



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/02/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	<b>FAX</b> (A/C, No):
00053-STND-EC-14-15	PST	
<b>INSURED</b> MCKESSON CORPORATION INCLUDING PST SERVICES, INC. ONE POST STREET SAN FRANCISCO, CA 94104	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A: Lloyd's Of London	NAIC #: 1122000
	INSURER B: National Union Fire Ins Co Pittsburgh PA	19445
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER:

SEA-002499035-02

REVISION NUMBER: 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/POD AGG \$
						\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				OTH-ER
A	PROF LIABILITY (E&O)		QF034914 (SIR: \$2.5M)	07/01/2014	07/01/2015	E L EACH ACCIDENT \$
B	COMMERCIAL CRIME		01-600-77-85	11/21/2013	11/21/2014	E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$
						PER CLAIM / AGG 1,000,000
						PER OCC 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVIDENCE OF INSURANCE ONLY

**CERTIFICATE HOLDER**CITY OF KEY WEST  
3126 FLAGLER AVE  
KEY WEST, FL 33040**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh Risk & Insurance Services

Linda J. Miner



SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A)  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY  
PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS,

1. This sworn statement is submitted to City of Key West  
by Glenn Goodpaster, Executive Director of Operations, EMS Billing  
(Print individual's name and title)  
for PST Services, Inc.  
(print name of entity submitting sworn statement)
- whose business address is 5995 Windward Parkway, Alpharetta, GA 30005  
and (if applicable) its Federal Employer Identification Number (FEIN) is [REDACTED]  
(If the entity has no FEIN, include the Social security Number of the individual signing  
this sworn statement: \_\_\_\_\_)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "conviction" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment of information after July 01, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime;  
or
  2. An entity under the control of any natural person who is active in the



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

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

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

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

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS



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

  
(SIGNATURE)

October, 2014  
(DATE)

STATE OF GEORGIA

COUNTY OF FULTON

PERSONALLY APPEARED BEFORE ME, the undersigned  
Authority Glenn Goodpaster who, after first being sworn by me,  
(Name of individual)

Affixed his/her signature in the space provided above of this  
\_\_\_\_\_ Day of October, 2014





## INSURANCE REQUIREMENTS

Vendor must be able to comply and provide evidence of the following insurance requirements before any work can begin:

- (1) Errors and Omissions Liability Insurance in an amount of not less than \$1,000,000 per occurrence/\$1,000,000 aggregate.
- (2) Employee Dishonesty Coverage in the amount of not less than \$500,000. Coverage shall include:
  - Forgery or Alteration;
  - Computer Fraud;
  - Funds Transfer Fraud;
  - Third Party Coverage in favor of the City of Key West.
- (3) Worker's Compensation Insurance and Employer's Liability Insurance:
  - Worker's Compensation Benefits: Statutory;
  - Employer's Liability Insurance:

Bodily Injury by Accident	\$1,000,000 Each Accident
Bodily Injury by Disease	\$1,000,000 Each Employee
Bodily Injury by Disease	\$1,000,000 Policy Limit

See Exhibit 1-B



# EXHIBIT 1-A

## Medical Plans

### Consumer-Driven Health Plan (CDHP)

The Consumer-Driven Health Plan (CDHP) is all about choice — choice of carrier, choice of coverage level, choice of how you spend your healthcare dollars. You're in the driver's seat when it comes to your healthcare decisions. The CDHP provides comprehensive medical coverage, prescription drug coverage through CVS Caremark and a McKesson-funded health reimbursement account (HRA) that pays your initial eligible expenses. The benefits of this plan include:

- In-network preventive care services covered at 100%
- HRA dollars funded by McKesson to help you meet your deductible
  - \$750 for employee only coverage
  - \$1,100 for employee + spouse/domestic partner coverage or for employee + children coverage
  - \$1,500 for family coverage
- You pay the remainder of the deductible (your member responsibility amount)
- Choice of Aetna or Cigna as your plan carrier in all states except Hawaii (Anthem Blue Cross and UnitedHealthcare may also be an option in your state)
- Maximum limits on the amount you pay yearly for out-of-pocket expenses, including coinsurance

The HRA helps you pay your initial eligible expenses for non-preventive care. These dollars apply to eligible medical and prescription drug expenses only. Unused HRA dollars roll over to help pay eligible expenses in future years for as long as you remain continuously covered under the plan.

If you choose the CDHP, you'll pay more upfront in premiums but you'll pay less later for your deductible compared to the HDHP Health Savings Advantage Plan.

### CDHP Coverage Levels

The CDHP offers three levels of coverage to choose from — Core, Premier and Premier Plus. The option you choose determines your deductible (the sum of your CDHP HRA funds and member responsibility amount), coinsurance out-of-pocket maximum and maximum out-of-pocket amount as shown on page 10.

Think about whether the CDHP coverage level you're considering for next year is the most appropriate option for you. Keep in mind that the McKesson-funded CDHP HRA amount is the same for each level. You may find that the Core or Premier level can meet your family's needs effectively for a lower premium amount.

### CDHP Medical Carriers

One of the perks of the CDHP is the freedom to choose between our carriers. Depending on the state you live in, you may have as many as three carriers to consider. Review the map on page 9 to see which carriers are available in your home state. (You can also find your available carriers on *Your Benefits Resources*.)

We encourage you to shop and compare all of our carriers by visiting their websites. While you'll receive the same comprehensive medical coverage from each carrier, you may find you prefer one over the rest after comparing features, such as provider networks and access to specific healthcare tools and resources.

#### TIP

A large majority of doctors are in-network providers under all the carriers, meaning you're likely to find that your doctor will be covered no matter which carrier you choose. There are exceptions, however, and if keeping your current doctor is a major consideration for you, it's important that you confirm he/she is in-network by calling your doctor's office directly.



#### Enroll on Time

If you don't enroll in a medical plan before the deadline, you may end up with no coverage. Make sure you grab this important opportunity to take part in our benefits.





## HDHP Health Savings Advantage Plan

There are many roads to good health, and we realize you may have a different strategy when it comes to how you pay for healthcare. The HDHP Health Savings Advantage Plan provides two great ways to save money on your healthcare expenses, while giving you the same comprehensive medical coverage as the CDHP, including no cost in-network preventive care and coinsurance benefits.

- First, the HDHP Health Savings Advantage Plan offers the lowest per-paycheck premium of all our plans. In exchange, you agree to pay more later — in the form of a high deductible and higher out-of-pocket maximums for coinsurance and total expenses — if you require non-preventive medical care.
- Second, if you meet eligibility requirements, you can invest the money you save on your premium into a health savings account (HSA). An HSA is an interest-generating account, similar to a 401(k) or individual retirement account, that you fund with tax-free contributions and use to pay for eligible medical, prescription drug, dental and vision expenses — or save to pay for future healthcare expenses after you retire. Like a 401(k), your HSA is fully vested and yours to keep, even if you change coverage, change employers or retire.

You're eligible to make contributions to an HSA for the period of time that you:

- Are covered by a high-deductible health plan (HDHP), such as the McKesson Health Savings Advantage Plan
- Do not have any other health coverage, such as non-HDHP medical coverage or a standard healthcare flexible spending account (for example, under plans available through your spouse/domestic partner's employer)
- Are not enrolled in Medicare or Veteran's benefits (TRICARE)
- Are not eligible to be claimed as a dependent on another person's tax return

If you currently participate in a healthcare flexible spending account (FSA), you will not be able to begin contributing to an HSA until January 2015. If you have a healthcare FSA balance on December 31, 2014, you will not be able to begin contributing to an HSA until April 2015.

## Coinsurance

Once you meet your deductible, McKesson shares the cost of your eligible medical expenses, paying a higher percentage when you use an in-network provider. The HDHP Health Savings Advantage Plan also sets a maximum limit on the amount you have to pay for eligible expenses in a single year. If you exceed this amount before the year is complete, McKesson covers future eligible expenses at 100%.

HDHP Health Savings Advantage Plan (with Employee-Paid HSA)		
<b>Health Savings Account (HSA)</b> <b>Maximum Annual Contribution<sup>1</sup></b> (Amount you may contribute on a tax-free basis)		
- Employee		\$3,300
- Employee + Spouse/DP <sup>2</sup> or Employee + Child(ren)		\$6,550
- Family		\$6,550
<b>Annual Deductible</b> (You pay)		
- Employee		\$3,500
- Employee + Spouse/DP <sup>2</sup> or Employee + Child(ren)		\$5,250
- Family		\$7,000
	<b>In-Network</b>	<b>Out of-Network</b>
<b>Coinsurance</b> (Percentage McKesson pays toward eligible expenses after deductible is met)		
	80%	60%
<b>Coinsurance Out-of-Pocket Maximum</b> (The most you pay in coinsurance during the year)		
- Employee	\$2,750	\$5,500
- Employee + Spouse/DP <sup>2</sup> or Employee + Child(ren)	\$4,125	\$8,250
- Family	\$5,500	\$11,000
<b>Maximum Out-of-Pocket Amount</b> (Expenses during the year; annual deductible PLUS coinsurance out-of-pocket maximum)		
- Employee	\$6,250	\$9,000
- Employee + Spouse/DP <sup>2</sup> or Employee + Child(ren)	\$9,375	\$13,500
- Family	\$12,500	\$18,000

<sup>1</sup> Federal law sets monthly contribution limits (annual contribution amount shown above divided by 12) — your annual HSA contribution can't be more than the total of the monthly limits for all months in which you are HSA eligible. An additional annual catch-up amount of \$1,000 (also set on a monthly basis) may be contributed if you are age 55 or over. Please note that there are special rules that apply when determining HSA contribution limits for married individuals. You can find contribution information in IRS Publication 969, "Health Savings Accounts and Other Tax-Favored Health Plans" at [www.irs.gov/pub/irs-pdf/p969.pdf](http://www.irs.gov/pub/irs-pdf/p969.pdf). We encourage you to talk to your tax advisor before making contributions to an HSA.

<sup>2</sup> DP = Domestic Partner



## Dental and Vision

### Dental and Vision Benefits

Whole body health is important to us. That's why we offer plans that provide 100% coverage for in-network preventive dental and vision care, such as teeth cleanings and eye exams.

#### Dental

Cigna is our dental carrier and offers either Dental Preferred Provider Organization (PPO) or Dental Health Maintenance Organization (HMO).

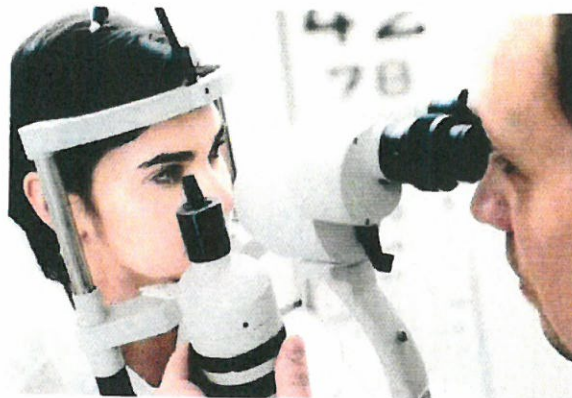
There are two PPO options to choose from — Dental PPO and PPO Plus. If you choose a PPO plan, you pay more in premium contributions (a greater amount if you select the PPO Plus); however, you can receive coverage benefits when visiting any licensed dentist. PPO Plus gives you the benefit of paying a smaller percentage of your coinsurance for basic and major dental procedures.

Dental HMO participants pay a smaller per-paycheck premium and must select a primary dentist from the network. You then pay a fixed copay amount whenever you visit. This plan allows you to lower your out-of-pocket cost because you agree to receive treatment only from dentists that participate in that network (which is much smaller than the PPO).

#### Vision

Vision Service Plan (VSP) is our vision carrier. The plan provides 100% coverage for routine eye exams and allowances for frames or contact lenses. You'll have your choice of two plan options — VSP and VSP Plus — with VSP Plus providing the highest level of benefits. VSP Plus members pay a higher per-paycheck premium in exchange for smaller copays and a higher annual allowance for frames and contact lenses.

You receive the best value from your plan when you visit a VSP doctor. If you see a non-VSP doctor, you'll be required to pay in full up front and submit a claim to VSP for partial reimbursement.



Make your dental and vision choices before your enrollment deadline.

You may:

- Enroll for coverage
- Waive coverage

Information on how to find in-network dental and vision providers in your area is available on page 38





## Other Benefits

### Short Term Disability

You receive short term disability (STD) coverage automatically at no cost to you. If you should need to use your STD benefits, coverage would begin on the eighth day of disability and continue for up to 26 weeks as long as you remain disabled. Your benefit amount is equal to a percentage of your pre-disability earnings minus earnings from other income.

### Long Term Disability

Long term disability (LTD) insurance protects your income in the event your disability keeps you out of work for an extended period of time. It provides 60% of your covered salary up to a maximum benefit of \$25,000 a month.

McKesson pays 70% of your LTD cost, making this supplemental coverage very affordable in relation to its potential value. For example, an employee with a salary of \$50,000 would:

- Pay \$3.50 per month for coverage
- Receive \$2,500 per month in the event of a disability



**Make your long term disability choice before your enrollment deadline.**

You may:

- Enroll for coverage
- Waive coverage

### Life and Accident

McKesson automatically provides the following coverage to you free of charge upon hiring.

- Basic employee life insurance — this policy pays a \$50,000 benefit to your beneficiary if you die from any cause.
- Basic employee accidental death & dismemberment (AD&D) insurance — this policy pays a benefit of \$50,000 in the event you die as the result of an accident. You may receive partial benefits if you lose a limb, eye, hearing or speech due to an accident.

Save money on your supplemental life insurance premiums by confirming that you will be tobacco-free for 2014 on *Your Benefits Resources*.

### Supplemental Life and AD&D Insurance

Additional life and AD&D coverage is available for you and your family. You can purchase this coverage at group rates. If you choose to waive supplemental coverage now and decide to enroll during a future Annual Enrollment, evidence of insurability (EOI) may be required for you or your spouse/domestic partner. (EOI is not required for coverage for children.) Keep in mind that when EOI is required, coverage is subject to Minnesota Life approval.

#### What is evidence of insurability (EOI)?

EOI is a medical history questionnaire. If EOI is required, you will be prompted to provide health information as you make your choices on *Your Benefits Resources*. If additional information is needed, Minnesota Life may:

- Request information directly from your healthcare provider.
- Require an exam (which takes place in your home at no cost to you).

#### Make Your Supplemental Life and AD&D Insurance Choices Before Your Enrollment Deadline

You may make the following supplemental life and AD&D insurance choices:

- Employee life and AD&D insurance: a number of coverage options starting from \$10,000 — the amount you choose may not exceed eight times your salary or \$1.5 million, whichever is less.
- Spouse/domestic partner life and AD&D insurance\*: a number of coverage options starting from \$20,000 — the amount you choose may not exceed \$240,000.
- Child life and AD&D insurance: \$5,000, \$10,000, \$15,000, \$20,000 or \$25,000 per child.
- Waive coverage.

\* May be delayed if evidence of insurability (EOI) is required. EOI may be required if you choose an amount in excess of \$40,000 for your spouse/domestic partner.



# Bereavement Time Off

## Overview

Bereavement time off allows employees to take time off when a death of a family member or close companion occurs.

## Applies To

All U.S. regular employees (full-time, part-time or McKesson temporary employees), except those employees who work pursuant to a collective bargaining agreement. Employees who work subject to a collective bargaining agreement should consult the CBA and/or local HR to determine applicability.

## Requesting Time Off for Bereavement

Employees in need of a bereavement time off should contact their manager or supervisor immediately. Departments may require employees to complete a form and/or provide reasonable documentation or a statement of family relationship to support the need for the leave.

## Eligible Family Members

Employees can take up to three (3) days for the death of an immediate family member. Immediate family members are defined as:

- brother
- child or stepchild
- foster child
- grandchild
- grandparent
- parent or stepparent
- sister
- Child or stepchild's spouse or domestic partner
- spouse or domestic partner
- spouse or domestic partner's child or stepchild
- spouse or domestic partner's parents or stepparents
- any other person with whom the employee has had a dependent relationship

Employees can take one (1) day for the death of an extended family member. Extended family members are defined as:

- aunt
- first cousin
- nephew
- niece
- brother or sister's spouse or domestic partner
- spouse or domestic partner's siblings, grandchildren or grandparents
- uncle

## Coverage for Domestic Partners

For bereavement time off, a domestic partnership means same-sex and opposite-sex couples who are married, in a civil union or registered with any state or local government domestic partnership registry. It also means a partnership that meets all of the following requirements:

- The partnership is an intimate, committed relationship of mutual caring.
- The covered employee and the domestic partner share the same principal residence.





- The covered employee and the domestic partner agree to be responsible for each other's basic living expenses during the domestic partnership and also agree that anyone who is owed these expenses can collect from either the covered employee or his/her domestic partner.
- The covered employee and the domestic partner are either age 18 or older (or the age of consent in the state of residence) and mentally competent to enter into contracts.
- The covered employee and the domestic partner are both not currently married nor legally separated.
- The covered employee and the domestic partner are not currently in a valid civil union.
- The covered employee and the domestic partner are not so closely related by blood that legal marriage would otherwise be prohibited.
- The covered employee and the domestic partner do not have a different domestic partner now.
- The covered employee and the domestic partner have not had a different domestic partner in the last six months

You can take your bereavement time off in intermittent work days. (For example: attending the funeral and then attending the reading of the will.)

You can take as many bereavement days as needed, as long as the leave is within the bereavement time off guidelines. Extensions are not given for a bereavement time off. If you need additional days off, you should discuss your needs with your manager. Employees must use all their available PTO before taking unpaid time off.

**Your Pay**

You will receive 100% of your base pay. For commissioned employees, you will be paid according to the practice of your Business Unit when you use bereavement leave of absence.

Your time off is recorded as bereavement days.

**Counseling Services**

If you need to talk to someone about the death, counseling is available through the employee assistance program.

**Pay Exceptions**

If you take bereavement time off before or after a holiday, the day will be paid as a holiday and won't be charged against your bereavement time.

If you are on approved PTO and become eligible for bereavement time off under the terms of this Policy, the amount of paid bereavement time off that is approved will be credited back to your PTO accrual.

If you are on a paid or unpaid leave and someone dies, you can't change the time off to bereavement time off.

**Questions**

Call the HR Support Center

**Related Policies**

[Religious Accommodation](#)



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## Family Medical Leave of Absence “FMLA”

### Overview

A Family Medical Leave of Absence (“FMLA”) allows eligible employees to take time off work, as detailed below.

FMLA may be taken for:

1. the birth or adoption of a child or the placement of a foster child;
2. the care of a spouse, parent or child with a serious health condition;
3. your own serious health condition;
4. a “qualifying exigency,” as determined by the Secretary of Labor, arising out of the fact that your spouse, son, daughter, or parent is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces; or
5. the care of a covered service member with a serious injury or illness if you are the spouse, son, daughter, parent or next of kin of the service member (“Military Caregiver Leave”).

### Applies To

All U.S. regular employees (full-time, part-time or McKesson temporary employees), except those employees who work pursuant to a collective bargaining agreement. Employees who work subject to a collective bargaining agreement should consult the CBA and/or local HR to determine applicability.

### Eligibility Requirements

Employees must meet all of the following eligibility requirements:

- employees who have worked at least 1,250 hours over the previous 12 months
- employees who have worked for the Company for a total of at least 12 months
- employees who work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the Company within 75 miles

### Duration and Timing of Leave

Your leave begins on either the first day of your leave of absence or on the first day you work a partial day because of an intermittent leave.

For FMLA reasons “1” through “4” listed above, you may take up to 12 weeks during a 12-month period. The 12-month period is based on a rolling 12-month period measured backward from the date any FMLA is used. For example, if you use four weeks beginning February 1 of one year, four weeks beginning June 1 of the same year and four weeks beginning December 1 of the same year, you would not be entitled to any additional leave until February 1 of the following year. In February of the following year, you would be eligible to take FMLA at the rate of one additional day of leave each day for the next four weeks, and you would again be eligible to take additional days beginning on June 1 and again on December 1.

For FMLA reasons “5” listed above (Military Caregiver Leave), you may take up to 26 weeks during a single 12-month period to care for the servicemember, beginning on the first day you take leave to care for the servicemember and ending 12 months after that date. If you do not take all 26 workweeks to care for a covered servicemember during this “single 12-month period,” the remaining time is forfeited. During such 12-month period, you may also take leave for reasons “1” through “4” above, but the combined total of leave for any qualifying reason (reasons “1” through “5” above) during a *single* 12-month period may not exceed 26 weeks. (Up to, but no more than, 12 of the 26 weeks may be taken for reasons other than Military Caregiver Leave during the single 12-month period.)





## EXHIBIT 1-B



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
10/02/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Lynn.Heimerle@marsh.com 00053 -STND-GAWU-14-15		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:															
<b>INSURED</b> MCKESSON CORPORATION INCLUDING PST SERVICES, INC. ONE POST STREET SAN FRANCISCO, CA 94104		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <thead> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Golden State Insurance Co Ltd</td> <td>3191144</td> </tr> <tr> <td>INSURER B : Old Republic Insurance Co</td> <td>24147</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER	NAIC #	INSURER A : Golden State Insurance Co Ltd	3191144	INSURER B : Old Republic Insurance Co	24147	INSURER C : N/A	N/A	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																	
INSURER E :																	
INSURER F :																	

## COVERAGES

CERTIFICATE NUMBER:

SEA-002498523-02

REVISION NUMBER: 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		064-1-80101-2014	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MWC 30192500 (AOS) MWXS 301927 \$100K SIR FOR CT,NV,OH,WA	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
EVIDENCE OF INSURANCE ONLY

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF KEY WEST 3126 FLAGLER AVE KEY WEST, FL 33040	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Linda J. Miner
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AGENCY CUSTOMER ID: 00053

LOC #: San Francisco



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED MCKESSON CORPORATION INCLUDING PST SERVICES, INC. ONE POST STREET SAN FRANCISCO, CA 94104
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

THE GENERAL LIABILITY POLICY (064-1-80101-2014) PLACEMENTS WERE MADE BY MARSH MANAGEMENT SERVICES (BERMUDA) LTD. MARSH USA INC. HAS ONLY ACTED IN THE ROLE OF A CONSULTANT TO THIS CLIENT WITH RESPECT TO THESE PLACEMENTS, WHICH ARE INDICATED HERE FOR YOUR CONVENIENCE.



## List of Appendices

SafetyPAD ePCR Software Description

Sample Reports

Indian River Case Study

SSAE 16 Audit Report

Table of Contents of McKesson HIPAA Policy

Most Recent McKesson Annual Report

McKesson Business Performance Services Standard Agreement

Standard McKesson Insurance Provisions



## Key West

### REQUEST FOR PROPOSAL

RFP# 02-015

EMS Billing Service

## Introduction

Electronic Patient Care Reporting (ePCR) technology leader **OPEN incorporated** (DBA 'SafetyPAD'), is pleased to have the opportunity to propose **SafetyPAD**<sup>®</sup>, a highly robust, advanced ePCR and HIE technology solution for Key West Fire Department.

### Scott Streicher

Chief Operating Officer

OPEN incorporated - SafetyPAD

sstreicher@safetypad.com

703.624.6059 (cell)

703.972.2464 (work)

scott.streicher (skype name)

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

OPEN has been developing highly successful electronic EMS informatics solutions for more than 20 years. The SafetyPAD ePCR system was first released in 1996 after more than 2 years of interviewing hundreds of EMS services. Over 17 years ago, OPEN made a corporate commitment to focus exclusively on providing innovative software and information solutions to emergency medical services, with each member of SAFETYPAD's team possessing a strong background in EMS, informatics, and EMS customer needs.

Since that time, various dramatically improved generations and derivatives of SafetyPAD software and technology have been successfully deployed at numerous high-performance EMS services, effectively capturing and managing more than 20-million EMS patient encounters electronically.

In the United States, SafetyPAD serves...

- The largest EMS provider in 6 of the top 15 Metro areas in the United States
- 5 of the top 15 most densely populated areas





- 6 of the 30 largest EMS departments

This proposal provides high-level details on the SafetyPAD system and its numerous features along with expansive integration to many of the components requested by agencies across the country with numerous core interface elements in production or available today.

The response also reflects and is suggesting a fully hosted SafetyPAD backend solution and is priced based upon a per ePCR record model. Pricing under this model also . . .

- **INCLUDES** the use of the SafetyPAD's 'HEART' Hospital Exchange And Records Transfer
- **INCLUDES** unlimited access to various SafetyPAD system components and features covered later in this Appendix.
- **INCLUDES** a CAD, State NEMSIS, and ECG (Physio 12/15, Philips MRx, Zoll e and m series Interface
- **INCLUDES** extensive mobile and backend user training to ensure success. Pricing based on days on-site requirements.

#### Key Solution Highlights Summary

- Hosted, secure cloud-based system with extensive redundancies to ensure optimal stability and up time (a non-hosted solution can also be provided it requested)
- Unlimited licensing and access to applicable SafetyPAD modules
- NEMSIS 2.2 and 3.0-compliant collection and extract delivery to the State
- Substantial flexibility for the agency to shape the collection process for a variety of emergent and non-emergent EMS encounter scenarios as well as the ability to support the data management of patient follow up visits, all within the same flexible SafetyPAD platform
- Various features including patient lookups, driver's licensing scanning, patient transfers, digital camera and medical device integration, auto-faxing and more
- Seamless integration with the agencies CAD system using SafetyPAD's Dispatch API standard, including automatic wireless delivery of dispatch details.
- Optimize resource utilization as well as improve quality of care and performance KPIs.
- Vastly expanded compliance to the agency protocols via SafetyPAD's innovative client configurable questions and answers (Active Guidelines) and revolutionary Protocol based to-do list (Interactive Guidelines), as well as nearly unlimited yet tightly integrated customer-driven clinical research capabilities and support of the broad spectrum of research, studies, and community outreach programs and support meeting agency objective for improving quality of care



- Expanded receiving facility data access, disaster management, syndromic surveillance and operational/clinical alerting (ideal for timely awareness of H1N1, etc), patient tracking, analysis, data management, and communications capabilities via SafetyPAD's Enterprise Agent and MCI/patient management technologies, unique in the EMS informatics industry
- Enterprise-wide SafetyPAD mobile and backend licenses for the agency, providing staff and other stakeholders with secure, highly configurable access
- **SafetyPAD's HEART (Hospital Exchange and Record Transfer) This Electronic Health Information Exchange tool sets the stage to enable complete integration into the hospital or care facility's own electronic systems for notifications and patient information delivery** as well as patient demographic/billing and outcome sharing. This empowers each care facility to securely 'pull/push' appropriate data directly from/to SafetyPAD. agency controls the rights; agency controls what each facility can access. Minimize the need to send reports or reprint patient care reports... hospitals and other care facilities can 'pull' them on their own.
- Expansive tablet management features, including tools to view each mobile device's dispatch status, latest update, etc, as well as extensive support of the latest mobile device technology.
- Robust reporting and analysis to continue to ensure that agency is performance measured, quality assured and medically focused.
- QA/QI using 'CaseFlow' quality control workflow manager, integrated with SafetyPAD web-based 'Enterprise Agent' , allowing agency to establish comprehensive rules of automatic distribution and routing of any applicable case to staff (supervisors, QA, medical directors, field staff, etc.) for web-based review, annotation, approval/rejection/etc.
- Enhanced clinical and operational compliance and revenues through comprehensive data collection, embedded business rules and agency -driven logic.
- SafetyPAD CAD reconciler (for comprehensive incident accuracy). The reconciler ensures that each report is captured and sent and operationally accurate.
- Quick access to web-based backend components with minimal configuration.
- Auto-fax automatically faxes every transport run to the destination specified on the report, no need for any human intervention. Manual faxing from tablets also is a simplified process as well as field or hospital ePCR printing.
- Comprehensive monitor/defibrillator interface (Philips MRx, as well as Physio and Zoll)
- Simple-to-use wireless patient transfer of care between units
- High availability backend operating under a redundant, virtualized environment
- Reliable, highly available, and secure with minimal maintenance

SafetyPAD customer-partners have experienced dramatic and positive impacts on





documentation completeness, process management, and billable reports, with many experiencing improvements in those areas by multiples of **2 - 3 x!**

SafetyPAD believes that it differentiates itself in the ePCR industry by focusing on being a true solution provider to each partner agency, not by simply providing a shrink-wrap ePCR system. We take tremendous pride in working closely with each agency to understand its unique requirements to ensure that the system is a true solution both during initial deployment as well as on an ongoing basis. SafetyPAD does not have hundreds of sites to manage – continually supporting this quantity of site's unique requirements and needs would be challenging for any company. Instead, SafetyPAD's approach has been to work as an integral partner and continually improve the solution based on feedback.

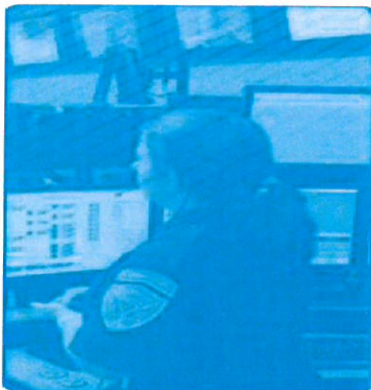
### Hospitals access and data exchange

SafetyPAD has the ability to provide hospitals with a web-based access of only the ePCRs for patient transported to their facility. OPEN has several examples of this process occurring at SafetyPAD sites. With this feature, many agencies allow hospitals access via SafetyPAD hosted sites or a VPN access to data or through a secure web channel. Agency administrators will be able to control the rights and access to the entire system. Hospital access can easily be limited to view only records for that destination.

A number of hospital systems are using SafetyPAD's optional HEART Health Information Exchange API to 'pull' or 'push' data automatically. The SafetyPAD API accepts GET or POST requests to the primary API endpoint URL and returns one or more results in XML format. In general, requests sent via GET when retrieving information and via POST when adding, removing or updating information.

### CAD Interface & Connectivity

SafetyPAD's existing CAD interface module automatically pushes updated dispatch information to each unit within seconds of the event without user intervention and without connection to other hardware on the apparatus. The information passed is highly secure, automatically transmitted and all SafetyPAD sites use this proven method. OPEN/SafetyPAD already has established functional and reliable interfaces to a wide variety of CAD systems.



Any new dispatch details for relevant units are processed and sent to any applicable apparatus via the SafetyPAD message center. This 'push' of dispatch data to mobile devices occurs within seconds of the event and is automatic.

Through OPEN's dynamic CAD interface module, SafetyPAD maintains an archive of CAD event history for all incident



information and unit status messages received from the CAD system. When used in conjunction with SafetyPAD Reconciler, each case is matched one to one with CAD data and incident data is ensured to be accurate and complete.

In addition, additional logic is available to automatically 'create' SafetyPAD ePCR records for certain responding units that may have normally been required to generate an incident record.

### SafetyPAD - Android

We took our 20 years of experience in the ePCR information business and put it in our brand new "First Response" application for Android mobile platforms. The full-featured EMS data collection system provides an intuitive – yet fully configurable – user interface that leverages a web-based portal on hosted cloud to cut hardware costs in half.

First Response is an ALS, BLS and First Responder total solution for on-scene and transport patient care documentation. Quickly and easily document your patient interaction and generate more thorough, error free reports, all while reducing hospital turnaround time so you can focus more on the patient and less on the paperwork.

First Response is easy to use with quick and easy form entry allows you to focus on what's important. First Response is also the ONLY FULLY CONFIGURABLE Android application on the market today that is also NEMSIS compliant, allowing advanced reporting and analysis to occur where and when you need it. Customizable template layouts, using SafetyPAD web 'Enterprise' user interface, allow services to emulate existing paper forms and streamline data entry for reduced training requirements.

#### Mobile Features

1. Android 4.2.2 or newer, optimized for 10.1" devices.
2. Requires No IT experience to customize or maintain. Customize and setup data collection and documentation preferences based on your protocols, treatments and needs.
3. Cut your hardware costs by choosing the right, off-the-shelf Android device that meets your needs while also saving you money. We recommend the Xplore RangerX (<http://www.xplorettech.com/products/rangerx>)
4. 100% designed from the ground up to work on today's mobile tablets. That means information is easy to enter and the interface is optimized for touch.
5. First Response guides you along the way and suggests commonly used medications from our FDA medication interface, complete surgical history lists, so you'll never misspell one again.
6. NEMSIS 3 compliance, out of the box.

