibit 101.			Yes	Voya does have the capability to report out on member complaints, grievances and appeals. We would like to work with the City of develop a report that meets your needs. Oftentimes we like to work through this via an active meeting to talk through problem solving
Plan Administration Support & Account Management	Claims Processing	Rated	102	Describe your member claim submission and reimbursement process from the time a member wishes to claim the expense to the time payment is provided.	Yes		Participants may submit claims free through the Ameriflex Mobile App, online Participant Portal, email, toll-free fax or by U.S. Mail. HCFA claims are processed (adjudicated and keyed) within three to five business days. Reimbursement is made the following business day. Ameriflex provides reimbursements through: 1) Debit Card (Ameriflex Debit Card) – automatically adjudicated, 2) Direct Deposit (daily deposits into participant's accounts), 3) Paper Check (processed daily and mailed out), 4) Direct Carrier Feed – MyPlanConnect (auto-substantiated at the point services are rendered), and 5) Online and Mobile App Pay-A-Provider (works like bill pay). Reimbursements can be remitted to participants in the form of paper checks or direct deposits within 3-5 business days. Direct deposit is sent to the participant's personal account based on their choice or a check mailed to the participant's home if consumer banking information is	HealthEquity accepts FSA/HRA claims for reimbursement via multiple methods including website, mobile app, toll-free fax, or mail. All claims for reimbursement are tracked by our proprietary system throughout the claim processing lifecycle. Claims audits are regular and ongoing, with approximately 5% of claims (both pre- and post-disbursement) undergoing audit daily. Upon receipt claims are imaged, processed, and adjudicated by claims processors within two business days of receipt. The claims approval process verifies acceptable dates of service, availability of funds, IRS eligibility, and submission of supporting documentation. Depending on the claims adjudication, a reimbursement or denial is generated. For approved claims, funds are transmitted via direct deposit to the member's account, or a check will be generated and mailed to the member's address.	Members submit medical and/or dependent care FSA claims via: – Member website – Mobile application – Faxed or mailed paper claims We process claims within two business days of receipt, and we reimburse manual claims as often as daily. We support the following reimbursement options: paper check, direct deposit, payroll, "Pay Them" (pay providers directly), and auto pay (i.e., automatic payment of claims which pays a member automatically).	The member submits the claim and supporting documentation either online, via the Mobile App, using Picture to Pay, Pay a Provider, via mail or via fax, and TASC will process the claim.	Member will submit claim via member portal or mobile app. Once the claim is submitted it is processed within 24-48 hours. Members will receive an email noting of claim received, Once claim is processed member will receive an email letting them know the claim has been completed. Once payment is issued they will receive another email letting them know to expect the payment in 3-5 business days depending on if they have direct deposit or via check. The member can check the status of the claim via portal or app the whole time.	FSA participants can submit incurred expenses through the portal, mobile app or submitting a paper claim form through fax, mail or secure email. All claims must be accompanied by documentation to substantiate that the claim was for an eligible expense. Claims submitted through the portal or mobile app are in our system in real time. Paper forms are keyed into the system. Once in the system, the claim is reviewed by a claims processor and either marked as Paid, Denied or Pending additional information. Claims marked paid are paid out on the next payment date (claims are paid each business day by paper check and direct deposit.)		
Plan Administration Support & Account Management	Claims Processing	Rated	103	Please indicate your average claims turnaround, processing, payment, and coding accuracy for the claims office that would be used to process the City's claims.	Yes		Payments are processed for valid claims and are processed in the order in which they are received. Ameriflex processes claims within three to five business-days. Reimbursement checks are sent on a daily basis.	HealthEquity processes claims and issues reimbursements daily. We approve claims within two business days of receipt and issue reimbursements within three to five days. We maintains a 99% accuracy rate for claims processing.	We process claims within two business days of receipt, and we reimburse manual claims as often as daily. We pride ourselves on the accuracy and efficiency of our claims processing. Our claim payment accuracy is 98%.	TASC pays claims faster than anybody else in the industry with our TASC exclusive MyCash first-to-market feature functionality that no other TPA can offer. We pay claims in a matter of hours as opposed to days. At least 98% of all clean reimbursement requests shall be processed within 24 hours of receipt. At least 99% of claims are financially accurate.	Claims are processed within 24-48 upon receipt of claim.	Average turnaround time is 2-4 business days for a clean claim, with 99% accuracy.		
Plan Administration Support & Account Management	Claims Processing	Rated	104	Confirm that you will provide processing of requests for reimbursement, including eligibility verification	Yes	Yes			Confirmed.	Confirmed.			Yes	

Plan Administration Support & Account Management	Compliance	Rated	105	Will the Vendor provide ongoing maintenance of FSA plan document(s) to reflect plan design changes and changes in law?	Yes			It is the plan sponsor's responsibility to review and approve all plan documents and revisions thereto and to consult with their legal counsel. While Inspira will assist in preparing and updating the plan documents, the ultimate responsibility and liability is on the plan sponsor.	Confirmed.			
					Yes		Yes	We provide regular legislative and regulatory updates in our communication materials. As changes in legislation dictate, we provide updates on our platforms as well as notices to our members and plan sponsors.		Yes		Yes
Plan Administration Support & Account Management	Compliance	Rated	106	Describe in detail your procedures and safeguards used to protect the confidentiality of member accounts, including security for your hardware and facility, authorized access to data, confidentiality of data, and security for hard-copy documents.	<p>Communication Safeguards: When a participant calls Ameriflex's Customer Service, the call is routed to the first available Customer Service Representative (CSR) after two-step authentication and then accesses the specific participant's information and employer program details within our internal Service Site, based upon the information provided by the caller. Once the CSR has accessed all pertinent information, they answer the participant's question, notate the call in the Contact Management System, and close the call.</p> <p>Physical Safeguards: Ameriflex secures its physical environment. This security has been implemented at many layers and deals with the physical security issues across our entire environment including data centers, infrastructure, and workstations. The facilities all have electronic access control. All doors have badge readers or</p>	<p>Our solutions are compliant with banking and HIPAA regulations regarding privacy and data security. One of our top priorities is to protect data from unauthorized use or disclosure. In accordance with HIPAA and other applicable legislation, we comply with legal requirements to curtail the distribution of protected health information and member data. We maintain SSAE-16 compliance and SOC2 Type II certification and perform HIPAA audits annually. Also, the servers that store personally identifiable information are kept in a secure environment. Additionally, our multiple levels of data security controls maintained include:</p> <ul style="list-style-type: none"> - Logical access controls including user sign-on identification and authentication. - Data access controls (e.g., password protection of applications, data files and libraries). - Accountability tracking. - Anti-virus software. 	<p>Protecting member data is Inspira's top priority. Inspira has detailed security policies that address securing each area outlined in this question. Hardware is secured through secure configuration profiles, Antivirus, and disk encryption. Facilities require badges and have cameras to monitor all entry points and secure rooms. Access reviews are performed regularly and the principle of least privilege is closely followed. Data is encrypted in transit and at rest. Hard copy documents are secured locked cabinets/safes and securely destroyed when discarded. Inspira also performs audits to ensure these are adhered to.</p>	<p>TASC is subject to HIPAA privacy, the HITECH ACT and the Gramm-Leach-Bliley (GLB) Act. TASC has implemented administrative, physical, and technical safeguards that protect the confidentiality, integrity, and availability of the Electronic Protected Health Information (E PHI). Such safeguards include:</p> <ul style="list-style-type: none"> • Maintaining appropriate clearance procedures • Providing appropriate training for our staff • Making use of appropriate encryption when transmitting PHI over the Internet, utilizing appropriate storage, backup, disposal and reuse procedures to protect PHI • Utilizing appropriate authentication and access controls to safeguard PHI • Utilizing appropriate security incident procedures Maintaining a current contingency plan and emergency access plan in case 	<p>Microsoft Intune help us stay secure with laptops and devices employees use to access company data. The policies we have implemented in Microsoft Intunes make it impossible for them to do actions like copying data to removable devices etc. All our data on employee laptops is encrypted by default. Only employees with legitimate needs to access the data are granted administrative access. We require complex rules for password generation, and require a change every 30 days. On the technical side, our database is whitelisted to specific database connections. Anything related to sensitive data is encrypted and not exposed to personnel. All data is stored in Microsoft Azure database which is encrypted at rest at transit. All communication from the database is carried over SSL and encrypted connections. We have different SQL logins for every developer and have audit logs enabled. Audit logs are periodically reviewed to detect a</p>	<p>Voya Infrastructure Security and Threat Management manages the key elements of security and threat management: protection from malicious code, denial of service protection, perimeter protection, use of validated cryptography (encryption), and public access protection. Management includes implementing appropriate controls and protections on hardware, software, and resources; maintaining appropriate auditing and monitoring; and evaluating system threats and vulnerabilities.</p>		

Plan Administration Support & Account Management	Compliance	Rated	107	Describe your response plan in the event of a data security breach.		Ameriflex has not had any breaches, complaints or grievances with regards to protected health information of any kind. Ameriflex mandates HIPAA Security and Privacy training for all employees. Ameriflex has already implemented all HIPAA security procedures necessary to protect the integrity of data provided by our clients and their participants. Ameriflex recognizes the importance of data protection. As a provider of products and services that involve compiling personal and sensitive information, protecting the security of that information has been, and will continue to be, a top priority of Ameriflex. Records are maintained for ten years.		In the event a security risk is detected, or a breach occurs, our cybersecurity incident response is an organized approach to address and manage activities upon detection, during and after a security breach. We maintain a documented incident response plan for resolution of reported security and privacy incidents. The incident response plan includes recommended steps. All suspected incidents are reported to our Privacy and Information Security teams, who work with the Incident Response Team to ensure appropriate steps are taken to contain, resolve, and report all incidents.		In the unlikely event of a security incident, the CISO is immediately notified and leads the technical investigation in partnership with the Privacy Officer. Leaders from other teams are notified and included in the investigation. The IT security team's job is to assess and report the nature and scope of the incident to leadership. The CISO then determines a course of action and directs further activities including client communication and involvement of third parties including law enforcement and government agencies, depending on the type of incident.		We commit to promptly providing the City with as much of the following breach-related information as possible: • Identification of each individual involved whose unsecured Protected Health Information has been (or is reasonably believe by TASC to have been) accessed, acquired, used or disclosed • Recommended steps individuals should take to protect themselves The TASC team will report incidents as soon as they are inspected, provide an official summary within 24 hours of notice, and report weekly until the issue is resolved.		The Business Associate shall, following the discovery of a Breach Unsecured Protected Health Information, notify the Covered Entity of such Breach without unreasonable delay, and in no case later than fifteen (15) days after the Business Associate's discovery of such Breach (subject to any extension permitted for a law enforcement delay under 45 CFR §164.412). Such notice shall, to the extent possible, include the identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed to have been, accessed, acquired or disclosed during such Breach. The Breach will be treated as being discovered in accordance with 45 CFR 164.410 The Business Associate shall also provide the Covered Entity with the following additional information either at the time of the notification, or promptly thereafter, as it becomes available:		We have a comprehensive Incident Management program that is managed by a dedicated team assigned solely to manage security events. The Security Incident Response Team (SIRT) is responsible for performing the initial investigation and triage of the event in order to determine the potential scope and impact of the event. Once a security incident has been declared, the SIRT will engage the Security Incident Review Committee (SIRC) to provide business management oversight and communications during the investigation. The Security Incident Management Processes outline standards for communication of security incidents to external parties such as customers, consumers, regulators, law enforcement, and related agencies, as appropriate. It also includes procedures to collect and maintain a chain of custody for evidence during incident investigation. The SIRT and SIRC will continue to follow the Processes through full	
Plan Administration Support & Account Management	Compliance	Rated	108	Confirm that you will indemnify the City for any liability associated with security breaches of your record keeping system.	Yes	Yes	See Explanation	We will indemnify the City for security breaches caused by our failure to comply with the terms and conditions of the contract, subject to the negotiated limitation of liability (if any).	Yes	Confirmed. Insofar as The City of Los Angeles data is impacted and Inspira is responsible for the security breach.	Yes	Confirmed.	Yes		Yes		
Plan Administration Support & Account Management	Compliance	Rated	109	Confirm that your response plan, in the event of a data security breach, includes credit protection/monitoring services to impacted members.	Yes	Yes	Yes		Yes	Confirmed.	Yes	See Explanation	TASC has provided ID Theft in the pass as a standard offering to our client base and no client/participant used it. Based on those results, it is not cost effective to our clients to pay for policies that no one uses. TASC has NOT had a breach and has protective measures in place to monitor accounts for suspicious/fraudulent activities including Red Flags Rules.	Yes		Yes	
Plan Administration Support & Account Management	Compliance	Rated	110	Confirm that you will confidentially maintain member data, records and personal information such as social security numbers, dates of birth, marital status, home addresses, transaction histories, and other information related to participation in your program.	Yes	Yes	Yes		Yes	Confirmed.	Yes	Confirmed.	Yes		Yes		

Plan Administration Support & Account Management	Compliance	Rated	111	Describe what credit protection and other services you provide to members who may be impacted by a data security breach.	Ameriflex cardholders get complimentary full wallet access to Mastercard's® comprehensive Identity Theft Protection and Restoration program, powered by CSID®. Additionally, Mastercard's HealthLock automatically reviews your medical claims to flag potential errors, fraud, and overbilling and can even negotiate on participant's behalf. Unparalleled in the industry, the Ameriflex Card Swipe Guarantee is a unique feature available to all HCFSAs and HRA customers, where we assume compliance liability related to documentation. HCFSAs and HRA-eligible card transactions are approved without providing additional documentation.	As part of the contractual agreement between HealthEquity and the client, members may receive credit monitoring, recourse, client/participant coverage, and other recourse. The conditions regarding losses covered and certain exclusions are negotiated alongside the master service agreement that ultimately will govern the parties' agreement.	We provide members who may be impacted by a data security breach with credit protection through Experian IdentityWorks, which includes identity detection and resolution of identity theft.	TASC carries Cyber Liability insurance of up to \$2 Million per our included Proof of Insurance.	If a data breach happens ThrivePass will contact the impacted individuals and offer credit protection.	Voya would provide Experian credit monitoring and fraud protection for a minimum the time period the applicable law requires. Some states require two years.
Plan Administration Support & Account Management	Compliance	Rated	112	Describe your disaster planning/prevention resources and plans, including the frequency with which your data is backed up and redundant processing centers.	Ameriflex has an up-to-date disaster recovery and business continuity plan in place that supports and prepares our organizations in the event of disruptive events. Such events can include, but are not limited to, global pandemic, fire, flood, utility outages, natural disaster/inclement weather, civil disturbance, terrorist attacks, software and system failure, malfunctioning software caused by a computer virus, structural building disturbances, or force majeure. Our disaster recovery and business continuity plan encompass how our employees will communicate, where they will go and how they will keep doing their jobs securely, safely and unharmed in support of clients. Our servers (primary and redundant) are backed up and	HealthEquity's security team has developed and maintains comprehensive business continuity and disaster recovery policies that are tested and updated regularly. Business Continuity: In the event we were to experience an unplanned business interruption, HealthEquity maintains a business continuity plan that outlines roles and responsibilities for all departments within the organization. The plan provides a comprehensive collection of emergency procedures and playbooks that can be leveraged by stakeholders to quickly resume normal business functions. HealthEquity has identified alternate workspaces for any employees affected by an outage	Our disaster recovery plan includes the following: – Virtual machines are replicated to a paired region and in the event of a disaster would be "failed over" leveraging Azure Site Recovery (ASR). – Structured Query Language (SQL) server databases leverage SQL always on to an existing SQL server in disaster recovery. This allows for a Recovery Point Objective (RPO) of < 15 minutes. – Storage leverages a replicated model using Azure Netapp Files. – Overall Recovery Time Objective (RTO) < 12 hours. Our data is backed up daily. A DR test was successfully completed on October 8, 2023.	TASC's systems are cloud-based utilizing Amazon Web Services (AWS). In order to ensure that TASC is able to recover as quickly as possible from a significant outage caused by a disaster data backups are replicated near real-time within the AWS server-less environment, and we utilize three AWS regions to ensure redundancy. AWS data centers utilize a state-of-the-art data backup and recovery system. Data is redundantly stored in multiple physical locations as part of normal operation. All backup data, in all data, centers is fully encrypted at all times.	In effort to maintain a swift response to any unpredictable circumstances that might lead to exposure to an adverse incident, ThrivePass is committed to conduct Annual Incident Response Tests. These tests allow the organization to proactively improve existing frameworks and processes to reduce downtime of services or avoid it altogether if possible. These annual tests are conducted by combined effort of the SCO, VP of Technology and Leadership Team to ensure that mock incidents are unbiased and prove to be an effective tool to highlight and report areas where improvements are to be implemented.	Following a five-stage planning lifecycle (Analysis, Solution Design, Implementation, Testing & Acceptance, and Maintenance), WEX Health has determined and addressed critical and non-critical business functions as well as the corresponding staffing, systems and equipment, communication links, and facilities that, in the event of a disaster, would be vulnerable and potentially put WEX Health and our Partners at risk of business and/or financial impacts. For each function, an acceptable Recovery Point Objective (RPO) – the acceptable latency of data that will be recovered – and an acceptable Recovery Time Objective (RTO) – the acceptable amount of time to restore the function – has been identified and addressed.

Plan Administration Support & Account Management	Compliance	Rated	113	Describe your disaster recovery resources and plans; indicate how often you test your recovery system.	Our servers (primary and redundant) are backed up and tested daily; therefore, no data will ever be lost. We also have a warm standby that runs five minutes behind for additional redundancy.	HealthEquity maintains business continuity and disaster recovery plans that are reviewed, updated, tested, and approved annually. HealthEquity's business continuity and disaster recovery strategy requires a test be performed annually to simulate the complete loss of the primary data center and the subsequent failover to the secondary data center site. Success of testing is measured by HealthEquity's ability to bring the application and all underlying resources back to full operation within the stated recovery time objective (RTO) timeframes designated for each application. In the event of any control gaps, findings, or issues identified during testing, appropriate stakeholders are notified and tasked with remediating findings. Once remediation has been completed, a retest is performed.	Our disaster recovery plan includes the following: <ul style="list-style-type: none"> – Virtual machines are replicated to a paired region and in the event of a disaster would be "failed over" leveraging Azure Site Recovery (ASR). – Structured Query Language (SQL) server databases leverage SQL always on to an existing SQL server in disaster recovery. This allows for a Recovery Point Objective (RPO) of < 15 minutes. – Storage leverages a replicated model using Azure Netapp Files. – Overall Recovery Time Objective (RTO) < 12 hours. <p>We do a disaster recovery test annually.</p> <p>A DR test was successfully completed on October 8, 2023.</p>	Data Centers: In order to ensure that TASC is able to withstand a significant outage caused by a disaster, it has invested in establishing two geographically dispersed data centers to handle both normal business needs as well as various disaster scenarios. Voice and Data Networks: TASC maintains multiple (two or more) independent vendor voice and data connections Data Backup and Recovery: TASC data centers both utilize a state-of-the-art data backup and recovery system. Plan Testing and Maintenance: The DRP is updated annually or any time a major system update or upgrade is performed, whichever is more often.	The goal of our Incident Response Policy and Procedure is to detect and react to any incidents that are detrimental to the organization, determine their scope and risk, respond appropriately to the incident, communicate the results and risk to all stakeholders, and reduce the likelihood of the incident from recurring. The Security and Compliance Officer (SCO) in conjunction with VP of Technology is responsible for the maintenance and revision of this document with respect to any qualifying event or annual review.	Please see the attached SOC 2 Report. Tests of restoration from backup are performed semi-annually using a representative sample of backed up data.
Plan Administration Support & Account Management	Compliance	Rated	114	Does Vendor use a home grown service platform?	Yes	Yes	Inspira uses an internally developed, fully integrated proprietary platform.	TASC's Universal Benefit Account platform is proprietary.	No	No

Plan Administration Support & Account Management	Compliance	Rated	115	Does Vendor use a third party service platform?	Yes						We own our own platform.	Alegeus	<p>Voya Benefits utilizes the Wex Health cloud-based healthcare financial management platforms for HSA, FSA and COBRA that couples benefit administration technology, consumer engagement and advanced billing and payments. Wex Health platforms are used by 300,000 employers and more than 33 million consumers across the US and Canada.</p> <p>IMPORTANT NOTE: We are a Wex technology partner only. Voya employees perform all service and administration processes to include building plans in the platform, customer service, account management, compliance, finance, claims processing, COBRA Notice mailing, HSA investment management, our own best practices and standard operating procedures, and more. In addition, we have built tools over the years to augment the portals providing more capabilities and flexibility.</p>
Plan Administration Support & Account Management	Compliance	Rated	116	Does Vendor comply with SAS 70 Type II service audit programs?	Yes	No	Yes, we undergo an annual Service Organization Control SSAE 18 (SOC-1) audit of our platforms.	No	No	TASC is SSAE & SOC 2, Type II certified.	Yes	Yes	<p>Each year, WEX Health (our technology vendor for FSA administration) undergoes several external audits, including the preparation of an SSAE 18 SOC 2 Type 2 Report. The new SSAE 18 standard of controls that were used for our SOC 2 validates and tests our vendor management and vendor control process. This audit program has replaced the SAS 70 Type II audit program.</p>
Plan Administration Support & Account Management	Compliance	Rated	117	Does Vendor use secure and encrypted FTP, SFTP, HTTPS and VPN methods of data transmission as a means of sending and receiving files between parties?	Yes	Yes		Yes	Yes	Confirmed.	Yes	Yes	Yes
Plan Administration Support & Account Management	Compliance	Rated	118	Is all data in storage and back up media encrypted using AES 256-bit encryption or better?	Yes	Yes		Yes	Yes	Storage and back up media are encrypted using AES-256.	Yes, TASC encrypts all data at rest using AES 256 level encryption.	Yes	Yes
Plan Administration Support & Account Management	Compliance	Rated	119	Vendor complies with all HIPAA electronic transaction and security standards?	Yes	Yes		Yes	Yes	Agreed. TASC is HIPAA compliant. We undergo a biannual HIPAA Risk Assessment.	Yes	Yes	Yes

Plan Administration Support & Account Management	Compliance	Rated	120	Vendor agrees to provide customizable compliant Plan Document for the FSA plan?	Yes	Yes	Yes	We can provide our standard Plan Document template, which the City can review with their legal counsel and make changes as needed to fit their specific plan design.	Yes	Agreed. TASC follows IRS regulations as well as any special provisions in the Plan Document.	Yes	Yes	Yes			
Plan Administration Support & Account Management	Compliance	Rated	121	Is Vendor planning or anticipating IT System changes, downsizing, office closures, or staff reductions?	Yes	No	No		No		No	No	No			
Plan Administration Support & Account Management	Compliance	Rated	122	Is Vendor able to report FICA savings to an employer group?	Yes	Yes	Yes		Yes	Confirmed.	Yes	Yes	Yes			
Plan Administration Support & Account Management	Compliance	Unrated	123	How do your electronic capabilities compare to those in place at other organizations in terms of (a) security controls (e.g. use of and access to SSNs, touch/fingerprint access to self-identify on a mobile app, etc.); and (b) interactivity and responsiveness (e.g. use of a message center and emails/texts to communicate confirmation of transactions)?		We can accommodate a unique a 9-digit numeric Employee I.D. number provided by the employer in lieu of using employee Social Security Numbers, as well as the participants date of birth or the last 4-digits of their Ameriflex card.		The platform uses multi-factor authentication for the online member portal and mobile app. When a member logs into the website or mobile app for the first time from a unique device and two factor authentication is enabled, the member will be required to enter a one-time PIN that will be emailed or sent via text. The member will have the option to have the system remember the device so a one-time PIN is not required each time he logs in from that device in the future.		Inspira has industry leading electronic capabilities, which includes the following: – Security Controls: Our security architecture utilizes an industry best layered approach with high redundancy to protect all data in our system to the highest level of collectively reviewed HIPAA/Payment Card Industry/state privacy. This includes the ability to: – Mask SSNs and/or house two unique member ID numbers. – Log into mobile app with face recognition, fingerprint, or PIN using Next Generation Authentication technology. – Interactivity and Responsiveness: Members receive real-time email or text alerts regarding their accounts, providing instant notification of the transaction, change to balance, and if additional documentation may be required.		a) TASC Mobile App features include bio-metric screening (Face ID and Thumb Print ID) for additional levels of security. b) TASC online Portal and Mobile app have time-out functions based on lack of use, options for two-factor authentication and other industry standard security protocols including Role Based accessed for the Client Portal.		ThrivePass utilizes Alegeus for pretax services who are an innovator in the industry. Their platform is hosted in the cloud and backup is completed daily to an offsite location. Balance information is in real time so no delay in balance information and no risk for overpayment. (b) members can choose their means of communication for the pre-tax services (email/texts). Messages can be customized on the member portal.		Most FSA vendor use 2 technology partners, WexHealth & Allegis. In addition, Voya supplements with our own security, features, and standards to create an enhanced and more secure service experience. For example, we require Multi-factor Authentication for any log-in experience.

Plan Administration Support & Account Management	Participant Education/Communications	Rated	124	Confirm that you will provide the following, both hard copy and digitally, at no charge to the City: New member/enrollee print materials/brochures to explain services offered for each tax-advantaged spending account and instructions on how to enroll, make changes and/or corrections, file claims, etc. (please provide a sample brochure).	Yes	Yes	See Explanation	HealthEquity's standard communication plan includes electronic materials. Printed open enrollment materials may be available for an additional fee with a minimum of a two-week lead time. Please see Attachment 2 - Sample FSA Materials for more information.	Yes	Confirmed. Please see <i>attached Exhibit 4 - Inspira FSA Debit Card Flyer, Exhibit 5 - How to Keep Your Inspira Card Active Flyer, and Exhibit 6 - Inspira Reimbursement Account Quick Reference Guide.</i>	See Explanation	In TASC's effort to go green, we will provide materials (new member/enrollee print materials/brochures to explain services offered and instructions on how to enroll, make changes and/or corrections, file claims, etc.) in a digital format at no charge to the City. If mass mailings/printings are desired outside of the stock we send to the City at NO costs, they will be at cost on a time and expense basis. Submitted on TASC Response - Exhibit 124	Yes	See Explanation	Hard copies of English FSA Brochures will be provided. Spanish Brochures and Reimbursement request forms will be provided electronically to the City for printing as needed.	
Plan Administration Support & Account Management	Participant Education/Communications	Rated	125	Confirm that you will provide the following, both hard copy and digitally, at no charge to the City: Materials outlining the services offered by your organization (please provide a sample brochure).	Yes	Yes	See Explanation	HealthEquity's standard communication plan includes electronic materials. Printed materials may be available for an additional fee with a minimum of a two-week lead time. Please see Attachment 2 - Sample FSA Materials for more information.	Yes	Confirmed. Please see <i>Exhibit 4 - Inspira FSA Debit Card Flyer.</i>	See Explanation	In TASC's effort to go green, we will provide materials (new member/enrollee print materials/brochures to explain services offered and instructions on how to enroll, make changes and/or corrections, file claims, etc.) in a digital format at no charge to the City. If mass mailings/printings are desired outside of the stock we send to the City at NO costs, they will be at cost on a time and expense basis. Submitted on TASC Response - Exhibit 125	Yes	Yes	Please see the attached FSA Brochure.	
Plan Administration Support & Account Management	Participant Education/Communications	Rated	126	Vendor agrees to provide to the City with hardcopy communication materials for Open Enrollment at no additional charge? If No, please document fees in your Pricing Proposal	Yes	Yes	See Explanation	HealthEquity's standard communication plan includes electronic materials. Printed open enrollment materials may be available for an additional fee with a minimum of a two-week lead time.	Yes	We can provide standard communication materials for Open Enrollment via hardcopy at no additional charge.	Yes	In TASC's effort to go green, we will provide materials (new member/enrollee print materials/brochures to explain services offered and instructions on how to enroll, make changes and/or corrections, file claims, etc.) in a digital format at no charge to the City. If mass mailings/printings are desired outside of the stock we send to the City at NO costs, they will be at cost on a time and expense basis.	Yes	Yes	Hard copies of English FSA Brochures will be provided. Spanish Brochures and Reimbursement request forms will be provided electronically to the City for printing as needed. In an effort to conserve paper and in consideration of the environment, we prefer to provide electronic materials when possible.	
Plan Administration Support & Account Management	Participant Education/Communications	Rated	127	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's FSA program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year]. This will be provided at no charge to the City.	Yes	Yes	Yes		See Explanation	We are unable to create HTML emails to provide to clients to send. We can create an Outlook File Template template or provide content if needed. Our preference would be to send emails directly to the employee base, assuming we have the email addresses on file.	Yes	Confirmed.	Yes	Yes	Yes	

Plan Administration Support & Account Management	Participant Education/Communications	Rated	128	Confirm that you will provide participants the following, both hard copy and digitally, at no charge to the City: End of plan year communication that includes, but is not limited to: pending account balance, deadline for utilization, and deadline for submission.	Yes	Yes	See Explanation	HealthEquity's standard communication plan includes electronic materials. Printed materials may be available for an additional fee with a minimum of a two-week lead time.	Yes	Confirmed. We can provide participants with balance reminders, automated account alerts/updates, and year-end reminders. The year-end reminder informs members that their plan year is ending soon and encourages members to spend-down their FSA dollars, submit claims, check their balances, and submit eligible claims as soon as possible. Claim filing deadlines are on all system generated EOPs and alerts are available to notify members of their last day to spend funds and file claims. Communication templates can be provided to the plan sponsor to prepare their members for year-end. Our account management team is available to help advise you on your options.	See Explanation	TASC confirms we will provide participants, digitally, at no charge to the City: End of plan year communication. Participants can view On Demand 24/ pending account balance, deadline for utilization, and deadline for submission.	Yes	Yes	Yes
Plan Administration Support & Account Management	Participant Education/Communications	Rated	129	Provide samples of any videos you've developed that could be used by a public sector plan sponsor for marketing or educational purposes, if you have produced them.		Our resource center is available to employers for a successful open enrollment. Here is the link: https://myameriflex.com/open-enrollment/	https://www.healthequity.com/learn/flexible-spending-account		Yes	Please follow the link to an example of an educational video about flexible spending accounts: - https://www.youtube.com/watch?v=PQYUBMVpDWU	https://www.youtube.com/watch?v=rmoNmLNtwtk https://www.youtube.com/watch?v=hSF7Tdo0Cd8	We have several resources available to participants explaining plan benefits but videos are not currently part of these resources. These are part of our roadmap for employee communication.	Yes	Yes	Videos "What is an FSA" & "How to use your FSA" among others, are available via the Voya Employee Benefits Resource Center (EBRC) here: https://presents.voya.com/EBRC/Product/voya/DependentCareFSA
Plan Administration Support & Account Management	Participant Education/Communications	Rated	130	Do you offer or can you provide any in-person presentation or virtual education regarding tax advantaged spending accounts (i.e. HCFSA, DCRA, etc.) to client employees?	Yes	This service is 100% FREE!	Yes	HealthEquity can offer virtual education resources.	Yes		Yes, we can provide in person and/or virtual attendance.	Yes	Yes	Yes	
Plan Administration Support & Account Management	Participant Education/Communications	Rated	131	Confirm that you will mail statements to those participants that do not have an email address on file.	Yes	Yes	Yes		Yes	Confirmed. For those participants that do not have an email address on file, we can support the production of member statements. Standard frequency for statements is on a quarterly or monthly basis. Member statements are produced the next business day after the end of each quarter. Statements are delivered electronically (emailed directly to the member as possible) or by mail as an additional option. For paper statements, we assess an additional fee of \$1.50/monthly or \$0.50/quarterly.	See Explanation	Typically all participants have an email address on file so they have access to it online. Additionally, those with a smartphone, which is usually 99.99% of the employee population, can use the Mobile App to view account information.	Yes	Yes	Yes

Plan Administration Support & Account Management	Participant Education/Communications	Rated	132	Describe your organization's video educational and marketing content. What specific video content do you make available and is it applicable to public sector plan sponsors of employee benefit plans? Does this material require or does it not require customization for the City's Plan? Indicate whether you charge your public sector plan sponsors for the use of this material in their plans or for customization.	We will provide all necessary employee communication and educational materials to participants. Employee education is key to increasing participation in the HCPSA program for employers. Our objective is to provide clear and concise materials that promote the benefits of plan participation and ease-of-use of the Ameriflex Debit Card, online and mobile tools for the employer's HCPSA program. We will work with you to develop an employee education plan to boost employee participation. Our approach includes: 1) We can provide informational and promotional materials in advance of Open Enrollment to entice employees; 2) We can conduct on-site meetings to inform employees about the tax advantages of IRC Section 125 plan participation; 3) We can provide webinars and in-person Q&A sessions; 4) We will provide all necessary IRC Section 125 plan educational materials to further enhance your understanding of	Engage360 is our scalable, year-round member engagement program designed to deliver the right message to the right member at the right moment. Our proactive, ongoing, and targeted programs help members get more from their healthcare dollars while relieving healthcare costs. Through our exclusive behavior-based email campaigns, we engage members with targeted content relevant to their benefit choices. All emails, message center posts, and showcased images on our member portal pages are created to inform, educate, and inspire members. Engage360 also features a robust digital gallery of content, tools, and insights proven to drive adoption, maximize utilization, and measure success. Our Engage360 library contains fully customizable content for our clients that includes:	Inspira produces publicly available videos focused on our health, wealth, retirement, and benefit solutions. These videos can be found on inspirafinancial.com and our YouTube channel, and we are always building out our library. These videos do not require customization and are available for any public sector plan sponsor to share links or embed in their materials. We have an extensive library of flyers, guides, and other educational materials as well. Customized member materials and other custom communication requests are dependent on required Statement of Work, plus mailing costs (if applicable).	TASC has a library of educational videos (not sales videos) to educate the participant on the FSA benefit and/or how to use our platform that do not require customization. These videos can be used by the City as they were created with all employers in mind and educate on Internal Revenue Code that is universal for all our clients. There is NO costs for these videos.	ThrivePass doesn't have specific for each client we have generic benefit videos available to the members on the portal under resources.	Voya Employee Benefits Resource Center (EBRC) contains educational videos for all Voya products. The videos are general and explain "What is an FSA" and "How to use my FSA". These videos and all communication materials are provided at no charge. Voya is willing to work with the City of Los Angeles to customize materials with Logos, and discuss further how we can meet the city's needs.
Plan Administration Support & Account Management	Participant Education/Communications	Rated	133	Indicate whether your firm generates communications in "newsletter" formats and at what frequency.	Yes, we generate newsletters in electronic format.	Confirmed. Client newsletters are released on an as needed basis as product developments and compliance alerts require.	Inspira does not generate communications in a newsletter format.	We can have newsletters on the City's custom microsite if the City wants.	ThrivePass has a blog where material is released as well as our ThrivePass LinkedIn page.	Newsletters are sent quarterly. Voya will provide an annual Communications Calendar.
Plan Administration Support & Account Management	Participant Education/Communications	Rated	134	Indicate whether your system has the ability to push out emails to members who have recorded email addresses within your system.	Yes	Yes	Yes	Confirmed.	Yes	Yes

<p>Plan Administration Support & Account Management</p>	<p>Participant Education/Communications</p>	<p>Rated</p>	<p>135 Describe your system's capabilities to generate and send alerts (via text/email/mail) to employees regarding their account activities and provide samples. At what frequency are the alerts generated and sent out to employees? Can you and/or the City as the Plan Administrator generate and send alerts to targeted groups of employees? If so, please describe.</p>	<p>Ameriflex provides number of customer channels so participants can view real-time information about their account. We use email and text prompts to provide reminders to participants about their accounts "spend by" date and the balance remaining. A reminder is sent to all HCFA participants with an outstanding balance prior to the end of the plan year. Participants will also receive automated email reminders about account balance amounts and may also sign-up for text alerts. Automated email notices are sent when card transactions are processed, claims are received, claims are paid, claims are denied, or if additional supporting documentation is needed for a card transaction. If the participant does not have a valid email address on file, notices are sent via USPS first class mail to the home address on file for the participant. Yes, we have the ability to generate and send alerts to targeted groups of employees. During implementation, we will</p>	<p>HealthEquity sends a variety of electronic communications to FSA members. By visiting their online profile, members can tailor the messages they'd like to receive from HealthEquity, as well as the electronic method of delivery (e.g. text or email options are available). Electronic messages can be provided for the following activities:</p> <ul style="list-style-type: none"> - Claim is processed - Payment is issued - Debit card is used and the transaction amount - Card transaction requires a receipt - Card transaction has been declined (available by text only) - Card is suspended - Enrollment deadlines and other important notices - New features and product updates (available by email only) - Promotional offers and coupons (available by email only) <p>Additionally, a variety of account notifications are sent to the</p>	<p>Our system generates and sends alerts to members regarding the status of debit card transactions via email and the web. Members can opt for additional account notification alerts delivered by email and/or displayed on the dashboard and the mobile app.</p> <p>When the member enables this alert, three messages can be generated, depending on the event that has occurred:</p> <ul style="list-style-type: none"> – Debit card authorization approval. – Verified debit card transaction posted. – Unverified debit transaction identified. <p>We can send emails and mail to targeted groups, but we do not have the ability to send text messages outside of what our system generates for specific notifications.</p>	<p>Account information and claim status are available by email triggered notifications in real time to individual participants. Information includes:</p> <ul style="list-style-type: none"> • Reimbursement Request completed • Reimbursement Request Declined • Verification Required (CustomerInputReqToPaid) • Bank Account Updated (StartToActive) • TASC Card Locked • MyCash Transfer Completed • MyCash Transfer Requested • Support Request Completed (Ind) • Benefit Plan Elections Received (PendingApprovalToEnrolled) 	<p>Employees will receive an email letting them know to login and submit claims to use their funds. The employee can change their communication preferences in the member portal to receive messages via text/email/mail. A monthly report is provided to the employees and an automated monthly report is provided to the City. Members have access to balance and claims information 24/7 via member portal. The City can work with the implementation team and their RM to customize a communication plan.</p>	<p>Voya standard communication method is e-mail. We send an email when a claim is received, when it has been processed, when it is about to pay, if the claim needs more information, or is denied. Emails are also automatically sent to notify participants when account statements and summaries are available in the Participant Portal. Participants can opt into additional email notifications as well as text messages easily through the notification preferences tab in the Participant Portal.</p>
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Plan Administration Support & Account Management	Participant Education/Communications	Rated	136 Describe your interactive support tools available to members. Are these tools yours or do they come from a third party? Describe the kind of information available to members and how they would access it.	Our interactive support tools available to member includes, brochures, instructional videos and flyers, a library of frequently asked questions (FAQs), tax savings calculator via the Ameriflex online participant portal, and IRS publications. We believe in putting materials at participants fingertips with a right place, right time approach.	<p>Matching innovation with education is at the heart of what we do. We offer a variety of tools and channels to help members understand products and service that are FSA eligible.</p> <p>Our mobile app allows members to use their device's camera as a barcode scanner to determine an item's eligibility for reimbursement before purchase. In addition to indicating if a specific product is eligible or ineligible, the app also links to qualified expense listings to provide additional explanation.</p> <p>Additionally, our member website is built to educate members and give them the tools to make informed decisions. We offer online tools and resources including:</p> <ul style="list-style-type: none"> - Eligible expense lists, - Annual contribution limits, - Contribution and tax savings calculators, - Guides and handbooks, 	We simplify benefits by providing interactive tools and solutions that help your employees before, during and after open enrollment. These tools include calculators, interactive eligible expense tools, and tax savings tools. These tools are developed by Inspira and are fully integrated in the member website, where members can access all tools and information in a few clicks.	<p>TASC's online portal and mobile app is a robust and powerful self-service system. It includes:</p> <ul style="list-style-type: none"> • TASC MyCash Account • Help icons • A detailed list of tax-favored eligible expenses/ look-up an eligible expense • Beneshop – online FSA eligible healthcare shopping • Audience-centric educational online videos • Online claims submission • Pay the Provider sign-up like automatic bill-pay • Detailed Frequently Asked Questions (FAQs) section • Enroll in program and create account profile • Securely view account information • View and download easy-to-complete claims forms and general information • Request a reimbursement and submit substantiation • Manage MyCash reimbursements and direct deposit preferences 	ThrivePass has a section on our member portal with resources which includes interactive support tools. These tools are embedded in the Alegeus platform.	Voya provides an Interactive Voice Response (IVR) feature directly from our phone system. Through our IVR system, consumers can find out their account balance(s), next date an approved reimbursement will be paid and the amount, filing deadlines and other general account information.
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Plan Administration Support & Account Management	Participant Education/Communications	Rated	137	Describe other communication tools available for members such as after hour contact capability, chat feature and email.	Participants are afforded the option to contact Ameriflex through the online portal, initiate text messaging, online live chat and/or email capabilities between Monday through Friday, 8 AM to 9:00 PM EST and Saturday, 10 AM to 2 PM EST.	HealthEquity provides 24/7 customer service year-round, ensuring consistent service delivery during peak volume periods and throughout the year. We are adept at forecasting and staffing for peak periods, using trend tools and historical data to project needs to ensure adequate staffing. Our interactive voice response (IVR) system provides members toll-free, automated access to account information in English and Spanish. Members can opt-out of IVR at any time to speak with a member services representative. The system allows members to access account balance information, review transaction details, activate debit cards, order replacement cards, and review recent activity. HealthEquity offers 24/7/365 chat capabilities with member service representatives for reimbursement account members. Feedback indicates	We make it easy for members to communicate with our call center team whenever needed, including after-hours contact. This includes the following methods: – Live call center consultants are available whenever members need them; 24 hours per day, 7 days per week, and 365 days per year. – Interactive Voice Response (IVR) technology system offers 24/7 real language interaction. – Member website and mobile app gives members 24/7 self-service capabilities. – Member website allows members to email our customer service team at any time and receive a response within 24 hours.	Participants may use our online service request function on our online portal or mobile app 24/7 to reach out to our CSRs for assistance. They will confirm receipt automatically and typically respond within 24-72 hours.	Members can email 24/7 and access IVR after hours.	Participants have access to a live representative 24/7/365. In addition, they can obtain account information via an IVR, chat, or email.
Plan Administration Support & Account Management	Participant Education/Communications	Rated	138	Describe the resources you provide to members to help them differentiate eligible from ineligible expenses.	Participants are provided access to our online help center where they can search for eligible and non-eligible medical expenses as described in Section 213 (d) of the Internal Revenue Code.	Our member website is built to educate members and give them the tools to make informed decisions. We offer online tools and resources including: - Eligible expense lists, - Annual contribution limits, - Contribution and tax savings calculators, - Guides and handbooks, - Help center - HSA versus FSA comparison, - Healthcare consumer tips and best practices, - Articles, blogs, and webinars, - Answers to frequently asked questions, - Glossary of terms, and - Access to forms and documents, including quick start guides.	Inspira provides an interactive eligible expense navigator tool on our member website where members can input a keyword and search if it is an eligible or ineligible expense. Additionally, we provide IRS publications and other educational resources on our member website to educate members on eligible expenses.	FSA Eligible Expenses is found online at https://www.tasconline.com/biz-resource-center/eligible-expenses/ . Participants can search the Healthcare Expense Lookup tool on the mobile app. In addition, participants can access the beneshop™ tool via the mobile app. Beneshop helps consumers find the lowest cost option for health-eligible products, ensuring participants maximize their pre-tax benefits.	We provide an eligible expense flyer to member, it also is available on the member portal under Resources.	An eligible expense list is available to participants via the Voya Employee Benefits Resource Center (EBRC). https://presents.voya.com/EBRC/Product/voya/HealthFSA
Plan Administration Support & Account Management	Website	Rated	139	Confirm that you provide Online calculators for participants	Yes	Yes	Confirmed.	Online calculator found at https://www.tasconline.com/biz-resource-center/tasc-calculators/tasc-flexsystem-calculator/	Yes	Confirmed.

Plan Administration Support & Account Management	Website	Rated	140	Confirm that you will provide an Employer web-based on-line access to employee accounts	Yes	Yes		Yes	Confirmed.	Yes	Confirmed.	Yes		Yes	Employers will have access to de-identified participant information to comply with HIPAA.	
Plan Administration Support & Account Management	Website	Rated	141	Provide your firm's "web vision." This should include the foundation, principles and philosophy that guide your current site and form the foundation for future evolution, and enhancements you are preparing for over the next 3-5 years. Describe how this vision differentiates you from your competitors.	Yes	Our administrative philosophy is centered around delivering exceptional service to our clients and their employees in every vein. We are totally transparent and just in our conduct by servicing in accordance with the highest ethical and business standards in our industry. Our only business is, and has always been, employee and retiree benefits administration. Because benefits administration is not a peripheral activity at Ameriflex, we are able to offer efficiencies and competencies that are difficult to obtain from companies established for other purposes or engaged in other activities. We regard compliance as one of our highest priorities. Because of this, we work actively staying on the front of regulatory changes that could impact our offerings, but to also safeguard and enhance the benefits flexible spending accounts, and to guarantee our clients and their employees comprehend the substantial value of pre-tax healthcare spending	Yes	HealthEquity offers comprehensive, employee-centric solutions focused on flexibility, innovative technology, and a business model built on simplicity and employee satisfaction. Empowering consumers to make better healthcare decisions means harnessing technology to create a more connected experience. Our technology teams aim to invest up to nearly 80% of their time expanding our current capabilities each year, with roughly 25% spent on innovating new capabilities and nearly 55% spent expanding on existing technology. Currently, we are investing in digital payments and deeper APIs to provide a more seamless benefits experience for members. We're also investing in our ongoing innovation through the founding of an innovation lab. Working with partners and consumers, we're aiming to develop new technologies in	Yes	Our vision is to leverage digital capabilities and tools to enable our customers to interact in a modern user environment that feels both personal and relevant. This vision guides our evolution and enhancements over the next 3-5 years as we build a one-of-a-kind solution offering total health and wealth solutions. This differentiates us from our competitors because it combines our ability to provide a wide range of unified and interconnected services with our deep care about the human element of our solution. Our web vision goes beyond providing technological answers and responds to the human need for personalized, simple solutions.	Yes	TASC's web vision is to lead the charge into the future of benefit account management by pioneering the next generation of applications and features to manage and enhance our offerings. Web vision differentiators are: • Creating a platform that combines our Continuation Services (COBRA) with our Universal Benefit Accounts (UBA) accounts • Single Sign-On with Access to Everything • Better, More Responsive Service. Integration of all systems makes service requests easier • Participants Pay Their Way. Use TASC Card or any other major credit/debit card for premium payments, auto-pay or send check via mail • Integrated Web-based & Mobile Participant Experience	Yes	Our pre tax portal is Alegeus and we don't own the roadmap for this portal. Our website is fully programmed in house by ThrivePass employees who are web developers. We keep a pulse on our competitors and what they are doing to stay current in the market.	Yes	Voya strives to provide a user friendly, financially holistic consumer experience. We are guided by our overarching vision which is to make a secure financial future possible — one person, one family, one institution at a time. We are hyper focused on leveraging key partnerships in the HAS space to provide administration software services to work in conjunction with Voya's property systems. We are constantly looking at ways to evolve our offering and are currently tracking towards a more inclusive homepage to provide personalized financial insights and proactive nudges individually for each consumer based on where they are at in their financial journey.
Plan Administration Support & Account Management	Website	Rated	142	Vendor agrees to provide an employer online portal?	Yes	Yes		Yes	Vendored.	Yes	Agreed.	Yes		Yes		
Plan Administration Support & Account Management	Website	Rated	143	Vendor agrees to provide employer training on online portal?	Yes	Yes		Yes	Vendored.	Yes	Agreed.	Yes		Yes		

Plan Administration Support & Account Management	Website	Rated	144 How many hours of scheduled downtime occurred for your systems over the last 3 calendar years? Describe each incident and explain: --The cause of the down time, --The impact on members, including any losses --How the incident was handled, and --Whether there are any pending claims related to any of these outages.	We have never had scheduled system downtime or outages that resulted in an incident or impacted members of any kind.	System availability is measured by an external third-party monitoring service at five-minute intervals. Availability is calculated as a ratio of successful monitoring connections to the total number of monitoring connection attempts, and represented as a percentage of uptime. HealthEquity is committed to providing 99 percent or greater system availability. During regular maintenance, the website is updated with a maintenance notice. In the event of an unexpected failure that will disrupt service for an extended period of time, the account service delivery manager will contact the client to provide information. On average during the past 3 years, HealthEquity has maintained an uptime of 99.80% which results on average between 10-15 hours annually of scheduled downtime. We has not	We schedule a weekly maintenance window of four hours (11p.m. to 2a.m. CT) on Friday night through Saturday morning to deploy code changes and apply security patching. When possible, we deploy in non-outage rolling maintenance. In the past three years, we had one extended scheduled outage. Please review the details of the extended scheduled downtime: – Why: Data center move. – When: Friday, May 19, 2023, from 11 p.m. CT, to Saturday, May 20, 2023, at 5 p.m. CT. – How: Posted system alerts in advance to minimize impact on members. – Result: As this was scheduled downtime there were no losses or claims.	TASC's platform uptime SLA is 99.5% availability outside of our regularly schedule maintenance update window (4AM on Sunday morning), a time when participants are not using our site..	When downtime is scheduled we will notify members and employers in advance. Downtime is traditionally done during non-working hours. In the past 3 years there haven't been any downtimes unscheduled that interrupted service.	Our system currently does quarterly scheduled releases with a downtime of approximately 9 hours, typically on a Saturday night. Non-scheduled downtime is less than 1%, max non-scheduled downtime was around .05% in the last 3 years. Minimal impact to customers as they are able to use their debit cards during the downtimes.
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Plan Administration Support & Account Management	Website	Rated	145	Confirm that you will provide a customized, co-branded microsite for the City at no charge. What resources, if any, does your organization devote to generating fresh website and/or other news content? Provide examples of fresh content (no more than two pages in length your organization has generated in the 3-month period ending in 12/31/23) as an attachment.	Yes	Our Marketing team generates fresh website and other news content. They also maintain our website to ensure all content is current. We provided a sample of fresh web content in Exhibit 4 .	Yes	We have a thriving social presence on LinkedIn, Facebook, Twitter, and YouTube. Across the four channels, HealthEquity has more than 26,000 followers and reports a total of 14,500 engagements in 2022. Of the four platforms, the HealthEquity LinkedIn community —approximately 40% members and 60% clients and partners — consistently sees the most audience acquisition and engagement. Employers, benefits advisors, members, and teammates regularly interact with polls and share content with their connections to bring awareness to upcoming webinars, regulatory announcements, and thought leadership. - LinkedIn: @HealthEquity - Facebook: @HealthEquityPage - Twitter: @HealthEquity - YouTube: @GoHealthEquity	See Explanation	Inspira would be willing to discuss this further with the City in detail in order to understand the full scope of the microsite during the next phase of the RFP process.	Yes	Confirmed. TASC has a dedicated resource for microsite development and upkeep. We can create a customized microsite that is a central repository for communication materials and plan specific educational information. It is accessible without a password and explains the features, benefits and value of enrolling in the Flexible Benefits Plan. This co-branded site contains a link to TASC's online platform, numerous flyers and educational materials, breaking news, TASC contact information. Website customization options are virtually unlimited. Submitted on TASC Response - Exhibit 145: An example of our Stanford University client	See Explanation	A separate microsite won't be provided but the member portal will have the City's logo in the left hand corner so they know they are logging into a sponsored account.	Yes	Confirmed. Please see the attached EBRC Website Content flyer.
Plan Administration Support & Account Management	Website	Rated	146	Describe your website's capabilities for posting news, updates and other information from your organization or from the plan sponsor.		Ameriflex regards compliance and transparency are some of our highest priorities. We keep our company and our clients thoroughly informed of any legislative changes. We post news pertaining to legislative and compliance updates, updates and other information about Ameriflex; however, as a closely-held corporation with strict client confidentiality we do not disclose information about our clients and their plan publicly.		HealthEquity uses social media to generate brand awareness with the general attentive public and inform target audiences of our benefits offerings through paid and agile content. Posts underscore our industry thought leadership and highlight company news, industry news, and regulatory updates.		Our website can display alerts and updates in a banner on the member's account dashboard. This may include information from the plan sponsor or Inspira. Account actions and updates will be displayed on the Alerts page. News and updates can also be added to the News page.		TASC shares information with clients on TASC's offerings including new features, new offerings and improvements in web and mobile user experience on the TASC Client Blog (www.tasctracker.com). TASC's Compliance team boasts a combined 126+ years of compliance experience interpreting all laws and regulations relevant to the third-party administrative services we provide. Our compliance, legal and technical staff are available to clients for consultation, opinions and/or guidance. Our Compliance team also subscribes to several industry publications and websites. We determine what updates are relevant to our clients and pass on this information through our website and direct communication.		ThrivePass can post items under "Resources" available. Messages can be posted on the banner of the member portal when they log in a message will pop up on the top of the screen.		We have the ability to host banners and articles in the Participant Portal, as well as upload to the City of Los Angeles microsite.

Plan Administration Support & Account Management	Website	Rated	147	Describe how your member web-interface differs from the City's current member website provided by WageWorks/Health Equity and where you see gaps (both positive and negative).	SPA™ is the foundation of our technology and is the most all-encompassing consumer-driven healthcare (CDH) technology in the industry. Developed with all account types in mind, SPA™ works with equal precision across all CDH accounts. This enables us to control 100% of the client, employee, and provider experience. With the Ameriflex Card Swipe Guarantee, we work to auto-verify the City's employees' transactions, so they will not need to submit documentation, unlike WageWorks/Health Equity. As long as the City's employees use their debit cards for eligible expenses at eligible providers, we do the rest of the work. Ameriflex cardholders get complimentary full wallet access to the identity Theft Protection and Restoration program, unlike WageWorks/Health Equity who provides up to \$1M in coverage and restoration.			As we do not have access to the current member website interface, we are unable to provide insight into gaps and differences.	Our exclusive MyCash first-to-market is the biggest difference as we are able to place reimbursements back on the same Debit Card that houses participant contributions using a separate cash purse. With MyCash we are able to reimburse faster than anyone else in the industry by eliminating the middle man (bank and postal service). The participant can use the MyCash balance (out of pocket reimbursements) to spend on anything, anywhere (movies, groceries, shopping, online, etc.). Our website allows members to convert MyCash funds to direct deposit or paper check if they like. The City's incumbent website does NOT have this technology.	Employers and employees have access through our state-of-the-art portals for all Pre-Tax benefits. Employers can assign HR/Benefits and Accounting staff with specific access to various parts of the portal based on specific user-rights. Each person has his or her own unique username and password. Participants in Pre-Tax accounts can find all their information in one place, whether on the portal or through the mobile app and can: •Check Balances and View Transaction History by account. •View and Submit Receipt Requests. •File a Claim Online and Upload Receipts. •Request HSA Distribution. •Order Additional Debit Cards and/or report a card lost or stolen. •Manage Bank Accounts and add Direct Deposit Information. •Store and view healthcare spending data in unique ways to engage employees in the management of their accounts	We are more than happy to demo our experience to illustrate the differences between Voya and your current admin. Given we do not have access to WW/HEq's system for The City, we prefer not assume functionality differences specific for your participants.
Plan Administration Support & Account Management	Website	Rated	148	Please provide the overall website unique user engagement rate as a percentage of your total member population of your five largest public agency clients.	<ul style="list-style-type: none"> • ICUBA, FL (97% website user engagement rate) • Oregon Homecare Workers Benefit Trust (96% website user engagement rate) • Wake County Public Schools, NC (95% website user engagement rate) • SEIU Healthcare NW Health Benefits Trust (93% website user engagement rate) • Anne Arundel County Government, MD (91% website 	HealthEquity does not share this information.		Our unique website user engagement rate as a percentage of our total member population of our five largest public agency clients is: – Client 1 - 41% – Client 2 - 43% – Client 3 - 70% – Client 4 - 24% – Client 5 - 26%	TASC has a robust, highly-rated (4.5 Stars) mobile application, supporting both iOS and Android, with over 176,000 downloads and 3,300 daily users of the TASC mobile app.	0.83	The average engagement is 72% of our client base.

Plan Administration Support & Account Management	Website	Rated	149	The City will be evaluating the proposer's member self-service web portal used by members to manage their tax-advantaged spending accounts. Please provide an Internet address and instructions (both pre-login and post-login) on how to access a demo site for your member website that is fully functional with both HFSA and DCFSAs contents.	The URL for our online participant portal is https://myameriflex.com . We can facilitate a live finalist presentation if we are selected as a finalist. We have enclosed an instruction sheet as to how accounts are set up as Exhibit 5 .	As the incumbent, the City already has first hand experience with our member portal. However, as requested, please click on our self guided demo sites below. Member Portal - Guided Demo: https://app.teamwalnut.com/player/?demoid=55a65557-13f8-4742-aeb5-974da894190e&screenId=f87fe3dc-59cb-4042-a456-383e0e6a9e6e&showGuide=true&showGuidesToolbar=true&showHotspots=true&source=app Mobile Demo (This is for the new app to be launched in 2024.): https://app.teamwalnut.com/player/?demoid=858107f0-a73b-4fcc-8fc6-5c6d147c7401&screenId=deba46bb-6b08-4282-8893-7a8bba87d5b4&showGuide=true&showGuidesToolbar=true&showHotspots=true&source=app	In lieu of providing demo account credentials, we are happy to schedule a demo of the member website with your dedicated sales representative.	TASC's internet address is TASCOnline.com. TASC welcomes the opportunity to demo our Universal Benefit Account platform to the City . We prefer to provide a live demo, walking the City administrators through the simplified, easy and connected experience to highlight the robust functionality. In the meantime, you may review the following video demos for Universal Benefit Account. <u>Participant Demo:</u> https://youtu.be/J13if6K38R8	ThrivePass prefers to do a live demo.	Demo website: https://demos.voyacdn.com/tem/hsa/index.html Voya is happy to arrange a live walkthrough of our actual employer and participant portals, if desired.
Plan Administration Support & Account Management	Website	Rated	150	Provide your plan sponsor website, if you have one, and dummy account access information for the City to review and evaluate as the Plan Administrator (please note this website is separate from the member self-service website which the City is also requesting a demo site be provided with dummy account access information to review and evaluate as part of the RFP evaluation process).	The URL for our online employer portal is https://myameriflex.com . We can facilitate a live finalist presentation if we are selected as a finalist. We have enclosed an instruction sheet as to how accounts are set up as Exhibit 5 .	As the incumbent, the City already has first hand experience to our employer portal. However, as requested, please click on our self guided demo site below. Client Portal - Guided Demo: https://app.teamwalnut.com/player/?demoid=a233b3ff-d645-44f1-bc1e-f9c66bd0a3f8&screenId=d96a7723-0931-45fd-ab3d-2c3d0f861999&showGuide=true&showGuidesToolbar=true&showHotspots=true&source=app	In lieu of providing demo account credentials, we are happy to schedule a demo of the plan sponsor website with your dedicated sales representative.	TASC's internet address is TASCOnline.com. TASC welcomes the opportunity to demo our Universal Benefit Account platform to the City . We prefer to provide a live demo, walking the City administrators through the simplified, easy and connected experience to highlight the robust functionality. In the meantime, you may review the following video demo for the Plan Sponsor website Client Portal. https://youtu.be/T-BMb1a15DA	ThrivePass prefers to do a live demo.	Demo website overview: http://www.kaltura.com/tiny/uq2bc Voya is happy to arrange a live walkthrough of our actual employer and participant portals, if desired.

Plan Administration Support & Account Management	Website	Rated	151	Indicate if you have a mobile application or mobile optimized website. What features does it include or may it be limited compared to the regular member website? What information (if any) can be customized by the plan sponsor? If you offer one, provide information regarding how to access your mobile application. Indicate whether and how you maintain consistency between your mobile application and website.	Yes, we have a free mobile application that is accessible via iOS and Android devices. Participants will have FREE access to the Ameriflex Mobile App (available on the App Store or Google Play) where they can manage debit card(s), enable SMS text or email alerts, customize profile settings, pay providers utilizing our unique Pay-A-Provider feature (works like bill pay), generate reports, order unlimited and FREE replacement cards, check account balance(s), reset passwords/retrieve username, add dependents, store receipts, submit claims and substantiation documentation, check claim status, enable Touch ID login feature, access FAQs, view plan forms and documents, use simplified decision-making tools like calculators, initiate real-time online chat, view account alerts, and enable direct deposit for reimbursement.	HealthEquity's mobile app allows members to manage their accounts on the go. The app (available for iOS and Android devices) allows FSA/HRA members to: <ul style="list-style-type: none"> - Submit a claim for reimbursement. - Schedule direct payment to providers. - Snap a photo of receipts to verify card transactions. - Verify product eligibility with a barcode scanner. - Substantiate debit card claims with receipt documentation or substitute receipts. - View transactions, claim activity, and account balances. - Access account statements. - Review coverage periods and claim deadlines for current accounts. - View and edit account profile and communication preferences. - Sign up for direct deposit. - Have a dependent care provider sign directly in the application to create an electronic receipt. 	Inspira provides both a mobile-optimized website and a mobile application, mobile app is accessible via the App Store and Google Play. Our mobile access provides nearly identical user experience. The Inspira logo is customizable. <p>Mobile capabilities:</p> <ul style="list-style-type: none"> – Account registration – Forgot Username/ Reset Password – Edit profile – View account balance and transactions – Verify card purchases – Submit, view, and pay claims – Link a bank account – Shop FSA store – View/manage account notifications – View Help & Support – Scan barcode to check eligible expenses – Explore eligible expenses – View contributions from previous plan years – Get Mastercard ID Theft Protection 	Yes, 4.5 star rated on both Apple and Android platforms. TASC mobile application provides: <ul style="list-style-type: none"> • Receipt Repository • Alerts • Picture to Pay • 24/7 secure access to benefit information with Biometric Authentication • Lock or unlock TASC Card • Beneshop partnership with an interactive eligible expense look-up tool to help make shopping for FSA eligible products easier and more affordable <p>The Mobile App and online website maintain consistency through our Omnichannel connected experience that allows you to start on one and complete the transaction on the other.</p> <p>Submitted on TASC Response - Exhibit 151: Mobile app access</p>	Employers and employees have online access through our state-of-the-art portals for all Pre-Tax benefits. Employers can assign HR/Benefits and Accounting staff with specific access to various parts of the portal based on specific user-rights. Each person has his or her own unique username and password. Participants in Pre-Tax accounts can find all their information in one place, whether on the portal or through the mobile app and can: <ul style="list-style-type: none"> •Check Balances and View Transaction History by account. •View and Submit Receipt Requests. •File a Claim Online and Upload Receipts. •Request HSA Distribution. •Order Additional Debit Cards and/or report a card lost or stolen. •Manage Bank Accounts and add Direct Deposit Information. •Store and view healthcare spending data in unique ways to engage employees in the 	Our Mobile App provides smartphone users with access to accounts right from their iOS- (iPhone, iPod Touch, iPad) or Android-powered devices. Participants simply log into the mobile app and check their available balances and details; submit claims and/or receipts using their mobile devices' cameras or saved pictures. In addition, consumers can pay bills from any account and add a payee and using the dashboard, enter medical expense information and supporting documentation. Both the website and mobile application are built off the same underlying database and platform and therefore display consistent data and rules. <p>We are able to customize the color on most areas of the Participant Portal to reflect the employers colors and add the City's logo. To do this, our implementation team will walk through the elements guide with you to get the correct colors</p>
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Member Services Access	Rated	152	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.	Yes, our website can accommodate English and Spanish languages. Yes, our website has been reviewed as compliant with applicable laws/regulations for disabled member access. Creating an accessible experience for our clients and participants is the cornerstone of our service delivery model. It's essential to understand the needs of each disability type and build an online environment that will cater to all accessibility needs accordingly. Our employer and participant portals are accessible to all and provide unique features and usability design elements that adhere to Section 508 of the Rehabilitation Act of 1973 and ADA Compliance guidelines. Ameriflex will ensure to provide all U.S. citizens with timely, usable access to their benefits information. We will ensure our online portals undergo adequate testing and assurance compliant with all Federal, State and Local	HealthEquity continues to focus on delivering a remarkable experience to all members and clients. While our tools are built in English, we minimize the use of images to allow for in-browser translation services to help people self-serve in multiple languages. All features and products on the secure member portal, client portal and mobile application meet WCAG 2.1 Level AA success criteria and ADA Section 508 compliance.	Currently our website is only available in English. Our website is WCAG 2.2 level aa compliant.	TASC website is English and it is fairly common for our participants to use FREE translation sites/apps/program to convert it to the language of their choice with no additional fees. TASC's website has undergone extensive testing by a third party to access our application against and conformance with WCAG 2.0 Level AA Accessibility Standards. We have a process in place to evaluate and ensure continued accessibility prior to each software release.	Our website is in English only.	Voya works hard to ensure customers can easily navigate our website using assistive technology such as NVDA. Our brochure and product information is available in Spanish, and we're able to translate into additional languages if the City has a population that requires materials in another language.
Member Services Access	Rated	153	Vendor agrees to provide an employee online portal with real time access that employees can submit claims and view account balances?	Yes	Yes	Vendored.	Confirmed with 24/7/365 access.	Yes	Yes
Member Services Access	Rated	154	After you receive eligibility information from the City, what is the average length of time to add access for a new member? (Are there minimum requirements?)	Members have access to account information in real time. There is no minimum requirements.	HealthEquity typically receives enrollment information from the client via electronic file transfer. Upon processing eligibility and enrollment data received from the client, HealthEquity mails welcome materials to employees enrolled in the FSA. Welcome materials include debit card (when applicable), instructions for accessing the member portal, contact information for member services, and tips for maximizing health savings with an FSA. If electronic enrollment confirmation is elected by the client during implementation, HealthEquity can also email a confirmation statement to the member within minutes once the file loads into our system.	We process all files within two business days of receipt, meaning new members would have access within an average of 1 to 2 business days of receipt. Files received after 2 p.m. CT will be considered received the next business day. To facilitate file receipt and processing, we use a published file format for eligibility information and payroll contributions.	24-72 hours. We just require the standard data elements needed to create and/or update the participant record.	Files will be posted within 24-48 hours after receipt.	Member access will be added within 24-hours of loading the eligibility information into the Voya system. Once enrollment is received, a welcome e-mail is automatically generated and sent to the employee prompting him / her to login and accept the Terms and Conditions.

Member Services Access	Rated	155	Describe how and what is required of members to establish online access to their accounts, and what is required of members to obtain access when they have lost a username/password.	Setting up new clients and plans accurately and consistently with the City's expectations and understanding how the plan should operate are part of our key focus. To this end, we have established a comprehensive implementation process to achieve the highest quality results. To successfully set up an employer, we require the following information: a) General company information, b) Employee census information and demographics, c) Account selection and plan design, d) Designated employer bank accounts to pull monthly administrative fees and replenish of required minimum funding account, e) Reimbursement frequency, f) Designated financial and administrative contacts, g) Effective date, and h) Company payroll or contribution calendar. As early as possible during Implementation, a test file is sent to Ameriflex to ensure the file meets the software specifications. Ameriflex tests the file and	Once your company provides the initial eligibility load file in the program sponsor file format and the information is loaded, we will create user accounts for eligible employees to register under. The member website will then be ready for access by the participating employee. During enrollment, each user will be required to self-identify using four personal data elements: - First and last name - Date of birth - Home ZIP code - ID code identifier Once we have identified the employee, we will initiate a secure session to create a profile and to establish their flexible spending account.	To establish online access, members must provide the following information to register their accounts: - Name - Address - ZIP Code - Last four digits of their SSN or plan sponsor-defined member ID - Date of Birth Once this information is confirmed, members will be able to set up their online account, including setting a username and password, choosing security questions, and updating notification settings. Members can recover passwords via a Forgot Password link on the home page of our site. A PIN code will be sent either to email or text based on the user's request.	An email username and password credentials. The first time they access our Universal Benefit Account, they will use the sign up function. On the Sign In page, below the Email field, find the First time here prompt and click Sign up to establish access. Once you've signed up, you'll be able to sign in going forward. Enter your email address and click Next. On the next screen enter your password and click Sign in. If assistance is needed, they can contact TASC Customer Care. The platform also has a lost username/password button.	Members will receive an email with their login information on how to get access. If a member gets locked out they can contact our call center and they will help them to reset it.	Once enrollment is received, a welcome e-mail is automatically generated and sent to the employee prompting him / her to login and accept the Terms and Conditions. Participants can request a password reset link via the participant portal or by calling Customer Service. All password resets are emailed participant.
Member Services Call Center	Rated	156	Vendor agrees to provide a dedicated call-center team, specific to City of LA, for member questions?	Yes	Our member service model is based on creating efficiencies and providing remarkable service. Our member service teams operate in a shared service environment to support all members across our client base. Representatives use training guides, online tools, guidelines, and support from supervisors to ensure callers receive thorough responses to their needs. We have found that a shared service unit results in satisfaction levels similar to those supported in client-dedicated models. See Explanation	We are proposing that our call center consultants handle the majority of plan sponsor and member calls. The advantage of using this approach is that it affords us the ability to effectively manage call volumes to help you best support your employees across a large group of representatives who are trained on your plans and details.	TASC will use its dedicated Premium Services queue for the City's account. We also employ geographically dispersed CCRs across the nation to serve each time zone. Through our Priority Queuing, the City will be treated as a VIP client, by systematically providing a priority score that pushes City callers to front of our phone queue, in essence "skipping the line" of our book of business callers. Through our Call Center technology, we are able to intelligently route calls to Specialists who have received City-specific training. Specialists may receive overflow calls for other clients if necessary, to meet call volume.		

Member Services Call Center	Rated	157	Confirm that your call center will have expanded hours, beyond M-F 8am-5pm PST for participants. If yes, please provide your call center hours.	Yes	Yes	24/7/365	Yes	Confirmed. Our live call center consultants are available to participants 24 hours per day, 7 days per week, and 365 days per year. We make it easy for your employees to communicate with our call center team when needed.	Yes	Confirmed (5AM-5PM PST for 12 hours M-F). TASC book of business stats show that due to the amount of self service options we provide participants, the average participant calls us less than once a year. Given that metric, TASC's live, Customer Care Representatives (CCRs) are available via telephone from 5:00 am - 5:00 pm PST, Monday through Friday. TASC prides itself on industry-leading customer care. TASC also offers multiple self-service tools for clients and participants, available 24/7: - Interactive Voice Response (IVR) system - Mobile app - Online portal	Yes	M-F 6am-6pm PST	Yes	
Member Services Call Center	Rated	158	Over the most recent 12-month period, what was the average speed of a customer service representative (CSR) to answer, in seconds?	Yes	Non-Peak Season: 00:90 mm:ss or less Peak Season: 03:00 mm:ss or less	10.5 seconds	Yes	Over the most recent 12-month period for 2023, our average speed of answer for a customer service representative was 22 seconds.	Yes	Calls into the participant call center are answered within 30 seconds for Large Market, Public Sector clients with PGs.	Yes	55 Seconds	Yes	95% of calls were answered within 45 seconds.
Member Services Call Center	Rated	159	Over the most recent 12-month period, what was your call abandonment rate?	Yes	Non-Peak Season: 0.89% Peak Season: 2.34%	1.19%	Yes	Over the most recent 12-month period for 2023, our call abandonment rate was 1.42%.	Yes	TASC maintains a 3% average call abandon rate for our Large Market, - Public Sector clients with PGs.	Yes	5%	Yes	2.01%
Member Services Call Center	Rated	160	What is your average call resolution time?	Yes	99%	535.5 seconds	Yes	Average call resolution time – 90% of calls resolved on the first call.	Yes	TASC takes care to spend the time that your participants need to answer their questions, which has resulted in a 93% first call resolution rate. We think first call resolution is a more important metric to answer the question right the first time instead of trying to achieve manipulated talk time stats whereas the participant has to continually call us back.	Yes	39%	Yes	Our average handle time is 10:25.

Member Services Call Center	Rated	161	What language services other than English are available by phone? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.	Customer service is provided in over 200 languages, including Spanish. We can accommodate TDD services during all hours of telephone customer service.	By partnering with Language Line Solutions for translation services, Member Services staff has 24/7 access to U.S.-based interpreters fluent in 150 languages. This allows us to support non-English and non-Spanish speaking members by phone.	Our call center consultants have the capacity to conduct telephone conversations in over 200 languages for our members using our translation service vendor, TransPerfect. A conference call is conducted with a Inspira Financial consultant, a language line operator, and the caller requiring foreign language needs. Confirmed. We can provide Spanish language services using our translation service vendor. We can support hearing impaired members using the interpretive services of Telecommunication Device for the Deaf (TDD) during our regular business hours.	Our IVR is bilingual (English and Spanish). TASC takes great pride in providing the most thorough and accessible customer care to all participants. For non-English-speaking participants or participants for whom English is not their first language, translation services are available in dozens of other languages such as: Spanish, French, Italian, German, Greek, Russian, Chinese, Japanese and Korean. For hearing-disabled participants, TASC offers a variety of services. These include free relay services utilizing an interpreter, telecommunication device for the deaf (TDD), and a designated teletypewriter (TTY) line. All participants have access to our user-friendly website and participant portal for self-service options.	Spanish is available as well as a language line with over 100 languages available.	Voya employs both English and Spanish speaking Customer Service Representatives. In addition, Yes, we use an interpreter service that supports more than 250 languages. The CSR remains on the line to be a product expert and help the customer with questions, and the interpreter translates what the CSR and member are saying. Our Customer Service Representatives handle email and chat inquiries for those who cannot or do not want to speak live to a CSR.
Member Services Call Center	Rated	162	Describe what resources, policies and practices you have in place to monitor, assess and improve upon the service quality of your customer service team/staff.	In our Customer Service Center, we impose stringent, internal quality control performance standards and work diligently to adhere to them. Written confirmations are not sent for standard phone inquiries. The following controls are in place to measure accuracy and track customer interactions: <ul style="list-style-type: none"> All incoming calls and written inquiries (i.e. emails and online chats) are recorded and archived for a minimum of seven years. Our Team Leaders monitor a minimum number of interactions taken by each Customer Care Representative weekly. A scoring evaluation sheet is completed and each interaction is assessed a grade between 0% and 100%. In order to improve proficiency and effectiveness, each Customer Care Representative is given feedback from the monitored sessions that identify individual training needs. Each CSR is required to enter 	HealthEquity records 100% of inbound calls to its call centers and utilizes a variety of tools to track, analyze, and optimize call center performance. Data gathered is used to enhance processes and identify areas for ongoing training and coaching for member services team members. These tools also help identify potential issues to allow HealthEquity to reach a timely resolution: <ul style="list-style-type: none"> Customer Relationship Management system: Member service representatives have full access to member information through our Oracle Service Cloud. Designed to track documentation and call data, this tool helps HealthEquity's team provide consistent responses to members, clients, or health plan providers. Interactive intelligence supervisory tools: Used to identify and review member calls. While all voice calls are recorded, a sampling of recorded calls are accompanied by screen 	Inspira has a comprehensive customer service consultant monitoring program, along with ongoing training, which ensures that consultants provide timely and accurate answers to member questions. Call center supervisors and members of the quality department monitor member calls at random to maintain compliance and accuracy. All consultants are monitored monthly and are not aware of monitoring as it occurs.	TASC constantly monitors call center performance by tracking the results for average speed of answer, calls handled per CCS, average talk time, volume of calls received per client, and abandonment rates, in addition to other indicators such as Sentiment analysis. Our Quality team conducts a random sampling of interactions to capture accuracy and compliance providing insight into the quality and positions us to provide the highest level of customer service. Each employee receives a scorecard with targeted goals for key areas of performance. Scorecards are updated with actual results on a monthly basis and reviewed with each employee.	At ThrivePass our employer service teams go through a series of classroom and on the job training. Classroom training consists of HIPAA compliance and other regulatory training, computer/data security, customer service best practices, while also attending benefit, product & platform specific training sessions. They also job shadow for claims administration, file processing, and additional customer service skills. This all occurs over a six week training program. Ongoing training includes product/market updates, platform release training, as well as any team or individual training sessions as needed or as they are identified through our ongoing coaching, call monitoring and QA processes.	We are committed to providing best-in-class service, and our service model is one of our biggest differentiators. Callers can opt to participate in a 3-question survey at the end of their call. This is how we obtain our Customer Call Satisfaction metrics. Our employer CSAT was 4.9 out of 5 through 9/30 of 2022. Escalated calls are forwarded to a Senior Customer Service Representative. The Senior Customer Service Representative will assess the problem and take necessary steps to resolve it. In addition, a number of surveys are conducted throughout the year and annually to evaluate customer satisfaction. These results are reviewed, and enhancements are made with these survey results.

Member Services Call Center	Rated	163	Please describe what type of information CSRs provide to members telephonically regarding each of the tax advantaged spending accounts (healthcare and dependent care). Are CSRs trained to provide instructions and/or step by step guidance to members on how to enroll, make changes or corrections to their accounts online, file claims, etc.? Please provide sample CSR telephonic scripts.	CSRs are available to participants for debit card questions, i.e. eligible expense, paid claims, pending claims, HCFA balance, and denied claims. Ameriflex entry-level CSRs receive thorough training during their first six weeks of employment, which includes 240 hours of classroom instruction, interactive videos, skills assessment, and supervised, on-site, on-the-job training, before providing unsupervised telephone coverage. Initial education includes unique client plan specifics, benefit products and services, enrollment processes, claims adjudication, HCFA and COBRA/Retiree services, software applications and system tools, administrative procedures, and service delivery information. They also learn payroll deduction, data exchange, and reimbursement procedures, §125 rules and regulations, telephone etiquette, problem resolution techniques, and tax-savings analysis.	The most frequently tracked customer service inquiries from reimbursement account members, include questions regarding: - benefits, process, and tax savings associated with account - claims/reimbursements - denied or pended claims - debit card transactions - card verification requests - card replacement or additional card requests Member services representatives are trained to provide assistance with changes or corrections to members' accounts online, filing claims, etc. We do not use a formal call script in Member Services, but we do have a suggested call flow we encourage our team members to follow: 1. Greet and verify the member ensuring we are protecting the account	Our CSRs support members with account updates, assist with claim processing questions, answer questions regarding eligible and non-eligible items and educate members about spending account usage to ensure they are maximizing their benefit experience. They are able to provide instructions for members to enroll, make changes/corrections to online account information, and file claims. We train our CSRs to have a conversation with members, rather than reading from a script. This provides a more personal and satisfying user experience for members who are reaching out with questions about their account.	Yes, CSRS can answer all FSA plan related questions. TASC's Specialists provide specific direct assistance to plan participants who contact our Service Center. They're available to assist employees with telephone inquiries, Participant Portal questions, support requests, etc. TASC empowers reps with the authority, training and information to successfully handle calls during initial contact. Our CCRs are able to handle the majority of incoming calls from employees and are normally able to answer questions and resolve inquiries during the initial phone call as first call resolution is one of our most touted metrics. Submitted on TASC Response - Exhibit 163	CSRs have access to the members account. CSRs can provide information in regards to balance information, order new cards, claims information. They can guide members on how to enroll, make changes and how to file claims. ThrivePass doesn't use scripts.	Our Custom Service Representatives are cross trained in all Health Account Solutions products and services and can respond to any questions relating participants' claims and other items regarding their accounts. They have a number of resources they can reference during calls to help them answer questions (including a qualified medical expenses list) or any client specific notices they should be aware of. Customer service representatives (CSRs) typically are granted access to see a mirror image of each consumer's Portal experience. The CSR can access and walk through a read-only version of a specific consumer's online access easily to better support the consumer and describe capabilities that are available. (While on the Consumer Portal the Add, Submit, Remove, Security Questions, and Passwords are disabled. Also, sensitive data, such as Social Security Numbers and accounts numbers, are masked.)
Member Services Claims Processing	Rated	164	Indicate the overall % of claim denials for each 2023, 2022, 2021, and 2020.	2023 (<3%); 2022 (4%); 2021 (4%); 2020 (5%)	In general, approximately 16% of our claims are denied across all products.	Inspira does not currently track the percentage of claim denials.	Claim denials: 2023 at 14.42% 2022 at 16.93% 2021 at 19.86% 2020 at 20.92% TASC is pro-participant and can set custom configuration levels on our claims platform to influence denial rate (decrease the	3%	6-8% across 2020-2024.

Member Services	Quality Assurance Process and Programs	Rated	165	Does Vendor require a minimum amount/level threshold for reimbursement? If yes, enter amount in the Explanation Column	No	<p>The minimum claim amount required for reimbursement varies based upon the member's desired payment option:</p> <ul style="list-style-type: none"> - Debit Card: No minimum - Direct pay to provider: No minimum - Reimbursement to member via direct deposit or check: \$5 minimum - Automatic health plan claims (rollover): \$5 minimum <p>Reimbursements to members that are below the minimum threshold are held until the minimum is met. These minimum amounts are waived if the payment uses up the remaining balance in the account or it is the end of the plan year.</p>	Doesed.	No	No minimums needed.	Yes	Mimimum \$1.00 for reimbursement.	No		
Member Services	Quality Assurance Process and Programs	Rated	166	Indicate if you can accommodate the assessment of member fees using the City's current method of direct assessments against employee paychecks or, alternatively, collection of the fee by your firm from the member's spending account.	No	<p>Payroll deductions are tracked each payroll cycle using one of the two following methods:</p> <ul style="list-style-type: none"> • Contribution File (preferred method): Ameriflex can accept separate eligibility and payroll files from different payroll groups and on different cycles. We prefer the use our standard file layout to streamline the administrative process. For healthcare services, all client-specific plan design variables are controlled by information provided to Ameriflex by the employer in our standard file layout, which accommodates the exchange of eligibility, payroll (funding), and enrollment data. Recordkeeping functions for enrollment, terminations, and changes are also maintained using our standard file layout. An Exception Report and Contribution Discrepancy Reports are available for results confirmation. File layouts are provided during implementation. • Automatically Posted: Amounts are updated within the system automatically following the date 	Yes	Yes. We can work with the City to determine how this is being done today and how best to accommodate this process if awarded the business.	No	Yes, TASC has no concerns with the City pulling participant paid admin fees from the participants' payroll checks. At that point, the City will use the collected amounts to pay TASC the monthly Administration Fee (per Participant, per Month) based on total number of participants for a given month.	Yes	TASC has plenty of employers who collect the admin fees from the participant paycheck that is not employer paid. The Commonwealth of Massachusetts and Atlanta Public Schools use a similar process.	No	If there are fees, we would deduct from the member's account. Voya does not charge any additional fees to participants.

Member Services	Quality Assurance Process and Programs	Rated	167	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.	<p>Ameriflex entry-level claims processors receive thorough training during their first six weeks of employment, which includes 240 hours of classroom instruction, interactive videos, skills assessment and supervised, on-site, on-the-job training, prior to processing claims. Initial education includes unique client plan specifics, benefit products and services, §125 rules and regulations, HCFA, TSA-PSA, DCRA, HSA, and HRA claims adjudication, data exchange and reimbursement procedures, software applications and system tools, problem resolution techniques, and administrative procedures.</p> <p>Periodically throughout the plan years, claims processors also attend client-specific training sessions. Plan nuances and special conditions and/or requirements are discussed (in depth) and action plans and contingencies are developed. When new products, services, benefits or plan changes</p>	<p>We are committed to ensuring that all new claims processors receive the training, tools, and guidance necessary to be successful in their role. Claims processors complete an eight-week training program upon onboarding. For the first two weeks, trainees complete classroom instruction focused on:</p> <ul style="list-style-type: none"> - Products and platforms - Eligibility processing - Systems training and integration (claims center) - Reference sites - Online privacy and security training <p>The remaining six weeks include integrated on-the-job training, allowing trainees to practice their skills in live systems with set weekly quality and performance expectations. Weekly feedback and metrics are provided.</p> <p>Within six weeks, trainees are required to meet productivity standards of 90% and quality</p>	<p>Inspira's training managers, who maintain a vast background in both adult learning and call center environments, lead our new and existing claim processor employees through extensive and impactful training.</p> <p>Initial Training Our trainers design the curriculum to support new claim processor trainees and claim managers in a thorough and comprehensive two-week educational journey before they join their team on the production floor. Training incorporates various teaching methods including "hands-on" activities, e-learning, and traditional classroom lecture-based environments.</p> <p>Ongoing Training Following the completion of training, we monitor and coach employee performance by using our Quality Control Team, Operational Coaches and Claims Supervisors.</p>	<p>Training begins with a 30-day intensive program combining classroom instruction, simulations, testing, and live mentoring with senior support staff. Training includes extensive product specific instruction as well as customer care techniques and best practices. Training does not end with the probationary period; all claim processors participate in mandatory weekly continuing education sessions as well as ad hoc sessions as needed. These sessions ensure frontline staff stay abreast of new and changing regulations, so they may continue to deliver TASC's right-touch service model.</p>	<p>At ThrivePass our employer service teams go through a series of classroom and on the job training. Classroom training consists of HIPAA compliance and other regulatory training, computer/data security, customer service best practices, while also attending benefit, product & platform specific training sessions. They also job shadow for claims administration, file processing, and additional customer service skills. This all occurs over a six week training program. Ongoing training includes product/market updates, platform release training, as well as any team or individual training sessions as needed or as they are identified through our ongoing coaching, call monitoring and QA processes.</p>	<p>Our initial training program is highly individualized, which allows us to train according to the new employee's skill level/background/etc. and at the new employee's own pace. Typically, our training is three to four weeks long. The training includes traditional classroom education along with online quizzes, side-by-side learning with senior members of the team, new hire presentations, and group projects.</p> <p>There are educational training programs that each employee must take upon hire and on an annual basis. Modules address applicable regulatory schemes (i.e., HIPAA, PCI, anti-money laundering and OFAC (applicable to consumer banking) and fraud, waste and abuse (as they apply to health plans and their subcontractors).</p>
Member Services	Satisfaction	Rated	168	If a participant satisfaction survey has been performed, is a copy being included in your proposal response?	<p>Ameriflex provided a sample participant satisfaction survey as Exhibit 7 in our proposal.</p>	<p>Please see Attachment 3 - Post-call Survey.</p>	<p>Yes. Please see <i>Exhibit 7_ Inspira Financial FCR Survey Questions.pdf</i>.</p>	<p>Submitted on TASC Response - Exhibit 168: Satisfaction survey included</p>	<p>Not attached but the score for Enterprise Clients NPS Survey Score is 71. Can be provided at a later date.</p>	<p>A 3-questions survey is provided to callers to our Customer Service Center. Here is a link to our online survey: https://voyafinancial.co1.qualtrics.com/jfe/form/SV_86QwAuAfyxR8V</p>

Member Services Satisfaction	Rated	169	Indicate the satisfaction level for your five largest public agency clients for each of the last 3 survey periods.		Our client retention rate across all products from January 1-December 31, 2023 based on revenue is 97%. For 2022, 2021, and 2020, clients that accounted for more than 96% of our revenues (excluding interchange fees and vendor commissions) during the year have remained under contract with us in the succeeding year.		HealthEquity does not disclose this information due to confidentiality agreements.		Our member satisfaction rate (percentage) for 2023 was 88.1%. We track the satisfaction level by our full book of business, not by individual clients; therefore, we cannot provide additional detail by public sector.		Sentiment analysis is one our main quality indicators. Sentiment is a measurement of the overall emotional disposition of the interaction. The analytics engine evaluates positive and negative words and phrases, cross-talk during the interaction, laughter detection, the pitch, tone and pace of each speaker. Sentiment score of each call 5-point CSat scale (i.e. 1 = Very Dissatisfied, 2 = Dissatisfied, etc.), and have the % of calls in each category that rate each CSat score. Each row also has the overall avg. CSat rating out of 5. Client Sentiment Score 4.08 Participant Sentiment Score 4.01		Not attached but the score for Enterprise Clients NPS Survey Score is 71.		Our Call Center Satisfaction is approximately 95%.
Member Services Satisfaction	Rated	170	If you have collected member satisfaction survey data, indicate your 2023 results for both your full client base as well as your five largest public sector clients.		Ameriflex is one of the nation's t-rated consumer-driven healthcare administrators and among the few that use a Net Promoter Score to measure customer satisfaction. Our current Net Promoter Score of 78—on a scale of -100 to +100— is 4x the industry average, aligning with brands such as Starbucks, Amazon, and Airbnb.		Our most recent quality metric data for member services include: - CSAT: 85.30% - NPS: 62.3 HealthEquity does not disclose client-specific information due to confidentiality agreements.		Our member satisfaction rate (percentage) for 2023 was 88.1%. We track the satisfaction level by our full book of business, not by individual clients; therefore, we cannot provide additional detail by public sector.		During our most recent quarterly satisfaction survey 95% of respondents were satisfied or very satisfied with the courtesy and professionalism of the TASC Customer Care Representative they interacted with.		Satisfaction our ratings are: • Google - 4.9/5 • Trustpilot - 4.4/5 • Capterra - 4.7/5		Our Call Center Satisfaction is approximately 95%.
Financial Cost Proposal Terms and Underwriting	Rated	171	Confirm that you have completed the Underwriting Assumptions tab	Yes	Yes	Yes	Yes	Yes	Confirmed.	Yes	Confirmed	Yes		Yes	Confirmed.
Financial Cost Proposal Terms and Underwriting	Rated	172	Confirm Performance Guarantees have been provided on the applicable tab	Yes	Yes	Yes	Yes	Yes	Confirmed.	Yes	Confirmed	Yes		Yes	Confirmed.

Financial Cost	Proposal Terms and Underwriting	Rated	173	Is there an additional cost for any nondiscrimination testing services? If "yes", please include a detailed listing of the fees in your pricing proposal	Yes	Yes	The first round of non-discrimination testing is included. Additional tests are available for \$600.	Yes	We are including a non-discrimination testing fee allowance up to \$5,000. You may use this to pay for the required testing for City account holders during the initial implementation period and available in the second through third contract years. If for some reason the non-discrimination testing fee allowance does not cover the total expense of the test for each year of the contract, the following fees will apply: <u>5,001+ Employees:</u> Standard Test/Cafeteria Plan (Section 125: \$1,000 + \$0.25 per eligible employee Test Expanded Test: \$1,500 + \$0.25 per eligible employee Comprehensive Test: \$2,250 + \$0.25 per eligible employee	No	No	No		
Financial Cost	Proposal Terms and Underwriting	Rated	174	Are Direct Deposit fees included in standard pricing?	Yes	Yes		Yes	Areed.	Yes	There are NO TASC fees for Direct Deposit.	Yes	Yes	
Financial Cost	Proposal Terms and Underwriting	Rated	175	Does Vendor require a specific bank or financial institution be used for funding the accounts? If Yes, enter name of bank in the Explanation Column	No	No	Under our funding model, all claims and card transactions are paid from HealthEquity Wells Fargo bank accounts.	No	The City designates a specific bank or financial institution of their choosing for funding the account.	No		No	No	City of Los Angeles can use any bank of their choice.
Financial Cost	Proposal Terms and Underwriting	Rated	176	Are there additional charges in the event of insufficient funds to cover ACH or if invoices are not timely paid? If so, describe.	Yes	However, these fees are waived for government clients.	There is a 2% penalty for late payments.	Yes	If an ACH pull is rejected (insufficient funds, invoices are not timely paid), the City is immediately notified by their account manager. The City will be charged a fee for a rejected pull for claims funding.	No	Invoices will be charged 3% finance charge if invoices are not timely paid.	Yes	No	

Financial Cost	Proposal Terms and Underwriting	Rated	177	Describe the way in which the banking arrangement works and all associated requirements. Include the timing of the call for funds, any deposit amount required in the account, its term (weekly, monthly), how it is determined and any interest earned on the deposit or on amounts held in the account until checks are cashed.	<p>We offer two funding methods, as described below for government agencies. The preferred and most popular funding method is claims-based funding.</p> <ul style="list-style-type: none"> • Claims-Based Funding: Ameriflex can initiate ACH debit pull from employers' accounts based on daily or per pay period eligible claim reimbursements to cover manual claims, including check and direct deposit, and to cover debit card transactions. An email is provided to employers on a daily, weekly, or monthly basis showing the amounts to be debited from the employer's account. • Contribution-Based Funding: Each pay period, employers send employee contributions via ACH to Ameriflex. In addition to sending contributions, a reserve of funds is also held in Ameriflex's account to ensure adequate funds are available to pay claims. If pending claims exceed funds available, we will notify the 	<p>HealthEquity offers optional funding models that allow clients to forgo advance or pre-funding requirements for reimbursement accounts. For example, if the client will permit HealthEquity to pull funds (ACH debit) daily from a client-owned bank account for the prior day's spend, advance or pre-funding requirements are waived. Alternatively, the client can ACH credit full payroll contributions each pay cycle directly to HealthEquity. Details of each funding model are provided below.</p> <p>Daily Funding: The client can use the daily funding report or daily invoice to ensure that sufficient funds are available for HealthEquity to debit. Funding for the Friday, Saturday, and Sunday funding reports is remitted on Monday. If HealthEquity ACH debits from the client's designated bank account, a pre-fund is not required. Alternatively, the client can initiate a funding payment to HealthEquity. If the</p>	<p>Our standard funding arrangement is a daily pull against the plan sponsor's designated corporate account. On each funding day, we notify you of the amount to be funded. We then initiate an ACH debit transaction to pull funds from your designated account for the identified amount.</p>	<p>From the RFP, the City currently funds on a claims paid basis. TASC can replicate Point of Disbursement model and receive funding from the City weekly based on the claims that have been paid out that week. NO prefund.</p> <p>Alternatively, we can also support a Per Pay Period funding model if desired.</p>	<p>Banking – Debit Card Transactions: If a client chooses a debit card, they will fund card transaction activity daily. There is no prefund or security deposit required. An ACH will be initiated by ThrivePass on a daily basis to pull funds directly from the client's bank.</p> <p>A good mutual understanding of the legal, banking, and practical issues associated with debit cards is important for the program to be successful. ThrivePass works closely with our clients to determine whether the debit card will be a good fit with their existing benefit structure.</p> <p>Excellent employee communication is also critical so that participants truly understand the process. We have developed a comprehensive resource library that is available to participants on their personalized portal, and there are many other communication tools available to help educate and engage employees with these benefits.</p>	<p>Voya pays claims in advance from one of our bank accounts. This includes debit card transactions. An invoice will go out to the client weekly via email for claims paid the prior week. We can email an unlimited number of contacts. Payments can be made through EFT, ACH or paper check. Backup reporting is included and payment is due 2 days after invoice. Because we pay claims in advance we do require a small Maintenance Deposited to facilitate this. This deposit is retained until the service is no longer provided, at which point it can be used to pay the final invoice or returned as part of the plan closeout process. The standard for administration fees is to bill monthly in arrears (ETF, ACH or paper check).</p>				
Financial	Cost	Rated	178	Confirm that you have completed the HC-DC FSA Pricing Tab?	Yes	Yes	Yes	Confirmed.	Confirmed	Yes	Yes			
Financial	Cost	Rated	179	Is there an additional cost for any plan document services?	No	Yes	See Explanation	The initial plan document and summary plan description are included at no cost when a setup/implementation fee is charged. Updates to these documents are available for \$100.	We prepare standard template Plan Documents for the plan sponsor for no additional fees.	No	No			
Financial Cost	Cost	Unrated	180	Vendor is bidding solely on HCFSAs/DCFSAs services? (AKA - You are not also submitting a bid for RAMP ID 211911)	Yes	Yes	No	Vendor is submitting stand alone quotes for HCFSAs/DCFSAs and commuter.	Inspira is bidding on both the standalone HCFSAs/DCFSAs quote and the Transit/Commuter Services quote.	No	TASC is submitting this bid for HCFSAs-DCRA. A separate bid will be submitted for RAMP ID 211913. TASC would provide a FREE Transit and/or Parking Account for any participant who also has an FSA (HC and/or DC).	No	No	Voya is responding to both RFPs.
Financial Cost	Cost	Unrated	181	In addition to the stand alone HCFSAs/DCFSAs quote, Vendor is also submitting bundled pricing quote with Transit and Commuter Services	Yes	Yes	No	Vendor is submitting stand alone quotes for HCFSAs/DCFSAs and commuter.	Inspira is bidding on both the standalone HCFSAs/DCFSAs quote and the Transit/Commuter Services quote.	Yes	TASC is submitting a bid for Transit and Commuter Services, RAMP ID# 211913. TASC would provide a FREE Transit and/or Parking Account for any participant who also has an FSA (HC and/or DC).	Yes	Yes	Yes, confirmed. A bundling discount of \$.05 per participant would apply. Voya would charge \$2.90 per participant per month for FSA & Commuter Administration.

Financial Cost	Cost	Unrated	182	The City is exploring changes to its medical offering to include a HDHP; do you provide HSA services? If so, please provide an overview of your service offering and illustrative 2025 pricing schedule non-binding to this RFP as an attachment to your RFP response.	Yes, we provide Health Savings Account (HSA) Administration services. We have enclosed an overview that outlines our HSA Administration offers in Exhibit 8 .	HealthEquity provides HSA services and would be pleased to provide an overview and pricing schedule separately but we would need to know about your anticipated changes in order to provide an accurate price estimate.	HSA pricing is determined on an individual group basis. Some of the information taken into consideration for pricing is employer contributions amounts, estimated number of expected HSAs, how many HDHP plans are offered, how many total health plans are offered? Are there any other incentives to promote HSA adoption? We are happy to discuss our HSA services with you.	Yes, proposes a FREE (NO fees) full-service Health Savings Account (HSA) provides a comprehensive benefits managing all aspects of HSA Plan administration. Submitted on TASC Response - Exhibit 182. TASC HSA delivers: <ul style="list-style-type: none"> • 25 basis points paid on participant cash balances • Daily trade settlements for fund investing • Customizable sweep thresholds • Catch-up processing and excess contributions logic • Prospectus and graphical analysis of performance • Multiple contribution methods • Tax document reporting for the participant • Investment Platform through Schwab • Trustee services through Matrix • Independent Investment Advisor • A TASC Debit Card • Investment options for all risk tolerances • Multiple top-rated investment options • Compliance services 	Yes ThrivePass administers HSA services. HSA quote included in the attachments.	Yes, Voya offers HSA administration. Clients of this size typically have a \$0.00 administrative fee, however, we would evaluate the underwriting parameters for the City of Los Angeles as part of the formal RFP process.	
Financial	Cost	Rated	183	Vendor agrees that the contract pricing will be guaranteed for a minimum of 36 months and renewable for a minimum of twelve (12) months for subsequent periods	Ameriflex agrees.	Yes	Yes	Agreed. We will guarantee our costs for 60 months (the life of the initial contract). <u>Exceeds requirements</u>	Agreed	Confirmed.	
Financial Cost	Cost	Rated	184	Are there additional fees for electronic feeds?	No	No	No fees if using standard file feed formats.	No	Agreed.	No	Voya does not charge a fee for file feeds.
Financial Cost	Cost	Rated	185	If you are offering rate caps on fee increases for years 4 and 5, please specify all caveats attached to the rate guarantee(s) offered.	We are proposing a 5-year rate guarantee where are proposed fees will remain fixed for the contract term.	There is no rate cap for years 4 and 5.	After the three year contract period, if the City is looking for a renewal for two additional contract years, we will evaluate the number of accounts and appropriate pricing will be reviewed at that time.	We guarantee our rates without caveat. They are firm and fixed for ease of budgeting for the City.	Rates won't increase more than 3% COL	5-year rate guarantee offered.	

Financial Cost	Cost	Rated	186	Provide a comprehensive breakdown of any transactional fees outside of the base unit cost that the City or its participants may be subject to.	We have enclosed a comprehensive breakdown of any transactional fees outside of the base unit cost that the City or its participants may be subject to in Exhibit 9 .		There are no transactional fees for the City or its participants		Optional services: <ul style="list-style-type: none"> – Customized participant materials and other custom communication requests: Cost based on required Statement of Work, plus mailing costs (if applicable). – Onsite Enrollment Meeting Support: \$500 per event. – Ad-hoc reporting: \$150 per hour. Statement of Work required. – Rejected/NSF Customer Funding ACH transactions: \$50/occurrence – Paper Account Statements: Available free online, or \$0.50/quarterly; \$1.50/monthly PPM for mailed paper statements – Mid-Year Takeover Administration or Previous Plan Year Takeover: \$1,000 – Failure to Fund Release Claim: Any funding due Inspira for claims paid on behalf of the company that remains unpaid after twenty (20) banking days shall be subject to a fee (Failure to Fund Fee). The Failure to Fund Fee shall be 		Out of scope customization NOT mentioned in the RFP will be at a fee of \$150 per hour for professional labor cost. Mass mailings to huge sets of the eligible population will be at cost on a time and expense basis for shipping, handling, postage, printing and mailing.		No additional fees will be charged.		N/A
Financial Cost	Cost	Rated	187	Confirm that you will provide an implementation credit for the contract starting 1/1/2025 (whether or not you are the incumbent) that the City may use at its discretion for FSA related activities (e.g. programming, communications, etc.). Please also indicate the amount of the credit you will provide.	Yes		No, as the incumbent there are no implementation fees and no implementation credits provided.	No	Confirmed. We are including an implementation fee allowance up to \$5,000. You may use this to pay for reasonable implementation expenses incurred by the City to transition the accounts to Inspira which are applicable during the implementation period. The credit will be applied against future invoices, if used.	Yes	TASC will provide an Implementaiton Credit to the City by WAIVING all setup fees. The City will not have to pay for implementation with TASC. That will be the credit that is provided during the deployment of the intial launch.	No		No	