

Solicitation 2014-101

INSURANCE, MEDICAL STOP LOSS

Bid designation: Public



Collin County

Bid 2014-101 INSURANCE, MEDICAL STOP LOSS

Bid Number **2014-101**
Bid Title **INSURANCE, MEDICAL STOP LOSS**

Bid Start Date **In Held**
Bid End Date **Dec 19, 2013 2:00:00 PM CST**
Question & Answer End Date **Dec 13, 2013 5:00:00 PM CST**

Bid Contact **Courtney Wilkerson**
Senior Buyer
Purchasing
972-548-4113
cwilkerson@co.collin.tx.us

Contract Duration **One Time Purchase**
Contract Renewal **Not Applicable**
Prices Good for **90 days**

Standard Disclaimer *****Note to Bidders/Offerors~The following standard disclaimer applies to Invitation to Bid (IFB), Competitive Sealed Proposal (CSP), and Request for Proposal (RFP) ONLY, not applicable to Request for Qualifications (RFQ) or Request for Information (RFI).*****

Mailing Address:
Collin County Purchasing
2300 Bloomdale Rd., Ste 3160
McKinney, TX 75071

Prices bid/proposed shall only be considered if they are provided in the appropriate space(s) on the Collin County bid form(s). For consideration, any additions or deductions to the bid/proposal prices offered must be shown under the exceptions section of the bid/proposal in the case of electronic submittal, ONLY in the case of a hard copy submittal will an additional attachment be allowed. Extraneous numbers, prices, comments, etc. or bidder/offeror generated documents appearing elsewhere on the bid or as an additional attachment shall be deemed to have no effect on the prices offered in the designated locations.

All delivery and freight charges (F.O.B. inside delivery at Collin County designated locations) are to be included as part of the bid/quote/proposal price. All components required to render the item complete, installed and operational shall be included in the total bid/quote/proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

Bid Comments Collin County is requesting vendors to propose medical stop loss insurance, which will provide coverage to all members covered by Collin County's self-funded health plan. Collin County desires to partner with vendors who demonstrate a commitment to helping Collin County meet our objectives.

Item Response Form

Item **2014-101--01-01 - Stop Loss Fees : Option #1, \$100,000 12/12**

	Rate Per Employee Per Month	Rate Per Dependent Per Month
Option #1, \$100,000 12/12		

Delivery Location **Collin County**
Collin County- See P.O.
See P.O. for Delivery Location
2300 Bloomdale Rd.
Ste. 3160
McKinney TX 75071
Qty 1

Description

Option #1, \$100,000 12/12

Please provide a do not exceed rate for each of the options listed above. Any increase to the rates provided may not exceed the do not exceed rate. A rate increase may not be accepted by Collin County unless the offeror can demonstrate a direct correlation to the claims information provided by Collin County.

Item **2014-101--01-02 - Stop Loss Fees : Option #2, \$100,000 12/15**

	Rate Per Employee Per Month	Rate Per Dependent Per Month
Option #2, \$100,000 12/15		

Delivery Location

Collin County

Collin County- See P.O.
See P.O. for Delivery Location
2300 Bloomdale Rd.
Ste. 3160
McKinney TX 75071
Qty 1

Description

Option #2, \$100,000 12/15

Please provide a do not exceed rate for each of the options listed above. Any increase to the rates provided may not exceed the do not exceed rate. A rate increase may not be accepted by Collin County unless the offeror can demonstrate a direct correlation to the claims information provided by Collin County.

Item **2014-101--01-03 - Stop Loss Fees : Option #3, \$150,000 12/12**

	Rate Per Employee Per Month	Rate Per Dependent Per Month
Option #3, \$150,000 12/12		

Delivery Location

Collin County

Collin County- See P.O.
See P.O. for Delivery Location
2300 Bloomdale Rd.
Ste. 3160
McKinney TX 75071
Qty 1

Description

Option #3, \$150,000 12/12

Please provide a do not exceed rate for each of the options listed above. Any increase to the rates provided may not exceed the do not exceed rate. A rate increase may not be accepted by Collin County unless the offeror can demonstrate a direct correlation to the claims information provided by Collin County.

Item **2014-101--01-04 - Stop Loss Fees : Option #4, \$150,000 12/15**

	Rate Per Employee Per Month	Rate Per Dependent Per Month
Option #4, \$150,000 12/15		

Delivery Location

Collin County

Collin County- See P.O.
See P.O. for Delivery Location
2300 Bloomdale Rd.
Ste. 3160
McKinney TX 75071
Qty 1

Description

Option #4, \$150,000 12/15

Please provide a do not exceed rate for each of the options listed above. Any increase to the rates provided may not exceed the do not exceed rate. A rate increase may not be accepted by Collin County unless the offeror can demonstrate a direct correlation to the claims information provided by Collin County.

Item **2014-101--01-05 - Stop Loss Fees : Option #5 \$200,000, 12/12**

	Rate Per Employee Per Month	Rate Per Dependent Per Month
Option #5 \$200,000, 12/12		

Delivery Location

Collin County

Collin County- See P.O.
See P.O. for Delivery Location
2300 Bloomdale Rd.
Ste. 3160
McKinney TX 75071

Qty 1

Description

Option #5 \$200,000, 12/12

Please provide a do not exceed rate for each of the options listed above. Any increase to the rates provided may not exceed the do not exceed rate. A rate increase may not be accepted by Collin County unless the offeror can demonstrate a direct correlation to the claims information provided by Collin County.

Item **2014-101--01-06 - Stop Loss Fees : Option #6 \$200,000, 12/15**

	Rate Per Employee Per Month	Rate Per Dependent Per Month
Option #6 \$200,000, 12/15		

Delivery Location

Collin County

Collin County- See P.O.
 See P.O. for Delivery Location
 2300 Bloomdale Rd.
 Ste. 3160
 McKinney TX 75071
 Qty 1

Description

Option #6 \$200,000, 12/15

Please provide a do not exceed rate for each of the options listed above. Any increase to the rates provided may not exceed the do not exceed rate. A rate increase may not be accepted by Collin County unless the offeror can demonstrate a direct correlation to the claims information provided by Collin County.



COLLIN COUNTY, TEXAS TERMS AND CONDITIONS

1.0 GENERAL INSTRUCTIONS

1.0.1 Definitions

1.0.1.1 Bidder/Quoter/Offeror: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Bidder/Quoter/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by a Bidder/Quoter/Offeror.

1.0.1.4 IFB: refers to Invitation For Bid.

1.0.1.5 RFQ: refers to Request For Qualifications

1.0.1.6 RFP: refers to Request For Proposal.

1.0.1.7 RFI: refers to Request For Information.

1.0.1.8 CSP: refers to Competitive Sealed Proposal

1.0.1.9 Quotation: refers to Request for Quotation

1.1 If Bidder/Quoter/Offeror do not wish to submit an offer at this time, please submit a No Bid Form.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your submittal.

1.4 Collin County exclusively uses BidSync for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A bid/quote/submittal may not be withdrawn or canceled by the bidder/quoter/offeror prior to the ninety-first (91st) day following public opening of submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Bids/Quotes/Proposals/Submittals for any or all products and/or services covered in an Invitation For Bid (IFB), Request For Qualifications (RFQ), Request For Proposal (RFP), Request For Information (RFI), Competitive Sealed Proposal (CSP), and Quotation, and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All IFB's, RFP's, CSP's, RFQ's, and RFI's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the IFB/RFP/RFQ/RFI/CSP/Quotation number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. IFB's, RFP's, RFQ's, CSP's, and RFI's, may be submitted in electronic format via **BidSync**.

1.9 All Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), and Request For Information (RFI), submitted electronically via **BidSync** shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the IFB, RFP, RFQ, CSP, and/or RFI.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), Request For Information (RFI), submitted in hard copy paper form. IFB's, RFP's, RFQ's, CSP's, RFI's, received in County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the IFB/RFQ/RFP/CSP/RFI/, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to an Invitation For Bid/Request For Qualifications/Request For Proposal/Request for Information/Competitive Sealed Proposal, and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than seven (7) days prior to the opening/receipt date. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via **BidSync**, by facsimile, E-mail transmission or mailed via the US Postal Service.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the IFB/RFQ/RFP/RFI/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **BidSync at www.bidsync.com**, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Bidder/Quoter/Offeror's receipt of any addenda issued. Bidder/Quoter/Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 The Bidder/Quoter/Offeror shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

1.17 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.18 Bidders/Quoters/Offerors taking exception to the specifications shall do so at their own risk. By offering substitutions, Bidder/Quoter/Offeror shall state these exceptions in the section provided in the IFB/RFQ/RFP/CSP/Quotation or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.19 Minimum Standards for Responsible Prospective Bidders/Quoters/Offerors: A prospective Bidder/Quoter/Offeror must meet the following minimum requirements:

- 1.19.1 have adequate financial resources, or the ability to obtain such resources as required;
- 1.19.2 be able to comply with the required or proposed delivery/completion schedule;
- 1.19.3 have a satisfactory record of performance;
- 1.19.4 have a satisfactory record of integrity and ethics;
- 1.19.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Bidder's/Quoter's/ Offeror's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with it's preparation of an RFI/IFB/RFQ/RFP/CSP/Quotation submittal.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective bidders during the bidding process is subject to release under the Act.

1.22 The Bidder/Quoter/Offeror shall comply with Commissioners' Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County.

1.24 Bid Openings: All bids submitted will be read at the county's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the county accepts such bid as responsive.

The county will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The county will notify the successful bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

2.0 TERMS OF CONTRACT

2.1 A bid/quote/proposal, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of an Amendment and/or a Change Order.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments and/or Change Orders to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Bids/Quotes/Proposals must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current

manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 If a contract, resulting from a Collin County IFB, RFP, RFQ, CSP, Quotation is for the execution of a public work, the following shall apply:

2.10.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.10.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.12 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.13 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.14 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the bid/quote/proposal price. All components required to render the item complete, installed and operational shall be included in the total bid/quote/proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.15 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.16 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

- 2.17 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:
- 2.17.1 Collin County Purchase Order Number;
 - 2.17.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;
 - 2.17.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.
- 2.18 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.
- 2.19 All warranties shall be stated as required in the Uniform Commercial Code.
- 2.20 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.
- 2.21 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- 2.22 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.
- 2.23 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.
- 2.24 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.
- 2.25 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.
- 2.26 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.
- 2.27 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.
- 2.28 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County's Sheriff's Office prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.
- 2.29 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.30 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.31 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Bidder/Quoter/Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of bid/proposal submission and time of award, the Bidder/Quoter/Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.32 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.33 Delays and Extensions of Time when applicable:

2.33.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect may determine.

2.33.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

NOTE: All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual IFB/RFQ/RFP/RFI/CSP/Quotation Solicitation documents as Special Terms, Conditions and Specifications.

3.0 INSURANCE REQUIREMENTS

Before commencing work vendor shall at their own expense, procure, pay for and maintain the following insurance written by companies approved by the state of Texas and acceptable to the COUNTY of Collin. Vendor shall furnish to the COUNTY of Collin Purchasing Agent certificates of insurance executed by the insurer or its authorized agent stating coverage's, limits, expiration dates and compliance with all applicable required provisions. Certificates shall reference the project/contract number and be addressed as follows: Collin County RFP No. 2013-084

- 3.1 Commercial General Liability insurance, including, but not limited to Premises/Operations, Personal and Advertising Injury, Products/Completed Operations, Independent Contractors and Contractual Liability, with minimum combined single limits of \$1,000,000 per-occurrence, \$2,000,000 Products/Completed Operations Aggregate and \$2,000,000 general aggregate. Coverage must be written on an occurrence form. The General Aggregate shall apply on a per project basis.
- 3.2 Workers' Compensation insurance with statutory limits; and Employers' Liability coverage at \$500,000.
- 3.3 Business Automobile Liability insurance covering owned, hired and non-owned vehicles, with a minimum combined bodily injury and property damage limit of \$1,000,000 per occurrence.
- 3.4 Professional Liability Insurance to provide coverage against any claim which the bidder and all persons engaged or employed by the bidder become legally obligated to pay as damages arising out of the performance of professional services caused by error, omission or negligent act with minimum limits of \$5,000,000 per claim, \$5,000,000 annual aggregate.

NOTE: If the insurance is written on a claims-made form, coverage shall be continuous (by renewal or extended reporting period) for not less than *thirty-six (36) months* following completion of the contract and acceptance by the COUNTY of Collin.

With reference to the foregoing required insurance, the vendor shall endorse applicable insurance policies as follows:

- 3.5 A waiver of subrogation in favor of COUNTY of Collin, its officials, employees, and officers shall be contained on all insurance policies.
- 3.6 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.
- 3.7 All insurance policies shall be endorsed to the effect that COUNTY of Collin will receive at least thirty (30) days' notice prior to cancellation, non-renewal, termination, or material change of the policies.
- 3.8 All insurance shall be purchased from an insurance company that meets a financial rating of A-VI or better as assigned by A.M. Best Company or equivalent.

4.0 GENERAL INFORMATION & SPECIFICATIONS

4.1 INTRODUCTION

Collin County is requesting vendors to propose medical stop loss insurance, which will provide coverage to all members covered by Collin County's self-funded health plan. Collin County desires to partner with vendors who demonstrate a commitment to helping Collin County meet our objectives.

Collin County is a political subdivision of the State of Texas with positions in areas such as law enforcement, clerical, service/maintenance, skilled crafts, professional, technical and para-professional.

Collin County has been self-funded for over 12 years. The medical plan year is January 1st through December 31st. UnitedHealthcare is the current administrator of our medical plan. Through this arrangement we access UnitedHealthcare's Choice Plus Provider Network. Collin County is committed to self-funding and keeping our benefit program financially sound.

Our current stop loss coverage is a \$100,000 specific, 12/12 paid contract. The stop loss plan year runs February 1st through January 31st. There is no aggregate coverage currently in place. ING (Relia Star) is the current administrator for our medical stop loss coverage.

There are 1374 employees and active COBRA participants enrolled in the medical insurance as of September 30, 2013. In addition, there are 36 retirees enrolled in the medical plan. Coverage is broken down into the following categories:

- employee/retiree only: 568
- employee/retiree and child: 237
- employee/retiree and spouse: 226
- employee/retiree and family: 379

Collin County offers eligible employees and retirees the option to enroll in the Advantage (base) or the Advantage Plus (premium) medical plans. Both plans cover the majority of the same services but have different co-payments, co-insurance amounts, deductibles and out-of-pocket maximums. For retirees over the age of 65, Medicare is considered primary and Collin County is secondary.

Collin County has implemented various cost control methods over the last few years such as; increasing employee contributions, removing out-of-network coverage, increasing emergency room copays, utilizing an on-site nurse liaison and offering wellness premium discounts and/or lump sum payments to participants that complete an annual physical, cholesterol screening, well woman/man exam, provide physician reported height, weight and body mass index and complete a health risk assessment.

The following documents are attached for the offerors review:

1. 2011 Dual Plan Summary – Attachment A
2. 2012 Dual Plan Summary – Attachment B
3. 2013 Dual Plan Summary – Attachment C
4. 2011 Medical Plan Employee Premiums – Attachment D
5. 2012 Medical Plan Employee Premiums – Attachment E
6. 2013 Medical Plan Employee Premiums – Attachment F
7. Policy Data- Advantage Plan – Attachment G
8. Policy Data- Advantage Plus Plan – Attachment H
9. Retiree and COBRA Medical Census – Attachment I
10. Active Employee Medical Census – Attachment J
11. 2011 Large Claim Loss with Diagnosis – Attachment K
12. 2012 Large Claim Loss with Diagnosis – Attachment L
13. 2013 Large Claim Loss with Diagnosis – Attachment M

4.2 CONDITIONS

4.2.1 Contract Term: The County will enter into an agreement through January 31, 2015. An option to renew for four (4) additional years is preferred. The County requires a minimum rate guarantee for the initial contract term through January 31, 2015. Please confirm this guarantee in your response and denote any additional guarantees that you wish to extend to the County. Clearly indicate the method of calculating the increase in your response for each option period. The contract is to provide that changes in premium can only be instituted on a policy anniversary date and that the selected offeror must provide for notice of changes in premium at least 120 days before renewal.

If the offeror does not intend to continue the contract beyond the contract term, notification must be provided to Collin County a minimum of 120 days prior to contract termination.

4.2.2 Funding: Funds for payment have been provided through the Collin County budget approved by the Commissioners' Court for this fiscal year only. The State of Texas statutes prohibits the County from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current Collin County fiscal year shall be subject to budget approval.

4.2.3 Price Considerations: If during the life of the contract, the vendor's net prices to other customers under the same terms and conditions for items/services awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to Collin County.

4.2.4 Changes in Services Provided: Collin County reserves the right to add or reduce any and all services provided. If such an addition or reduction occurs, the offeror agrees that this change will not negatively affect the prices of any of the remaining services provided.

4.2.5 Termination: Collin County reserves the right to cancel the contract at any time for any reason. If the contract is cancelled by Collin County, services will terminate after a 30 day termination notice has been provided by Collin County.

4.2.6 Negotiations: Discussions may be conducted with responsible offerors who submit proposals determined to be possibly selected for award. All offerors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Revisions to proposals may be permitted after submission and before award for the purpose of obtaining best and final offers.

Offerors may be required to submit additional data during the process of any negotiations.

Collin County reserves the right to negotiate the price and any other term with the offerors.

Any oral negotiations shall be confirmed in writing prior to award.

4.2.7 Rejection of Proposals: Collin County may:

waive any defect, irregularity or informality in any proposal;

reject any proposal or any parts of any proposal;

accept proposals from one or more offerors;

or procure the services in whole or in part by other means.

4.2.8 Proposal Guidelines: Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted between the initial receipt of the RFP and the awarding of the contract. Failure to follow this requirement may result in an automatic disqualification of proposal. Current carriers, in conducting current business, may not reference the RFP to any County employee or official other than those indicated in this RFP.

4.2.8.1 Any coverage or service you cannot provide but is requested in this Request for Proposal, shall be disclosed in writing in the section labeled Deviations at the end of the proposal. Any deviations from this request are to be presented in writing to the Collin County Purchasing Department before the RFP deadline. If no deviations are listed it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements.

4.2.8.2 Offerors submitting proposals are expected to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services which are being proposed. Proposals submitted will be presumed to be in compliance with all applicable laws.

4.2.8.3 Do not include commissions or overrides in your quoted rates and fees. No commissions will be paid by Collin County to any individual or organization. Disclose the amount of any fees you are paying to an agent.

4.2.8.4 Each provider may only submit one (1) proposal. Collin County will not accept multiple proposals from a provider (i.e. ABC Company and DEF Company cannot both submit a UnitedHealthcare proposal). If multiple proposals are submitted, the proposal that is received first will be the proposal that is considered.

4.2.8.5 A broker or consultant may provide multiple proposals from different insurance companies. However, each insurance company's proposal must be provided in its own paper or digital format separate from any other proposals that the broker or consultant may provide and must include the references and all required data for each insurance company.

4.2.8.6 The offeror shall indemnify, hold, and save the County, their agents, officers and employees harmless from liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by an entity or person as a result of the negligent, reckless, or willful acts of omissions by the carrier, its officers, agents or employees.

4.2.8.7 The offeror shall state any and all costs outside of the monthly administration fees such as one time startup costs.

4.2.8.8 The offeror shall be aware that any funds recouped through subrogation will first be paid to Collin County, with the remainder, if any then paid to the offeror as detailed more fully in paragraph 5.1.19.

4.2.8.9 If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses.

4.3 SUBMISSION REQUIREMENTS

4.3.1 Submission of Proposal: To be considered, proposals shall be received by 2:00 p.m., December 19, 2013, in the Purchasing Department or via www.bidsync.com.

All proposals shall be addressed to:

Collin County Purchasing Department
Attn: Courtney Wilkerson, Senior Buyer
Collin County Administration Building
2300 Bloomdale, Suite 3160
McKinney, Texas 75071

The envelope in which the proposal is enclosed must be marked:

SEALED PROPOSAL
INSURANCE, MEDICAL STOP LOSS
RFP NO. 2014-101

To achieve a uniform review process and to obtain a maximum degree of comparability, vendors may submit proposals via www.bidsync.com or if vendor chooses to submit manually Collin County requires that proposals be submitted with a master (marked original) and three (3) copies.

NOTE: If submitting manually, offeror shall submit, in addition to the hard copies, a CD copy. Microsoft Word format is preferred.

POINT OF CONTACT: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Attn: Sara Hoglund, CPPB, Contract Manager.

4.3.2 Clarification or objection to proposal specification: If any offeror contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications or other documents or any part thereof, they may submit to the Purchasing Department on or before FIVE DAYS PRIOR to the date the bids are due. All such requests for information shall be made in writing and the offeror submitting the request will be responsible for its prompt delivery. Any interpretation of the RFP will be made only by RFP Addendum duly issued. A copy of such RFP Addendum will be posted at www.bidsync.com.

4.3.3 Incurred Expenses: There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response to this request, and Collin County will not reimburse anyone for these expenses. Collin County will consider proposals from all responsible offerors.

4.3.4 Schedule of Events

RFP released:	December 3, 2013
Deadline for submission of vendor questions:	December 13, 2013
Proposals due:	December 19, 2013, 2:00 p.m.
Vendor(s) selected contract approved:	January 27, 2013
Effective date of contract:	February 1, 2014

Collin County reserves the right to change the schedule of events as it deems necessary.

4.3.5 Required Documents: The following documentation must be submitted with the proposal. Please note that this section may not list all of the documentation that is required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements.

COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.

All proposals are to include the following:

4.3.5.1 Title Page

Title page must show the RFP subject; the offeror's name; the name, address, and telephone number of a contact person; and the date of the proposal.

4.3.5.2 Transmittal Letter

A signed letter must briefly address the offeror's understanding of the medical stop loss services being requested, the commitment to provide the services required and a statement explaining why the offeror believes itself to be best qualified to provide the services detailed within this RFP.

4.3.5.3 Financial Information

Please submit the following financial documents with your proposal:

Copies of your last two (2) audited financials including balance sheets and income statements.

Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.

S/P, AM Best, and Weiss Ratings

4.3.5.4 Detailed Proposal

The detailed proposal must address the ability to provide services for each requirement as set forth in the Scope of Work section of this RFP. Options or alternatives to the requirements should be given as percentage(s) or dollar adjustment(s). You must submit your responses in the order that is provided.

4.3.5.5 Offeror References

The offeror must furnish the following reference information:

Name, address, contact name, position of the contact in the organization, and telephone number for all clients, with at least 1,000 lives, who have terminated stop loss coverage with your organization in the last six (6) months. If there have been less than four (4) terminations in the last six (6) months, please provide information on the last four (4) terminated clients.

Name, address, contact name, position of the contact in the organization, and telephone number for all new clients, with at least 1,000 lives, who have added stop loss coverage with your organization in the last six (6) months. If there have been less than four (4) new clients in the last six (6) months, please provide information on the last four (4) new clients.

Name, address, contact name, position of the contact in the organization, and telephone number for three (3) existing stop loss clients, with at least 1,000 lives, and who use UnitedHealthcare for ASO processing, with three (3) or more year's history with the offeror.

Name, address, contact name, position of the contact in the organization and telephone number for the three (3) top public sector clients based on employee size.

Collin County may contact or visit any listed representative to evaluate the services proposed.

4.3.5.6 Sample Policy

The offeror is required to submit with their proposal a sample policy that would be issued to Collin County if their proposal is selected. Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits or alters any subrogation proceeds disbursement agreement contrary to the subrogation disbursement agreement set forth in paragraphs 4.2.8.8 and 5.1.19.

Please clearly notate any changes that will need to be made on the sample policy. If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses and control over any policy language.

4.3.5.7 Errors and Omissions Coverage

A copy of the offeror's errors and omissions coverage should be provided.

4.3.5.8 Offeror Staff

The offeror must provide a résumé and other related data for each of the key personnel proposed to be assigned to Collin County's account. Information provided should accurately reflect the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector and how many years of experience they have managing public sector accounts. Offeror agrees that Collin County may have a new account manager assigned to our account at any time, for any reason.

4.3.5.9 Experience

Please detail the length of time your organization has provided medical stop loss insurance services.

4.3.5.10 Litigation

Identify by court and case number any litigation against your organization, or in which your organization is a party, involving the same or similar services your organization would be providing to Collin County which have been filed in the last five (5) years.

4.3.5.11 Additional Information

Offerors should submit information describing in detail their qualifications, experience, and capabilities. Brochures, fact sheets, etc. may be submitted as appropriate to describe capabilities, experience, or any other pertinent information. References and experience with contracts for similar scope of work will be seriously considered during the selection process.

Please include any additional information which may be pertinent to this RFP. Collin County intends to consider all aspects of the proposed services in determining what is the best overall package for Collin County.

NOTE: FAILURE TO PROVIDE ALL INFORMATION REQUESTED MIGHT RESULT IN DISQUALIFICATION OF THE PROPOSAL.

4.4 EVALUATION PROCESS

4.4.1 Proposal Disclosure: In accordance with V.T.C.A Local Government Code 262.030 (c), proposals will be opened so as to avoid disclosure of the contents to competing offerors. The contents will be kept secret during the process of negotiation. However, all proposals will be open for public inspection after contract award. If identified by the offeror, and requested, information that qualifies as trade secrets and confidential information under the Texas Open Records Act will remain confidential.

4.4.2 Evaluation Factors: Collin County will consider many evaluation factors, of which price is only one factor. Offeror may be requested to make oral presentations on their respective proposals.

Factors	Points
Competitiveness of pricing and length of rate for services proposed	30
Capability/willingness to provide benefit plan as described in proposal	25
Financial stability and stop loss coverage experience	20
Extent of electronic capability, such as electronic billing, enrollment, websites	15
Demonstrated effectiveness of services provided to other companies, including but not limited to references	10
Total	100

4.4.3 Award Information: The award of the contract shall be made to the responsible offeror(s) whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors in paragraph 4.4.2 above. Collin County reserves the right to award on an “all or none” or by “service or coverage” basis.

Prompt payment discounts will not be considered in determining low proposals and making awards.

In consideration of the proposals, Collin County reserves the right to select one or more acceptable offerors who offer contractual terms and conditions most favorable to Collin County.

Collin County reserves the right to award all or a portion of the RFP.

5.0 PROPOSAL RESPONSE

5.1 PLAN ADMINISTRATION REQUIREMENTS

Please provide written confirmation of your agreement to the requirements listed below. Any coverage or services you cannot provide but are requested in the Request for Proposal, must be disclosed in writing in the section labeled Deviations at the end of the proposal. If no deviations are listed in the section labeled Deviations, it is understood that the offeror has agreed to all requests as listed in the RFP. The offeror will be held strictly responsible for all items contained in the specific requirements.

5.1.1 The selected offeror will be responsible for all claims incurred that exceed the specific stop loss amount on or after the effective date of February 1, 2014, and within the contract period. All covered employees and their dependents shall not be adversely affected by a change in insurance carriers.

5.1.2 It is imperative that any exclusion, limitations or any other deviation be clearly outlined and discussed. Proposals received with full protection – no limitations – will receive preference.

5.1.3 The offeror must provide coverage that includes all employees and dependents regardless of “active at work” status, including retirees and their dependents and COBRA participants and their dependents. Offeror must also provide coverage to “late entrants” into Collin County’s health plans, such as new hires and those employees or dependents who experience a qualifying life event.

5.1.4 Stop loss coverage will include the following:

All active employee participants and their covered dependents.

COBRA and Retiree participants and their covered dependents.

Employees who’s FMLA has expired and who did not elect COBRA coverage will not have to wait an additional 59 days for coverage when they return to work.

COBRA participants who do not receive a timely election notice.

Employees whose FMLA time is not started on time due to an administrative error. If such a situation occurs, the offeror will count FMLA time from the date the employee was actually placed on FMLA.

Adult children to age 26 as mandated by the Patient Protection and Affordable Care Act (PPACA).

Law enforcement employees who maintain employment with Collin County but are not actively at work. Collin County is mandated to continue coverage under Article 3, Section 52e of the Texas Constitution.

5.1.5 The offeror will be required, at any time during the contract/agreement, to supply the necessary current and historical data (as determined by Collin County) for inclusion in the next Request for Proposal at no cost to Collin County. Provision of such data will be provided according to the specifics requested by Collin County. The data must be provided within 15 business days of the request.

5.1.6 Collin County has a standard process for payment of all vendors which requires a 60 day payment grace period from due date of payment. Payment may be made by either wire or check.

5.1.7 The offeror must notify Collin County of any billing/payment issues within 60 days in writing from the date the check was submitted to the offeror. Any billing/payment issues presented to the County after the 60-day date will not be reviewed.

5.1.8 Collin County strives to accurately pay our bills in a timely manner. Should the offeror believe there is an outstanding balance the offeror shall research any outstanding balances to determine if the outstanding balance is truly owed before sending Collin County a notice of termination or non-payment. A detailed explanation of the outstanding balance must be provided in the termination/non-payment letter. The offeror must also provide Collin County 20 days from the date the non-payment letter is received by Collin County to submit payment.

5.1.9 Any written communications regarding plan administration issues sent by the offeror to Collin County must be mailed within 2 days of the date listed on the letter.

5.1.10 The offeror is responsible for preparing and providing to Collin County, for review and approval, a detailed administrative manual including procedural information on all agreed upon plan administration and claims procedures. Administrative manual should be submitted to Collin County within 30 days after contract becomes effective.

5.1.11 If coverage is denied due to an unintentional error or omission on the part of Collin County, the offeror will still provide coverage if coverage would have been provided had the unintentional error or omission not occurred.

5.1.12 Offeror must be able to work with any currently designated or future TPA. Our current TPA is UnitedHealthcare. Submitted claims must be processed within 15 days and paid within 30 days from the date of receipt from UnitedHealthcare. In no case shall a claim be over 45 days old (excluding appeal time).

If claims are not paid in accordance with the timeframes listed above, Collin County reserves the right to penalize the offeror 1% of the total overdue claims from future premium payments. Any amount withheld from premium payments due to claims not being paid in a timely manner shall not be considered non-payment.

5.1.13 The offeror is also responsible for providing County employees training that is necessary to operate the offerors computer software. This also includes any other authorized training such as report writing training that might be requested by the plan administrator. Any costs associated with training must be clearly listed in your response.

Collin County self-bills based upon our eligible employee count. The offeror must agree to accept Collin County's self-billing each month. Any billing related documents must be provided in electronic format.

5.1.14 Annual renewal rates must be provided to Collin County a minimum of 120 days prior to each renewal.

5.1.15 The offeror must agree to reimburse Collin County for 100% of covered medical expenses paid by our third party administrator, subject to applicable plan design. If the offeror decides to reimburse Collin County for any amount less than 100% of covered medical expenses, a written statement detailing the adjustments and the reason for the adjustments must be submitted to Collin County for approval.

5.1.16 The offeror agrees that any changes in eligibility or benefits mandated by the Patient Protection and Affordable Care Act (PPACA) or other legislation that is effective during the period of this policy will be accepted by the offeror.

5.1.17 Please confirm that you will provide ad hoc reports at no additional cost and/or that the County can run ad hoc reports from your website.

If the offeror must generate the requested reports, the offeror shall provide the reports, if necessary, on a timely basis, but in no case later than ten (10) working days after the request.

Should the nature of the additional reports warrant compensation beyond the bounds of this contract, the report shall be provided at a cost mutually agreeable between the County and the offeror. It is the offeror's responsibility to clearly communicate the cost of providing the requested report prior to producing the report. If the report is produced and the cost was not indicated to or approved by Collin County at the time of the request, Collin County will not be responsible for the cost of producing the report.

5.1.18 The offeror agrees to provide statistics on the percentage of claims denied by year for the last three years.

5.1.19 The offeror agrees that Collin County shall recover its full self-insured amount of \$100,000 before any recovered subrogation proceeds are distributed to the offeror. If the subrogation recovery is achieved through the efforts [whether by demand, settlement or litigation] of Collin County, then the offeror shall also pay to Collin County 30% of all recovered subrogation proceeds in excess of Collin County's \$100,000. Any language or term to the contrary in any policy or insuring agreement of any kind submitted or proposed by the offeror is not applicable to Collin County and is void. The subrogation proceeds disbursement terms of this RFP control over any policy language or insuring agreement of the offeror.

5.2 QUESTIONNAIRE

Instructions for completing questionnaire:

Answer all questions fully, clearly and concisely unless a specific question is inapplicable to the service you are proposing to provide.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

5.2.1 General Questions

5.2.1.1 Is your stop loss coverage experience-rated or pooled? Please explain your renewal methodology.

5.2.1.2 As noted above, the requested coverage would become effective on February 1, 2014. Please detail how you would handle a new plan whose coverage does not begin in January.

5.2.1.3 Please describe the procedures that are followed when a contract terminates. What additional penalties or charges would apply as a result of contract termination on the anniversary date? Off anniversary/early termination?

5.2.1.4 Three months prior to fiscal year end, will you provide a preliminary accounting on claims and estimated expenses?

5.2.1.5 What is your average administrative expense compared to the amount spent in claims for your stop loss accounts?

5.2.1.6 Do you agree not to give away or sell employee data, even “de-identified” data, with or without employee consent?

5.2.2 TPA Coordination Questions

5.2.2.1 Please provide a specific outline detailing how your services will coordinate with our health care third party administrator.

5.2.2.2 Please describe any data/reports that you would require from our third party administrator in order to process claims. Please provide the timeframes in which you would need to receive the information.

5.2.2.3 Please describe the information that you will request from Collin County in order to process claims. If there is a specific form please provide a copy of the form. Please describe any additional information or materials you may require in order to process claims for payment.

5.2.2.4 Do you have the capability for electronic data interchange with our third party administrator?

5.2.2.5 How many accounts do you currently have who utilize your stop loss coverage and our third party administrator for claims management?

5.2.2.6 If there was a change in Collin County's third party administrator please describe how you would handle that change and any information that would be required from Collin County or the new third party administrator and any costs that might be associated with such a change.

5.2.3 Plan Design/Administration

5.2.3.1 Please describe the stop loss process that will be used for Collin County's account, including information on claims tracking, filing and reporting services that will be provided.

5.2.3.2 Define "paid claim" as covered under your policy and the period of coverage.

5.2.3.3 Are any claims that are paid during the initial 12 month period excluded from the policy? If so please describe those claims in detail.

5.2.3.4 Please describe any limitations/exclusions you may have regarding filing a claim for reimbursement.

5.2.3.5 Collin County requires that the plan does not allow for carve outs or lasering of groups or individuals. In addition, there should be no limitations for specific illnesses, physical conditions or modifications of the stop loss amount for a specific insured.

5.2.3.6 Please indicate the percent of your accounts that are redlined, lasered or have a modification of the stop loss amount for a specific insured.

5.2.3.7 Do you offer any type of guaranteed renewal for future years? If so, under what parameters?

5.2.3.8 Please describe the mechanics for reimbursement, explain where claims are paid and identify who is ultimately responsible for determining whether or not reimbursement is due.

5.2.3.9 Describe the quality controls, auditing and peer review mechanisms in place for your processing departments. Do you use internal or independent/outside auditors? How frequently do the audits occur? What specifically is audited?

5.2.3.10 Do you agree to offer Collin County the right to audit your organization’s records and other relevant activity associated with its plan participants?

5.2.3.11 Please list any TPA that your organization does not work with. What would happen if Collin County changed TPA’s during the contract period?

5.2.3.12 Please describe any plan limitations in your 12/12 and 12/15 contracts.

5.2.3.13 Describe the information you will need from Collin County in order to properly administer our account.

5.2.4 Financial Information

5.2.4.1 The requested quote for specific stop loss is for a \$100,000, 12/12 and 12/15 paid contract. In addition, please quote a specific stop loss for a \$150,000, \$200,000, 12/12 and 12/15 paid contracts.

Self-Funded Medical	Option #1	Option #2	Option #3	Option #4	Option #5	Option #6
Specific Amount	\$100,000	\$100,000	\$150,000	\$150,000	\$200,000	\$200,000
Contract Basis	12/12	12/15	12/12	12/15	12/12	12/15
Rates Per Employee Per Month						
Rates Per Dependent Per Month						

5.2.4.2 Please provide a do not exceed rate for each of the options listed above. Any increase to the rates provided in 5.2.4.1 may not exceed the do not exceed rate. A rate increase may not be accepted by Collin County unless the offeror can demonstrate a direct correlation to the claims information provided by Collin County.

5.3 DEVIATIONS

Instructions for completing section

Please complete the following worksheet listing any and all deviations from the information requested in the RFP. Attach additional pages as needed. If no deviations are listed it is understood that the offeror has agreed to all requests as listed in the RFP.

Section Number/ Question Number	Required Service You are Unable to Perform	Steps Taken to Meet Requirement

**SIGNATURE FORM
COLLIN COUNTY, TEXAS**

DELIVERY WILL BE F.O.B. INSIDE DELIVERY AT COLLIN COUNTY DESIGNATED LOCATIONS AND ALL TRANSPORTATION CHARGES PAID BY THE SUPPLIER TO DESTINATION.

DELIVERY TO BE SPECIFIED IN CALENDAR DAYS FROM DATE OF ORDER.

WE **DO NOT** TAKE EXCEPTION TO THE BID SPECIFICATIONS.

WE **TAKE** EXCEPTION TO THE BID SPECIFICATIONS (EXPLAIN):

5

6

COMPANY INFORMATION/PROFILE/REFERENCES

Preferential Requirement: The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). Bidder shall make answer to the following questions by selecting the appropriate radio button or inserting information in the box provided:

Is your principal place of business in the State of Texas? Yes No

If the answer to question is "yes", no further information is

necessary; if "no", please indicate:

in which state is your principal place of business is located:

if that state favors resident bidders (bidders in your state) by some dollar increment or percentage:

Yes No

if "yes", what is that dollar increment or percentage?

Company Profile: IS YOUR FIRM?

Sole Proprietorship Yes No

General Partnership Yes No

Limited Partnership Yes No

Corporation Yes No

Other Yes No

List Legal Names in Company:

	5
	6

List at least three (3) companies or governmental agencies where these same/like products/services, as stated herein, have been provided. Include company name, address, contact name and telephone number.

	5
	6

AS PERMITTED UNDER TITLE 8, CHAPTER 271, SUBCHAPTER F, SECTION 271.101 AND 271.102 V.T.C.A. AND TITLE 7, CHAPTER 791, SUBCHAPTER C, SECTION 791.025, V.T.C.A., OTHER LOCAL GOVERNMENTAL ENTITIES MAY WISH TO ALSO PARTICIPATE UNDER THE SAME TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT. EACH ENTITY WISHING TO PARTICIPATE MUST ENTER INTO AN INTERLOCAL AGREEMENT WITH COLLIN COUNTY AND HAVE PRIOR AUTHORIZATION FROM VENDOR. IF SUCH PARTICIPATION IS AUTHORIZED, ALL PURCHASE ORDERS WILL BE ISSUED DIRECTLY FROM AND SHIPPED DIRECTLY TO THE LOCAL GOVERNMENTAL ENTITY REQUIRING SUPPLIES/SERVICES. COLLIN COUNTY SHALL NOT BE HELD RESPONSIBLE FOR ANY ORDERS PLACED, DELIVERIES MADE OR PAYMENT FOR SUPPLIES/SERVICES ORDERED BY THESE ENTITIES. EACH ENTITY RESERVES THE RIGHT TO DETERMINE THEIR PARTICIPATION IN THIS CONTRACT. WOULD BIDDER BE WILLING TO ALLOW OTHER LOCAL GOVERNMENTAL ENTITIES TO PARTICIPATE IN THIS CONTRACT, IF AWARDED, UNDER THE SAME TERMS AND CONDITIONS? Yes No

By signing and submitting this Bid/Proposal, Bidder/Offeror acknowledges, understands the specifications, any and all addenda, and agrees to the bid/proposal terms and conditions and can provide the minimum requirements stated herein. Bidder/Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid/Proposal submittal resulting from Bidder/Offeror’s failure to do so. Bidder/Offeror acknowledges the prices submitted in this Bid/Proposal have been carefully reviewed and are submitted as correct and final. If Bid/Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid/Request for Proposal.

THE UNDERSIGNED HEREBY CERTIFIES THE FOREGOING BID/PROPOSAL SUBMITTED BY THE COMPANY LISTED BELOW HEREINAFTER CALLED “BIDDER/OFFEROR” IS THE DULY AUTHORIZED AGENT OF SAID COMPANY AND THE PERSON SIGNING SAID BID/PROPOSAL HAS BEEN DULY AUTHORIZED TO EXECUTE SAME. BIDDER/OFFEROR AFFIRMS THAT THEY ARE DULY AUTHORIZED TO EXECUTE THIS CONTRACT; THIS COMPANY; CORPORATION, FIRM, PARTNERSHIP OR INDIVIDUAL HAS NOT PREPARED THIS BID/PROPOSAL IN COLLUSION WITH ANY OTHER BIDDER/OFFEROR OR OTHER PERSON OR PERSONS ENGAGED IN THE SAME LINE OF BUSINESS; AND THAT THE CONTENTS OF THIS BID/PROPOSAL AS TO PRICES, TERMS AND CONDITIONS OF SAID BID/PROPOSAL HAVE NOT BEEN COMMUNICATED BY THE UNDERSIGNED NOR BY ANY EMPLOYEE OR AGENT TO ANY OTHER PERSON ENGAGED IN THIS TYPE OF BUSINESS PRIOR TO THE OFFICIAL OPENING OF THIS BID/PROPOSAL.

Company Name	<input type="text"/>
Street Address of Principal Place of Business	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone of Principal Place of Business	<input type="text"/>
Fax of Principal Place of Business	<input type="text"/>

E-mail Address of Representative	<input type="text"/>
Federal Identification Number	<input type="text"/>
Date	<input type="text"/>
Acknowledgement of Addenda	#1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/>
Authorized Representative Name	<input type="text"/>
Authorized Representative Title	<input type="text"/>
Signature (Required for paper bid submission)	<input type="text"/>

Collin County
Attachment A - COLLIN COUNTY
Medical Plans January 1, 2011

	ADVANTAGE		ADVANTAGE PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pre-existing Condition Limitations	None		None	
Calendar Year Deductible (Individual/Family)	\$750/\$1,500	\$1,250/\$2,500	\$250/\$500	\$500/\$1,000
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	Does not apply	\$2,000/\$4,000	Does not apply
Physician Office Visit	\$20 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Specialist Office Visit	\$50 Co-pay	Not Covered	\$40 Co-pay	Not Covered
Diabetes Related Physician Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Diabetes Related Specialist Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Urgent Care Center Services	\$25 Co-pay	Not Covered	\$25 Co-pay	Not Covered
Lifetime Maximum	No Lifetime Maximum		No Lifetime Maximum	
Managed Pharmacy Generic/Brand Name/Non-Preferred	Retail Pharmacy \$10/\$25/\$50 Mail Order \$25/\$50	Not Covered	Retail Pharmacy \$10/\$25/\$50 Mail Order \$25/\$50	Not Covered
Diabetes Related Pharmacy Generic/Brand Name Non-Preferred	Retail Pharmacy \$0/\$0/\$0 Mail Order \$0/\$0	Not Covered	Retail Pharmacy \$0/\$0/\$0 Mail Order \$0/\$0	Not Covered
Well Care Benefits	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Emergency Health Services	Plan pays 80%*		Plan pays 75%*	
Durable Medical Equipment	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Inpatient Hospital Co-Payment: 3 person maximum	Plan pays 80%*	Not Covered	Plan pays 100% after a \$100 per day/\$500 co-payment maximum per admission*	Not Covered
Professional Fees for Surgical and Medical Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Surgery	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Diagnostic Laboratory and X-ray	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Diagnostic/Therapeutic Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Skilled Nursing Facility/Inpatient Physical Rehabilitation	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Hospice Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Home Health Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Ambulance Services	Plan pays 80%*		Plan pays 75%*	
Mental Health Services- Inpatient	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Mental Health Services- Outpatient	\$50 Co-pay (Individual) \$45 Co-pay (Group)	Plan pays 60%*	\$40 Co-pay	Plan pays 60%*
Allergy Shots, Serum and Testing	\$20 or \$50 Co-pay	Not Covered	Plan pays 75%*	Not Covered
Lasik Surgery	Plan pays 50%*, limited to \$2,000 per lifetime		Plan pays 50%*, limited to \$2,000 per lifetime	
Vision Care (part of medical plan)	UnitedHealthcare Vision (see attached sheet)		\$25.00 Deductible, plan pays 50%	
Full-Time Employee Monthly Contribution				
Employee Only	\$25.00		\$50.00	
Employee & Child(ren)	\$145.00		\$205.00	
Employee & Spouse	\$185.00		\$250.00	
Employee & Family	\$245.00		\$330.00	
Premium Discount Full-Time Employee Monthly Contribution				
Employee Only	\$0.00		\$25.00	
Employee & Child(ren)	\$120.00		\$180.00	
Employee & Spouse	\$160.00		\$225.00	
Employee & Family	\$220.00		\$305.00	
Premium Surcharge Full-Time Employee Monthly Contribution				
Employee Only	\$50.00		\$75.00	
Employee & Child(ren)	\$170.00		\$230.00	
Employee & Spouse	\$210.00		\$275.00	
Employee & Family	\$270.00		\$355.00	

Collin County
**Attachment A - COLLIN COUNTY
Medical Plans January 1, 2011**

*Subject to calendar year deductible

Collin County
Attachment B - COLLIN COUNTY
Medical Plans January 1, 2012

	ADVANTAGE		ADVANTAGE PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pre-existing Condition Limitations	None		None	
Plan Year Deductible (Individual/Family)	\$750/\$1,500	\$1,250/\$2,500	\$250/\$500	\$500/\$1,000
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	Does not apply	\$2,000/\$4,000	Does not apply
Physician Office Visit	\$20 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Specialist Office Visit	\$50 Co-pay	Not Covered	\$40 Co-pay	Not Covered
Diabetes Related Physician Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Diabetes Related Specialist Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Urgent Care Center Services	\$25 Co-pay	Not Covered	\$25 Co-pay	Not Covered
Chiropractic Care	\$50 Co-pay	Not Covered	Plan pays 75%* (\$1,000 plan year max)	Not Covered
Lifetime Maximum	No Lifetime Maximum		No Lifetime Maximum	
Pharmacy	Retail Pharmacy	Not Covered	Retail Pharmacy	Not Covered
Generic/Brand Name/Non-Preferred	\$10/\$25/\$50		\$10/\$25/\$50	
Generic/Brand Name & Non-Preferred	Mail Order \$25/\$50		Mail Order \$25/\$50	
Diabetes Related Pharmacy	Retail Pharmacy	Not Covered	Retail Pharmacy	Not Covered
Generic/Brand Name/Non-Preferred	\$0/\$0/\$0		\$0/\$0/\$0	
Generic/Brand Name & Non-Preferred	Mail Order \$0/\$0		Mail Order \$0/\$0	
Well Care Benefits	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Emergency Health Services	Plan pays 80%*		Plan pays 75%*	
Durable Medical Equipment	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Inpatient Hospital	Plan pays 80%*	Not Covered	Plan pays 100% after a \$100 per day/\$500 co-payment maximum per admission*	Not Covered
Co-Payment: 3 person maximum			Plan pays 75%*	Not Covered
Professional Fees for Surgical and Medical Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Surgery	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Diagnostic Laboratory and X-ray	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Diagnostic/Therapeutic Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Skilled Nursing Facility/Inpatient Physical Rehabilitation	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Hospice Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Home Health Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Ambulance Services	Plan pays 80%*		Plan pays 75%*	
Mental Health Services- Inpatient	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Mental Health Services- Outpatient	\$50 Co-pay (Individual) \$45 Co-pay (Group)	Plan pays 60%*	\$40 Co-pay	Plan pays 60%*
Allergy Shots, Serum and Testing	\$20 or \$50 Co-pay	Not Covered	Plan pays 75%*	Not Covered
Lasik Surgery	Plan pays 50%*, limited to \$2,000 per lifetime		Plan pays 50%*, limited to \$2,000 per lifetime	
Vision Care (part of medical plan)	See attached sheet		See attached sheet	
	Premium Discount Full-Time Employee Monthly Contribution			
Employee Only	\$0.00		\$25.00	
Employee & Child(ren)	\$120.00		\$180.00	
Employee & Spouse	\$160.00		\$225.00	
Employee & Family	\$220.00		\$305.00	
	Premium Surcharge Full-Time Employee Monthly Contribution			
Employee Only	\$50.00		\$75.00	
Employee & Child(ren)	\$170.00		\$230.00	
Employee & Spouse	\$210.00		\$275.00	
Employee & Family	\$270.00		\$355.00	

This document is intended as a convenient summary of the major points of these benefits plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases.

*Subject to plan year deductible

Collin County
Attachment C - COLLIN COUNTY
Medical Plans January 1, 2013

	ADVANTAGE		ADVANTAGE PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pre-existing Condition Limitations	None		None	
Plan Year Deductible (Individual/Family)	\$750/\$1,500	\$1,250/\$2,500	\$250/\$500	\$500/\$1,000
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	Does not apply	\$2,000/\$4,000	Does not apply
Physician Office Visit	\$20 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Specialist Office Visit	\$50 Co-pay	Not Covered	\$40 Co-pay	Not Covered
Diabetes Related Physician Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Diabetes Related Specialist Office Visit	\$0 Co-pay	Not Covered	\$0 Co-pay	Not Covered
Urgent Care Center Services	\$25 Co-pay	Not Covered	\$25 Co-pay	Not Covered
Chiropractic Care	\$50 Co-pay	Not Covered	Plan pays 75%* (\$1,000 plan year max)	Not Covered
Lifetime Maximum	No Lifetime Maximum		No Lifetime Maximum	
Pharmacy	Retail Pharmacy	Not Covered	Retail Pharmacy	Not Covered
Generic/Brand Name/Non-Preferred	\$10/\$25/\$50		\$10/\$25/\$50	
Generic/Brand Name & Non-Preferred Tier 1 Contraceptives	Mail Order \$25/\$50 Plan pays 100%		Mail Order \$25/\$50 Plan pays 100%	
Women's Preventive Health	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Diabetes Related Pharmacy	Retail Pharmacy	Not Covered	Retail Pharmacy	Not Covered
Generic/Brand Name/Non-Preferred	\$0/\$0/\$0		\$0/\$0/\$0	
Generic/Brand Name & Non-Preferred	Mail Order \$0/\$0		Mail Order \$0/\$0	
Well Care Benefits	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Emergency Health Services	\$500 Co-pay, does not apply to deductible		\$500 Co-pay, does not apply to deductible	
Durable Medical Equipment	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Inpatient Hospital	Plan pays 80%*	Not Covered	Plan pays 100% after a \$100 per day/\$500 co-payment maximum*	Not Covered
Professional Fees for Surgical and Medical Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Surgery	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Diagnostic Laboratory and X-ray	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Outpatient Diagnostic/Therapeutic Services	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Skilled Nursing Facility/Inpatient Physical Rehabilitation	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Hospice Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Home Health Care	Plan pays 80%*	Not Covered	Plan pays 100%*	Not Covered
Ambulance Services	Plan pays 80%*		Plan pays 75%*	
Mental Health Services- Inpatient	Plan pays 80%*	Not Covered	Plan pays 75%*	Not Covered
Mental Health Services- Outpatient	\$50 Co-pay (Individual) \$45 Co-pay (Group)	Plan pays 60%*	\$40 Co-pay	Plan pays 60%*
Allergy Shots, Serum and Testing	\$20 or \$50 Co-pay	Not Covered	Plan pays 75%*	Not Covered
Lasik Surgery	Plan pays 50%*, limited to \$2,000 per lifetime		Plan pays 50%*, limited to \$2,000 per lifetime	
Vision Care (part of medical plan)	See attached sheet		See attached sheet	
Premium Discount Full-Time Employee Monthly Contribution				
Employee Only	\$82.00		\$94.00	
Employee & Child(ren)	\$120.00		\$180.00	
Employee & Spouse	\$160.00		\$225.00	
Employee & Family	\$220.00		\$305.00	
Premium Surcharge Full-Time Employee Monthly Contribution				
Employee Only	\$132.00		\$144.00	
Employee & Child(ren)	\$170.00		\$230.00	
Employee & Spouse	\$210.00		\$275.00	
Employee & Family	\$270.00		\$355.00	

Collin County
**Attachment C - COLLIN COUNTY
Medical Plans January 1, 2013**

*Subject to plan year deductible

Attachment D - Collin County
 Medical and Dental Monthly Rates
 Plan Year 2011 (January 1 - December 31, 2011)

Plan Type	Full - Time Employees					Part - Time Employees			
	Employee Only	Employee & Child (ren)	Employee & Spouse	Employee & Family		Employee Only	Employee & Child (ren)	Employee & Spouse	Employee & Family
Advantage Premium Discount Plan	\$0.00	\$120.00	\$160.00	\$220.00		\$750.00	\$870.00	\$910.00	\$970.00
Advantage Medical Plan	\$25.00	\$145.00	\$185.00	\$245.00		\$775.00	\$895.00	\$935.00	\$995.00
Advantage Premium Surcharge Plan	\$50.00	\$170.00	\$210.00	\$270.00		\$800.00	\$920.00	\$960.00	\$1,020.00
Advantage Plus Premium Discount Plan	\$25.00	\$180.00	\$225.00	\$305.00		\$775.00	\$930.00	\$975.00	\$1,055.00
Advantage Plus Medical Plan	\$50.00	\$205.00	\$250.00	\$330.00		\$800.00	\$955.00	\$1,000.00	\$1,080.00
Advantage Plus Premium Surcharge Plan	\$75.00	\$230.00	\$275.00	\$355.00		\$825.00	\$980.00	\$1,025.00	\$1,105.00
Dental	\$2.00	\$24.00	\$24.00	\$24.00		\$22.00	\$44.00	\$44.00	\$44.00

Attachment E - Collin County
 Medical and Dental Monthly Rates
 Plan Year 2012 (January 1 - December 31, 2012)

Plan Type	Full - Time Employees					Part - Time Employees			
	Employee Only	Employee & Child (ren)	Employee & Spouse	Employee & Family		Employee Only	Employee & Child (ren)	Employee & Spouse	Employee & Family
Advantage Premium Discount Plan	\$0.00	\$120.00	\$160.00	\$220.00		\$615.95	\$1,115.75	\$1,240.71	\$1,459.38
Advantage Medical Plan	\$25.00	\$145.00	\$185.00	\$245.00		\$640.95	\$1,140.75	\$1,265.71	\$1,484.38
Advantage Premium Surcharge Plan	\$50.00	\$170.00	\$210.00	\$270.00		\$665.95	\$1,165.75	\$1,290.71	\$1,509.38
Advantage Plus Premium Discount Plan	\$25.00	\$180.00	\$225.00	\$305.00		\$686.20	\$1,242.20	\$1,381.21	\$1,624.47
Advantage Plus Medical Plan	\$50.00	\$205.00	\$250.00	\$330.00		\$711.20	\$1,267.20	\$1,406.21	\$1,649.47
Advantage Plus Premium Surcharge Plan	\$75.00	\$230.00	\$275.00	\$355.00		\$736.20	\$1,292.20	\$1,431.21	\$1,674.47
Dental	\$2.00	\$24.00	\$24.00	\$24.00		\$25.77	\$75.55	\$75.55	\$75.55

Attachment F - Collin County
 Medical and Dental Monthly Rates
 Plan Year 2013 (January 1 - December 31, 2013)

Plan Type	Full - Time Employees					Part - Time Employees			
	Employee Only	Employee & Child (ren)	Employee & Spouse	Employee & Family		Employee Only	Employee & Child (ren)	Employee & Spouse	Employee & Family
Advantage Premium Discount Plan	\$82.00	\$120.00	\$160.00	\$220.00					
Advantage Medical Plan	\$107.00	\$145.00	\$185.00	\$245.00		\$668.33	\$1,202.99	\$1,336.67	\$1,570.59
Advantage Premium Surcharge Plan	\$132.00	\$170.00	\$210.00	\$270.00					
Advantage Plus Premium Discount Plan	\$94.00	\$180.00	\$225.00	\$305.00					
Advantage Plus Medical Plan	\$119.00	\$205.00	\$250.00	\$330.00		\$743.48	\$1,338.26	\$1,486.97	\$1,747.19
Advantage Plus Premium Surcharge Plan	\$144.00	\$230.00	\$275.00	\$355.00					
Dental	\$2.00	\$24.00	\$24.00	\$24.00		\$25.77	\$75.55	\$75.55	\$75.55

Attachment G – Advantage Plan Policy Data

Policy Holder Name	Collin County
Policy Number	229670
Set Number	007ACIS
Effective Date	01/01/2013
Cancellation Date	99/99/9999

CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN
Health Care Reform	<p><u>Summary of Benefits and Coverage (SBC)</u> <i>SBC Creation</i> Responsible Party: Customer</p> <p><i>Member Fulfillment</i> Responsible Party: Customer</p> <p><i>External Vendor (Carve-out)</i> Are external vendor benefits included in SBC? Pharmacy benefits - No Mental Health benefits - No</p> <p><u>Expanded Women’s Preventive Care Services Apply?</u> Yes</p> <ul style="list-style-type: none"> • Coverage guidelines for Expanded Women’s Preventive Care include: • Breast-feeding support, supplies, and counseling. Click <u>here</u> for Network breast pump providers • Contraception methods and counseling • Domestic violence screening • Gestational diabetes screening • HIV screening and counseling • Human papillomavirus testing (beginning at age 30, and for every 3 years thereafter) • Sexually transmitted infections counseling • Well-woman visits <p>Click <u>here</u> for additional information on eligible services covered under the Expanded Women’s Preventive Care Services.</p>
Business Segment	KEY ACCOUNTS
COSMOS To UNET Converted Case	NOT APPLICABLE
Acquisition Integration	Acquisition/Integration applies? No

Business Information	
Product Year	2002
State of Issue	Texas
IBAAG Document Author	K Satish kumar
Revision Reason	Plan Change
ERISA	NO
Final Claim Fiduciary	<ul style="list-style-type: none"> • Urgent Care: UHC • 1st Level Pre-Service: UHC • 2nd Level Pre-Service: UHC • 1st Level Post-Service: UHC • 2nd Level Post-Service: UHC <p>For ASO UNET USS and KA customers <u>without</u> Performance Guarantees related to appeals processing and handled in NASC-Oldsmar:</p> <ul style="list-style-type: none"> • Urgent Care - Call Care Coordination • Pre-Service - Submit written appeal to the P.O. Box address on the initial determination letter or UnitedHealthcare, P.O. Box 30432, Salt Lake City, Utah 84130-0432 • Post-Service - Submit written appeal as directed on the EOB or UnitedHealthcare, P.O. Box 30432, Salt Lake City, Utah 84130-0432 <p>The regulation requires that appeals be addressed in the following timeframes based on appeal type:</p> <ul style="list-style-type: none"> • Urgent appeals - 24 hours • Pre-service requests - 15 calendar days • Post service claims - 30 calendar days
COBRA Information	<p>Administrator: UHC Direct Bill Phone Number: 1-866-747-0048 Individual Medical Conversions allowed: NO</p> <p>NOTE: For more information on Individual Medical Conversions please consult section 3.3 within CDS.</p>
Coordination of Benefits COB	<p>Other Insurance: NON-DUPLICATION For secondary COB situations, does this customer follow the NAIC guideline to cover all non-covered benefits allowed by the primary carrier? Yes</p> <p>Medicare: NON-DUPLICATION (MED 5)</p>
Dependent Definition	<p>Dependent - the Subscriber's legal spouse or a child of the Subscriber or the Subscriber's spouse. The term child includes any of the following:</p> <ul style="list-style-type: none"> • A natural child. • A stepchild. • A legally adopted child.

	<ul style="list-style-type: none"> • A child placed for adoption. • A child for whom legal guardianship has been awarded to the Subscriber or the Subscriber's spouse. <p>To be eligible for coverage under the Policy, a Dependent must reside within the United States.</p> <p>The definition of Dependent is subject to the following conditions and limitations:</p> <ul style="list-style-type: none"> • A Dependent includes any child listed above under 26 years of age. • A Dependent includes an unmarried dependent child age 26 or older who is or becomes disabled and dependent upon the Subscriber. <p>A child who meets the requirements set forth above ceases to be eligible as a Dependent on the last day of the month following the date the child reaches age 26.</p> <p>The Subscriber must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions.</p> <p>A Dependent also includes a child for whom health care coverage is required through a <i>Qualified Medical Child Support Order</i> or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a <i>Qualified Medical Child Support Order</i>.</p> <p>A Dependent does not include anyone who is also enrolled as a Subscriber. No one can be a Dependent of more than one Subscriber.</p>
Dependent Maternity Coverage	Yes
Eligibility Contact	UHC
Facility Reasonable Customary	YES (\$500 Outpatient - \$10,000 Inpatient)
Foreign-International Claims	Health services provided in a foreign country are excluded, unless required as Emergency Health Services.
Funding Arrangement	ASO
Human Resource Contact	EMPLOYER GROUP: Collin County PHONE NUMBER: 972-548-4605
Integrated Medical and Disability Support Program	Not Applicable
Care Coordination	All Care Coordination sites are area code routed.
UnitedHealthcare Personal Health Support	NOT APPLICABLE

with Disease Management	
Medicare Crossover	Group is eligible for Medicare Crossover NO
Pre-existing Conditions	Not Applicable
Run In	Not Applicable
Supplemental Accident	No

<!--section=Deductibles-->

DEDUCTIBLES

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Annual Deductible Deductible is applied to in-network and out-of network services for each Covered Person per calendar year, not to exceed the Family Deductible level for all Covered Persons in a family.	Plan Level Individual Deductible- \$750 Plan Level Family Deductible- \$1,500	Plan Level Individual Deductible- \$1,250 Plan Level Family Deductible- \$2,500

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Deductible Cross Apply	No	No
Last Quarter Carry Over	No	No
Limited Services Counting Method	BENEFITS WHICH APPLY VISIT LIMITATIONS WILL APPLY ON THE 1ST CLAIM.	
Prorated Deductible and Out-of-Pocket	Does Proration apply? No	

<!--section=Out_of_Pocket-->

OUT OF POCKET

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Out-of-Pocket Maximum (OOPM) Maximum of Out-of-Pocket	Plan Level Individual Out-of-Pocket- \$3,000	Not Applicable.

per person, per calendar year, not to exceed Family Out-of-Pocket for all Covered Persons in a family.	Collin County Plan Level Family Out-of-Pocket- \$6,000	
Out of Network Benefits Out of Network Benefits 80th percentile of R&C All RAPL services to be paid inn if the facility is inn.	When Covered Health Services are received from non-Network providers, Eligible Expenses are determined based on either: <p style="text-align: center;">Fee(s) that are negotiated with the provider.</p> <p style="text-align: center;">Available data resources of competitive fees in that geographic area.</p> <p>NOTE: If care is received from a non-network physician, facility, or other health care professional you will incur greater financial expense compared to an in-network provider. Your plan only pays a portion of those charges and it is your responsibility to pay the remainder. You are required to pay the amount that exceeds the allowable amount, which could be significant, and that amount does not apply to the Out-of-Pocket Maximum. We recommend you ask the non-network physician or health care professional about their billed charges before you receive care. Please Note: The Majority of Non-Network , Non- emergency benefits are not covered.</p>	
Annual Maximum Benefit	No Annual Maximum Benefit.	

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Do deductibles apply to out-of-pocket?	No	No
OOP Cross Apply	No	No
Inpt confinement ded applies to OOP	No	No
Copay office apply to OOP	No	Not applicable
Copay hospital apply to OOP	No	Not applicable
Copay urgent care center services apply to OOP	No	Not applicable
Restoration Amount	Not Applicable	Not Applicable
Out of Network Benefits	80th percentile of R&C All RAPL services to be paid inn if the facility is inn.	

COINSURANCE

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Coinsurance	80% of eligible expenses after satisfying \$750 deductible until Out-of-Pocket is reached.	60% of eligible expenses after satisfying \$1,250 deductible until Out-of-Pocket is reached.

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
None		
None		

<!--section=Flexible_Spending_Account-->

FLEXIBLE SPENDING ACCOUNT

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN
FSA Vendor	<ul style="list-style-type: none"> Administered by: UHC Call 1-800-331-0480
UnitedHealthcare Consumer Accounts Card	No
Health Reimbursement Account- HRA	Not Applicable

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
None		
None		

<!--section=Hospital_Services-->

HOSPITAL SERVICES

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Notification Requirements	In general, Network providers are responsible for notifying	Prior notification is required before you receive certain

	<p>Care Coordination before they provide these services to you.</p> <p>There are some Benefits, however, for which you are responsible for notifying the Care Coordination staff:</p> <ul style="list-style-type: none"> ● Dental Services-Accident Only ● Emergency Health Services if you are admitted to a non-Network Hospital. ● You must notify us before obtaining any single item of Durable Medical Equipment that costs more than \$1,000 ● You must notify us before obtaining any single item of Prosthetic Devices that costs more than \$1,000. ● Transplantation Services. <p>Please refer to the Mental Health and Substance Abuse section for notification requirements pertaining to Mental Health and Substance Abuse treatment.</p> <p>**REFER TO SPECIFIC BENEFIT SECTION FOR APPLICABLE PENALTIES FOR NOT CALLING CARE COORDINATION</p> <p>Special Note Regarding Medicare You are not required to notify Care Coordination before receiving Covered Health Services when Medicare is the primary payer.</p>	<p>Covered Health Services.</p> <p>Please refer to the Mental Health and Substance Abuse section for notification requirements pertaining to Mental Health and Substance Abuse treatment.</p> <p>**REFER TO SPECIFIC BENEFIT SECTION FOR APPLICABLE PENALTIES FOR NOT CALLING CARE COORDINATION</p> <p>Special Note Regarding Medicare You are not required to notify Care Coordination before receiving Covered Health Services when Medicare is the primary payer.</p>
<p>Ambulance Services - Emergency Only</p> <p>Emergency ambulance transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be performed.</p>	<p>Ground Transportation: 80% of eligible expenses after satisfying \$750 deductible.</p> <p>Air Transportation: 80% of eligible expenses after satisfying \$750 deductible.</p>	<p>Ground Transportation: 80% of eligible expenses after satisfying \$750 deductible.</p> <p>Air Transportation: 80% of eligible expenses after satisfying \$750 deductible.</p>

<p>Ambulatory Surgical Center</p>	<p style="text-align: center;">Collin County</p> <p>Refer to Outpatient Surgery, Diagnostic and Therapeutic Services section for benefit description.</p>	<p>Not Covered</p>
<p>Foreign Air Travel</p> <p>Do not cover flights back to the United States from a foreign country under any circumstance.</p>	<p>Not Covered</p>	<p>Not Covered</p>
<p>Outpatient Surgery, Diagnostic and Therapeutic Services</p> <p>When these services are performed in a Physician's office, Benefits are described under <i>Physician's Office Services</i>.</p> <p><u>Note:</u> Radiology notification required for outpatient MRI/MRA Scans, CT Scans, PET Scans and Nuclear Medicine Studies for services rendered by a Network Provider. The Network Provider will be sanctioned for non-notification. Network Providers Only - please select the "Radiology/Notification prompt when confirming benefits for these services.</p>	<p>Outpatient Surgery</p> <p>Covered Health Services for surgery and related services received on an outpatient basis at a Hospital or Alternate Facility.</p> <p>Benefits for the surgeons fees related to outpatient surgery are described under <i>Professional Fees for Surgical and Medical Services</i>.</p> <p>80% of eligible expenses after satisfying \$750 deductible</p> <p>-----</p> <p>Outpatient Diagnostic Services</p> <p>Covered Health Services received on an outpatient basis at a Hospital or Alternate Facility including:</p> <ul style="list-style-type: none"> ● Lab and radiology/X-ray. ● Mammography testing. <p>This section does not include Benefits for CT scans, Pet scans, MRIs, or nuclear medicine, which are described immediately below.</p> <p>Benefits under this section include the facility charge, and the charge for required services, supplies and equipment, and all related professional fees.</p>	<p>Not Covered</p>

For lab and radiology/Xray:
80% of eligible expenses after satisfying **\$750** deductible

For mammography testing:
 If diagnostic, Plan pays **80%** of eligible expenses after satisfying **\$750** deductible

If part of Wellness, Plan pays **100%** of eligible expenses thereafter **NO DEDUCTIBLE APPLIES.**

Outpatient Diagnostic/Therapeutic Services - CT Scans, Pet Scans, MRI and Nuclear Medicine

Covered Health Services for CT scans, Pet scans, MRI, and nuclear medicine received on an outpatient basis at a Hospital or Alternate Facility.

Benefits under this section include the facility charge, and the charge for required services, supplies and equipment, and all related professional fees.

80% of eligible expenses after satisfying **\$750** deductible

Outpatient Therapeutic Treatments

Covered Health Services for therapeutic treatments received on an outpatient basis at a Hospital or Alternate Facility, including dialysis, intravenous chemotherapy or other intravenous infusion therapy, and other treatments not listed

	<p>above.</p> <p>Benefits under this section include the facility charge, and the charge for required services, supplies and equipment, and all related professional fees.</p> <p>80% of eligible expenses after satisfying \$750 deductible</p>	
<p>Emergency Health Services</p> <p>Services that are required to stabilize or initiate treatment in an Emergency. Emergency Health Services must be received on an outpatient basis at a Hospital or Alternate Facility.</p> <p>Notify Care Coordination Non-Network Services: To ensure prompt and accurate payment of your claim as a Network Benefit, notify Care Coordination within two business days or as soon as possible after you receive outpatient Emergency Health Services at a non-Network Hospital or Alternate Facility.</p> <p>Please remember that if you are admitted to a Hospital as a result of an Emergency, you must notify Care Coordination within one business day or the same day of admission, or as soon as reasonably possible.</p>	<p>\$500 copay per visit.</p> <p>Non-emergency services are not covered.</p> <p>The Co-Insurance for Emergency Room services Does NOT count towards the annual out-of-pocket maximums.</p>	<p>Same as Network Benefit</p> <p>Non-emergency services are not covered.</p> <p>The Co-Insurance for Emergency Room services Does NOT count towards the annual out-of-pocket maximums.</p>
<p>Hospital Inpatient Stay</p> <p>Inpatient Stay in a Hospital. Benefits are available for:</p> <ul style="list-style-type: none"> Services and supplies received during the Inpatient Stay. 	<p>80% of eligible expenses after satisfying \$750 deductible.</p>	<p>Not Covered</p>

<ul style="list-style-type: none"> Room and board in a Semi-private Room (a room with two or more beds). <p>Notify Care Coordination Non-Network Services: Please remember that you must notify Care Coordination as follows:</p> <ul style="list-style-type: none"> For elective admissions: five business days before admission. For non-elective admissions: within one business day or the same day of admission. For Emergency admissions: within one business day or the same day of admission, or as soon as is reasonably possible. 		
<p>Urgent Care Center Services</p> <p>Covered Health Services received at an Urgent Care Center. When services to treat urgent health care needs are provided in a Physician's office, Benefits are available as described under Physician's Office Services.</p>	<p>Plan Level Urgent Care Center Co-Pay - \$25 per visit.</p>	<p>Not Covered</p>

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Pre-Admission Testing	80% of eligible expenses after satisfying \$750 deductible.	Not Covered

<!--section=Maternity_Care-->

MATERNITY CARE

Situation	CHOICE PLUS PS1 -	CHOICE PLUS PS1 -
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	ADVANTAGE PLAN NETWORK	ADVANTAGE PLAN NON-NETWORK
<p>Maternity Services Mother and Newborn</p> <p>Benefits for Pregnancy will be paid at the same level as Benefits for any other condition, Sickness or Injury. This includes all maternity-related medical services for prenatal care, postnatal care, delivery, and any related complications.</p> <p>We also have special prenatal programs to help during Pregnancy. They are completely voluntary and there is no extra cost for participating in the program. To sign up, you should notify Care Coordination during the first trimester, but no later than one month prior to the anticipated childbirth.</p> <p>We will pay Benefits for an Inpatient Stay of at least:</p> <ul style="list-style-type: none"> ● 48 hours for the mother and newborn child following a normal vaginal delivery. ● 96 hours for the mother and newborn child following a cesarean section delivery. <p>If the mother agrees, the attending provider may discharge the mother and/or the newborn child earlier than these minimum time frames.</p> <p>Notify Care Coordination Please remember that for Non-Network Benefits you must notify Care Coordination as soon as reasonably possible if the</p>	<p>Same as:</p> <ul style="list-style-type: none"> ● Physician's Office Services ● Professional Fees ● Hospital-Inpatient Stay ● Outpatient Diagnostic and Therapeutic Services. <p>No Copayment applies to Physician office visits for prenatal care after the first visit in which a \$20 copayment applies.</p> <p>Well newborn under Mother's Maternity Claim. Sick Newborn under their own claim.</p>	<p>Not Covered</p>

Inpatient Stay for the mother and/or the newborn will be more than the time frames described.		
The Healthy Pregnancy Program	<p>A healthy pregnancy is the first step to a healthy baby and mom. The Healthy Pregnancy Program provides pregnancy consultation to identify special needs, written and on-line educational materials and resources, 24-hour toll-free access to experienced maternity nurses, and a phone call from a care coordinator during your pregnancy and about four weeks after your baby is born to see how things are going and answer questions you may have.</p> <p>Call 1-800-411-7984 Or Visit www.healthy-pregnancy.com</p>	<p>A healthy pregnancy is the first step to a healthy baby and mom. The Healthy Pregnancy Program provides pregnancy consultation to identify special needs, written and on-line educational materials and resources, 24-hour toll-free access to experienced maternity nurses, and a phone call from a care coordinator during your pregnancy and about four weeks after your baby is born to see how things are going and answer questions you may have.</p> <p>Call 1-800-411-7984 Or Visit www.healthy-pregnancy.com</p>
Midwife	Covered same as Maternity Services Mother and Newborn section above ONLY if contracted as a Health Plan Network Provider.	Not Covered
Birthing Center	Covered same as Maternity Services Mother and Newborn section above ONLY if contracted as a Health Plan Network Facility.	Not Covered

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN
None	

<!--section=Physician_Services-->

PHYSICIAN SERVICES

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Allergy Injections	Refer to Injections received in	Refer to Injections received in

	a Physician's Office for benefit information	a Physician's Office for benefit information
Anesthesia	Services provided by facility based RAPLEs (i.e., radiologists, anesthesiologists, pathologists, labs, emergency room physicians) are covered as part of the facility benefit as described under Hospital Inpatient Stay, Emergency Health Services or Outpatient Surgery categories. RAPL services associated with outpatient lab/diagnostics are described under the Outpatient Diagnostic benefit.	Services provided by facility based RAPLEs (i.e., radiologists, anesthesiologists, pathologists, labs, emergency room physicians) are covered as part of the facility benefit as described under Hospital Inpatient Stay, Emergency Health Services or Outpatient Surgery categories. RAPL services associated with outpatient lab/diagnostics are described under the Outpatient Diagnostic benefit. Out of Network Anesthesiologist for Office Based Surgery should be paid based on the network status of the physician performing the surgery.
Hemophilia Program	The following is excluded from coverage under the Specialty Pharmacy program: <ul style="list-style-type: none"> • Hemophilia 	
Eye Examinations Eye examinations with a medical diagnosis received from a health care provider in the provider's office. All payments are to go to member, regardless of whether and INN or ONN provider is used	\$20 copay per visit Additional vision benefits are provided through Spectera. Please contact Spectera at 1-800-638-3120 for additional information on your vision benefits.	Not Covered Additional vision benefits are provided through Spectera. Please contact Spectera at 1-800-638-3120 for additional information on your vision benefits.
Injections received in a Physician's Office	\$20 per visit, except for immunizations.	Not Covered
Nutrition	The following services are not covered: <ul style="list-style-type: none"> • Megavitamin and nutrition based therapy. • Nutritional counseling for 	The following services are not covered: <ul style="list-style-type: none"> • Megavitamin and nutrition based therapy. • Nutritional counseling for

	<p>either individual or groups unless it is for a diagnosis of morbid obesity.</p> <ul style="list-style-type: none"> • Enteral feedings and other nutritional and electrolyte supplements, including infant formula and donor breast milk. 	<p>either individual or groups unless it is for a diagnosis of morbid obesity.</p> <ul style="list-style-type: none"> • Enteral feedings and other nutritional and electrolyte supplements, including infant formula and donor breast milk.
<p>Physician's Office Services</p> <p>Copays will be waived for primary diagnosis of diabetes following Diabetes Health Plan logic.</p> <p>Diabetes related labs whether in the office or at a network lab will be covered at 100%, deductible does not apply.</p> <p>Well Care Benefit. Special Tests (i.e. stress test) when ordered by physician's are eligible for charges.</p>	<p>Covered Health Services for preventive medical care.</p> <p>Preventive medical care includes:</p> <ul style="list-style-type: none"> • Voluntary family planning. • Well-baby and well-child care. • Routine physical examinations. • Vision and hearing screenings. (Vision screenings do not include refractive examinations to detect vision impairment. See <i>Eye Examinations</i>.) • Immunizations. <p>No Copayment. Services are paid at 100% of eligible expenses.</p> <p>Covered Health Services for the diagnosis and treatment of a Sickness or Injury.</p> <p>\$20 per visit, then 100% of eligible expenses, except that the Copayment for a Network Specialist Physician office visit is \$50 then 100% of eligible expenses.</p> <p>Plan Pays 100% for well care visits.</p>	<p>Not Covered</p>

<p>Professional Fees for Surgical and Medical Services</p> <p>Professional fees for surgical procedures and other medical care received in a Hospital, Skilled Nursing Facility, Inpatient Rehabilitation Facility or Alternate Facility, or for Physician house calls.</p> <p>When these services are performed in a Physician's office, Benefits are described under <i>Physician's Office Services</i>.</p> <p>Note: For benefits pertaining to professional fees for Outpatient Diagnostic/Therapeutic Services including CT Scans, Pet Scans, MRI and Nuclear Medicine, and Outpatient Therapeutic services, please refer to the section titled Outpatient Surgery, Diagnostic and Therapeutic Services.</p>	<p style="text-align: center;">Collin County</p> <p>80% of eligible expenses after satisfying \$750 deductible.</p>	<p>Not Covered</p>
<p>Second Surgical Opinion</p> <p>This is not a required service to obtain benefits.</p>	<p>Refer to <i>Physician's Office Services</i> benefit category for a description of coverage.</p>	<p>Refer to <i>Physician's Office Services</i> benefit category for a description of coverage.</p>

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CSR View

<p>Situation</p>	<p>CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK</p>	<p>CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK</p>
<p>Hemophilia Quick Tip</p>	<p>This program only supports obtaining medications from a specific provider. Depending on the place of service, benefit information can be located within several applicable benefit categories.</p> <ul style="list-style-type: none"> • If Hemophilia Factor is a part of a carve-out situation, the carve-out Pharmacy Benefit Manager and/or Specialty Pharmacy vendor should be contacted to confirm coverage. 	

	<ul style="list-style-type: none"> • If administered on an outpatient basis in a Hospital, Alternate Facility, Physician’s Office, or administered or directly supervised by a qualified provider or licensed/certified health professional in a Covered Persons’ residence (during eligible Home Health Care or Physician House Calls) refer to Pharmaceutical Products – Outpatient. • If administered during an Emergency room visit, refer to Emergency Health Services – Outpatient for more information. • If self-administered (self-injected, self-infused, etc), refer to Prescription Drugs for more information. <p>For more information on coverage determination guidelines and codes, please use the Specialty Pharmacy SOP link.</p> <p>Exceptions - Lock out codes: ASO clients who have opted into the Specialty Pharmacy Program can choose to opt out of certain therapeutic classes. The following opt outs exist and should be reflected in the Specialty Pharmacy Program section above – specifically the therapeutic class should be removed from the list and there should be a call out that that particular therapeutic class has been excluded from the program. A client can only opt out of one of the options below. This will be a very rare occurrence.</p> <ul style="list-style-type: none"> • Hemophilia <p>See Specialty Pharmacy Program Quick tip section for other classes that may be excluded as part of the Specialty Pharmacy Program</p>	
<p>Multiple Surgical Procedures</p>	<p>100/50/50</p>	<p>100/50/50</p>
<p>Non- Network Office Based Lab and Diagnostic Processing</p>	<p>New NOBLX logic applies to Lab/Diagnostic services-</p> <p>Benefits for lab/diagnostics services will be based solely on the network status of the lab/diagnostic provider, regardless of the network status of the ordering physician.</p>	
<p>RAPS</p>	<p>Services provided by facility based RAPLEs (i.e., radiologists, anesthesiologists, pathologists, labs, emergency room physicians) are covered as part of the facility benefit as described under Hospital Inpatient Stay, Emergency Health Services or Outpatient Surgery categories. RAPL services associated with outpatient lab/diagnostics are described under the Outpatient Diagnostic benefit.</p>	

<!--section=Family_Planning-->

FAMILY PLANNING

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Birth Control Pills	See Prescription Drug Section for pharmacy benefits. <u>IMPORTANT:</u> Tier 1 FDA approved contraceptives are covered at 100% , in accordance with Health Care Reform.	See Prescription Drug Section for pharmacy benefits. <u>IMPORTANT:</u> Tier 1 FDA approved contraceptives are covered at 100% , in accordance with Health Care Reform.
Depo Provera	In Office procedures: \$20 PCP / \$50 Specialist, then 100% In-Patient/Outpatient procedures: 80% of eligible expenses after satisfying \$750 deductible.	Not Covered
D&C -Therapeutic or Voluntary	In Office procedures: \$20 PCP / \$50 Specialist, then 100% In-Patient/Outpatient procedures: 80% of eligible expenses after satisfying \$750 deductible.	Not Covered
Diaphragm -Device and/or Fitting	Physician procedures: \$20 PCP / \$50 Specialist, then 100% In-Patient/Outpatient procedures: 80% of eligible expenses after satisfying \$750 deductible.	Not Covered
IUD -Device and/or Insertion	Physician procedures: \$20 PCP / \$50 Specialist, then 100% In-Patient/Outpatient procedures: 80% of eligible expenses after satisfying \$750 deductible.	Not Covered
Norplant -Device and/or Insertion	Physician procedures: \$20 PCP / \$50 Specialist, then 100% In-Patient/Outpatient procedures: 80% of eligible expenses after satisfying \$750 deductible.	Not Covered
Tubal Ligation	Physician procedures: \$20	Not Covered

	<p>Caplin County PCP / \$50 Specialist, then 100% In-Patient/Outpatient procedures: 80% of eligible expenses after satisfying \$750 deductible.</p>	
<p>ParentSteps^(SM)</p>	<p>ParentSteps Infertility Centers of Excellence Network provides access to some of the best infertility clinics in the country. These clinics have high pregnancy rates AND low incidence of multiple births. ParentSteps offers the ability to purchase treatment cycles and infertility medications at group discount prices. ParentSteps also provides infertility nurse specialists who can educate you on your diagnosis and treatment options.</p> <p>For information concerning infertility treatment, please visit ParentSteps at www.myoptumhealthparentsteps.com or call 1-866-774-4626.</p>	
<p>Reproductive Resource Services Program(RRS)</p>	<p>Not Applicable.</p>	
<p>Infertility Services</p> <p>Coverage is for the diagnosis of underlying condition only.</p>	<p>80% of eligible expenses after satisfying \$750 deductible.</p> <p>The following service is covered:</p> <ul style="list-style-type: none"> • Diagnosis of underlying condition only. <p>The following services are not covered:</p> <ul style="list-style-type: none"> • Health services and associated expenses for infertility treatments. • Artificial Insemination, • GIFT, and • ZIFT <p>Office visits are limited to \$5,000 per lifetime.</p>	<p>Not Covered</p>
<p>Reproduction</p> <p>Oral contraceptives, diaphragms, IUD's and female sterilization are covered the same as Preventive Care Services in accordance with Health Care Reform Expanded</p>	<p>Same as:</p> <ul style="list-style-type: none"> • Physician's Office Services • Professional Fees • Hospital-Inpatient Stay • Outpatient Diagnostic and Therapeutic Services. <p>Applicable services:</p> <ul style="list-style-type: none"> • Voluntary sterilization. • Contraceptive services. 	<p>Same as:</p> <ul style="list-style-type: none"> • Physician's Office Services • Professional Fees • Hospital-Inpatient Stay • Outpatient Diagnostic and Therapeutic Services. <p>Applicable services:</p> <ul style="list-style-type: none"> • Voluntary sterilization. • Contraceptive services.

Women's Preventive Care.	<p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Surrogate parenting. ● The reversal of voluntary sterilization ● Health services and associated expenses for elective abortion. ● Fetal reduction surgery. ● Health services associated with the use of non-surgical or drug-induced Pregnancy termination. 	<p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Surrogate parenting. ● The reversal of voluntary sterilization ● Health services and associated expenses for elective abortion. ● Fetal reduction surgery. ● Health services associated with the use of non-surgical or drug-induced Pregnancy termination.
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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
None		

<!--section=Special_Services-->

SPECIAL SERVICES

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Acupuncture Services	Not Covered.	Not Covered.
Bariatric Resource Services (BRS)	Not Applicable.	
<p>Breast Pumps</p> <p>Preventive care Benefits defined under the Health Resources and Services Administration (HRSA) requirement include the cost of renting one breast pump per Pregnancy in conjunction with childbirth.</p> <p>If more than one breast pump can meet your needs, Benefits are available only for the most cost effective pump. We will determine the following:</p>	<p>No Copayment. Services are paid at 100% of eligible expenses.</p> <p><u>You will not be able to purchase supplies, such as breast pumps, at retail and send the receipt for reimbursement.</u></p>	Not Covered

<ul style="list-style-type: none"> • Which pump is the most cost effective. • Whether the pump should be purchased or rented. • Duration of a rental. • Timing of an acquisition. 		
<p>Cancer Resource Services (CRS)</p>	<p>Cancer Resource Services (CRS) offers information, resources and support to help individuals make informed decisions about their cancer care. Assistance is available for individuals with any kind of cancer. CRS is staffed by experienced cancer nurses. CRS also offers access to the cancer centers in the Centers of Excellence network for care that is planned, coordinated and provided by teams of experts with extensive experience and subspecialty expertise. Potential benefits include accurate diagnosis, appropriate therapy (neither too little nor too much), higher survival rates and decreased costs. Participation in this program is voluntary for the enrollee.</p> <p>Network benefits are available for patients who receive care at a designated Cancer Resource Services network cancer center. To ensure network benefits are received under this program, patients, or someone on their behalf, must contact Cancer Resource Services at 1-866-936-6002 before receiving care. More information is also available at https://www.myoptumhealthcomplexmedical.com.</p> <p>Coverage for Clinical Trials at a Cancer Resource Services designated facility is not covered as part of this benefit.</p> <p>Travel and Lodging Assistance is not available as part of the Cancer Resource Services program.</p>	
<p>Congenital Heart Disease Resource Services (CHDRS)</p>	<p>Congenital heart defects are the number one cause of death for children from a birth defect during the first year of life.</p> <p>Additionally, fifty percent of pediatric patients referred for a heart transplant have some form of congenital heart disease. By aligning with the Transplant Centers of Excellence Network, the CHD Centers of Excellence Network provides expanded treatment options for these patients.</p> <p>Access to the CHD Centers of Excellence Network gives patients care that is planned,</p>	<p>Congenital heart defects are the number one cause of death for children from a birth defect during the first year of life.</p> <p>Additionally, fifty percent of pediatric patients referred for a heart transplant have some form of congenital heart disease. By aligning with the Transplant Centers of Excellence Network, the CHD Centers of Excellence Network provides expanded treatment options for these patients.</p> <p>Access to the CHD Centers of Excellence Network gives patients care that is planned, coordinated and provided by a team of experts who specialize in treating Congenital Heart Disease. Potential benefits</p>

	<p>coordinated and provided by a team of experts who specialize in treating Congenital Heart Disease. Potential benefits include accurate diagnosis, appropriate surgical interventions, higher survival rates and decreased costs.</p> <p>Network benefits are available for patients who receive care at a designated CHD Centers of Excellence Network facility.</p> <p>Participation in this program is voluntary for the enrollee. To help ensure network benefits are received under this program, patients, or someone on their behalf, should contact CHD Resource Services at 1-888-936-7246 before receiving care. More information is also available at https://www.myoptumhealthcomplexmedical.com.</p> <p>Travel and Lodging Assistance is available as part of the Congenital Heart Disease Resource Services program. \$50/\$100 per diem with a Lifetime Maximum of \$10,000.</p>	<p>include accurate diagnosis, appropriate surgical interventions, higher survival rates and decreased costs.</p> <p>Network benefits are available for patients who receive care at a designated CHD Centers of Excellence Network facility.</p> <p>Participation in this program is voluntary for the enrollee. To help ensure network benefits are received under this program, patients, or someone on their behalf, should contact CHD Resource Services at 1-888-936-7246 before receiving care. More information is also available at https://www.myoptumhealthcomplexmedical.com.</p> <p>Travel and Lodging Assistance is available as part of the Congenital Heart Disease Resource Services program. \$50/\$100 per diem with a Lifetime Maximum of \$10,000.</p>
<p>Dental Services - Accident Only</p> <p>Notify Care Coordination Please remember that you must notify Care Coordination as soon as possible, but at least five business days before follow-up (post-Emergency) treatment begins. (You do not have to provide notification before the initial Emergency treatment.)</p>	<p>80% of eligible expenses after satisfying \$750 deductible.</p> <p>Dental services are covered when all of the following are true:</p> <ul style="list-style-type: none"> ● Treatment is necessary because of accidental damage. ● Dental services are received from a Doctor of Dental Surgery, "D.D.S." or Doctor of Medical 	<p>Not Covered</p>

<p>The following services are not covered:</p> <ul style="list-style-type: none"> • Dental care except as described above. • Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include all of the following: <ul style="list-style-type: none"> • Extraction, restoration and replacement of teeth. • Medical or surgical treatments of dental conditions. • Services to improve dental clinical outcomes. • Dental implants. • Dental braces. • Dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia. The only exceptions to this are for any of the following: <ul style="list-style-type: none"> • Transplant preparation. • Initiation of immunosuppressives. • The direct treatment of acute traumatic Injury, cancer or cleft palate. • Treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a Congenital Anomaly. 	<p>Dentistry, "D.M.D."</p> <ul style="list-style-type: none"> • The dental damage is severe enough that initial contact with a Physician or dentist occurred within 72 hours of the accident. <p>Benefits are available only for treatment of a sound, natural tooth. The Physician or dentist must certify that the injured tooth was:</p> <ul style="list-style-type: none"> • A virgin or unrestored tooth, or • A tooth that has no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy, is not a dental implant and functions normally in chewing and speech. <p>Dental services for final treatment to repair the damage must be both of the following:</p> <ul style="list-style-type: none"> • Started within three months of the accident. • Completed within 12 months of the accident. <p>Please note that dental damage that occurs as a result of normal activities of daily living or extraordinary use of the teeth is not considered an "accident". Benefits are not available for repairs to teeth that are injured as a result of such activities.</p>	
<p>Durable Medical Equipment including Foot Orthotics</p> <p>Durable Medical Equipment that meets each of the following criteria:</p> <ul style="list-style-type: none"> • Ordered or provided by a Physician for outpatient use. 	<p>80% of eligible expenses after satisfying \$750 deductible.</p> <p>Foot orthotics are covered for diagnosis of Diabetes only.</p> <p>Benefits are provided for the replacement of a type of Durable</p>	<p>Not Covered</p>

<ul style="list-style-type: none"> ● Used for medical purposes. ● Not consumable or disposable. ● Not of use to a person in the absence of a disease or disability. <p>If more than one piece of Durable Medical Equipment can meet your functional needs, Benefits are available only for the most cost-effective piece of equipment.</p> <p>Examples of Durable Medical Equipment include:</p> <ul style="list-style-type: none"> ● Equipment to assist mobility, such as a standard wheelchair. ● A standard Hospital-type bed. ● Oxygen and the rental of equipment to administer oxygen (including tubing, connectors and masks). ● Delivery pumps for tube feedings (including tubing and connectors). ● Braces, including necessary adjustments to shoes to accommodate braces. Braces that stabilize an Injured body part and braces to treat curvature of the spine are considered Durable Medical Equipment and are a Covered Health Service. Braces that straighten or change the shape of a body part are orthotic devices, and are excluded from coverage. Dental braces are also excluded from coverage. ● Mechanical equipment necessary for the treatment of chronic or acute respiratory failure (except that air-conditioners, humidifiers, dehumidifiers, air purifiers and filters, and personal comfort items are excluded from coverage). ● Foot orthotics are covered for diagnosis of Diabetes only. <p><u>LIMITATIONS</u></p> <p>HEALTH CARE REFORM - Click on the DME Link below for details. DME Link</p>	<p>Medical Equipment once every three calendar years.</p> <p>Any combination of Network and Non-Network Benefits for Durable Medical Equipment is limited to \$2,500 per calendar year. This limit applies to the total amount that we will pay for the Durable Medical Equipment, and does not include any Copayment or Annual Deductible responsibility you may have.</p> <p>Notify Care Coordination Please remember that for Network Benefits you must notify Care Coordination before obtaining any single item of Durable Medical Equipment that costs more than \$1,000.</p>	
<p>Home Health Care</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Custodial Care. 	<p>80% of eligible expenses after satisfying \$750 deductible.</p> <p>Any combination of Network and Non-Network Benefits is limited to 60 visits per calendar</p>	<p>Not Covered</p>

<ul style="list-style-type: none"> ● Domiciliary care. ● Respite care. ● Rest cures. 	<p>year. One visit equals four hours of skilled care services.</p>	
<p>Hospice Care</p>	<p>80% of eligible expenses after satisfying \$750 deductible.</p> <p>Any combination of Network and Non-Network Benefits is limited to 360 days during the entire period of time you are covered under the Policy.</p>	<p>Not Covered</p>
<p>Kidney Resource Services (KRS)</p>	<p>Kidney Resource Services provides access to top-performing dialysis centers and nurse consulting services to support the management of kidney diseases. Kidney transplantation candidates have access to the Transplant Centers of Excellence Network and Transplant Resource Services nurse consulting services.</p> <p>Please call a KRS nurse at 1-866-561-7518 for all inquiries and notifications related to End Stage Renal Disease, including dialysis or vascular access for dialysis. Information is also available at https://www.myoptumhealthcomplexmedical.com.</p>	<p>Kidney Resource Services provides access to top-performing dialysis centers and nurse consulting services to support the management of kidney diseases. Kidney transplantation candidates have access to the Transplant Centers of Excellence Network and Transplant Resource Services nurse consulting services.</p> <p>Please call a KRS nurse at 1-866-561-7518 for all inquiries and notifications related to End Stage Renal Disease, including dialysis or vascular access for dialysis. Information is also available at https://www.myoptumhealthcomplexmedical.com.</p>

Private Duty Nursing	Not Covered	Not Covered
<p>Prosthetic Devices</p> <p>External prosthetic devices that replace a limb or an external body part, limited to:</p> <ul style="list-style-type: none"> ● Artificial arms, legs, feet and hands. ● Artificial eyes, ears and noses. ● Breast prosthesis as required by the Women's Health and Cancer Rights Act of 1998. Benefits include mastectomy bras and lymphedema stockings for the arm. <p>If more than one prosthetic device can meet your functional needs, Benefits are available only for the most cost-effective prosthetic device.</p> <p><u>LIMITATIONS</u></p> <p>HEALTH CARE REFORM - Click on the Limitations Link below for details. Limitations Link</p> <p>The prosthetic device must be ordered or provided by, or under the direction of a Physician. Except for items required by the Women's Health and Cancer Rights Act of 1998, Benefits for prosthetic devices are limited to a single purchase of each type of prosthetic device every three calendar years.</p> <p>Except for items required by the Women's Health and Cancer Rights Act of 1998, any combination of Network and Non-Network Benefits for prosthetic devices is limited to \$2,500 per calendar year. This limit applies to the total amount that we will pay for the</p>	<p>80% of eligible expenses after satisfying \$750 deductible.</p> <p>Notify Care Coordination Please remember that for Network Benefits you must notify Care Coordination before obtaining any single item of Prosthetic Devices that costs more than \$1,000.</p>	<p>Not Covered</p>

<p>prosthetics, and does not include any Copayment or Annual Deductible responsibility you may have. Once this Benefit limit is reached, no additional Benefits are available except for items required by the Women's Health and Cancer Rights Act of 1998.</p>		
<p>Wigs and Toupees</p>	<p>Not Covered</p>	<p>Not Covered</p>
<p>Reconstructive Procedures</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Cosmetic Procedures. Examples include: <ul style="list-style-type: none"> ● Pharmacological regimens, nutritional procedures or treatments. ● Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other skin abrasion procedures). ● Skin abrasion procedures performed as a treatment for acne. ● Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. NOTE: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. ● Physical conditioning programs such as athletic training, bodybuilding, exercise, fitness, flexibility, and diversion or general motivation. ● Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also 	<p>Same as</p> <ul style="list-style-type: none"> ● Physician's Office Services ● Professional Fees ● Hospital-Inpatient Stay ● Outpatient Diagnostic and Therapeutic Services ● Prosthetic Devices <p>You can contact Care Coordination at the telephone number on your ID card for more information about Benefits for mastectomy related services.</p>	<p>Not Covered</p>

<p>excluded.</p> <ul style="list-style-type: none"> Wigs regardless of the reason for the hair loss. 		
<p>Rehabilitation Services Outpatient Therapy</p> <p>Short-term outpatient rehabilitation services for:</p> <ul style="list-style-type: none"> Physical therapy. Occupational therapy. Speech therapy. Pulmonary rehabilitation therapy. Cardiac rehabilitation therapy. <p>Rehabilitation services must be performed by a licensed therapy provider, under the direction of a Physician.</p> <p>Benefits are available only for rehabilitation services that are expected to result in significant physical improvement in your condition within two months of the start of treatment.</p> <p>The following service is not covered:</p> <ul style="list-style-type: none"> Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, or a Congenital Anomaly. Post cochlear implant aural therapy is not covered. 	<p>\$50 per visit.</p> <p>Network Benefits is limited as follows:</p> <ul style="list-style-type: none"> 20 visits of physical therapy per calendar year. 20 visits of occupational therapy per calendar year. 20 visits of speech therapy per calendar year. 20 visits of pulmonary rehabilitation therapy per calendar year. 36 visits of cardiac rehabilitation therapy per calendar year. 	<p>Not Covered</p>
<p>Skilled Nursing Facility Inpatient Rehabilitation Facility Services</p>	<p>80% of eligible expenses after satisfying \$750 deductible.</p> <p>If you are transferred to a Skilled Nursing Facility or Inpatient Rehabilitation Facility directly from an acute facility, any combination of Copayments required for the Inpatient Stay in a Hospital and the Inpatient Stay in a Skilled Nursing Facility or Inpatient Rehabilitation Facility will apply to the stated maximum Copayment per Inpatient Stay.</p>	<p>Not Covered</p>

	Network Benefits is limited to 60 days per calendar year.	
Spinal Treatment	\$50 per visit. Network Benefits for Spinal Treatment is limited to 24 visits per calendar year.	Not Covered
Transplantation Services Notify Care Coordination For Network Benefits, you or your Physician must notify Care Coordination as soon as the possibility of a transplant arises (and before the time a pre-transplantation evaluation is performed at a transplant center). Benefits are also available for cornea transplants that are provided by a Physician at a Hospital. We do not require that cornea transplants be performed at a Designated Facility. Network benefits would apply if the service was rendered by a network physician/facility. Non network would apply if it is a Non-Network physician/facility. For both Network and Non-Network, we do not require the service be rendered at a Designated Facility. The following services are not covered : <ul style="list-style-type: none"> ● Health services for organ and tissue transplants, except those described as covered above. ● Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs 	80% of eligible expenses after satisfying \$750 deductible. Covered Health Services for the following organ and tissue transplants when ordered by a Physician. For Network Benefits, transplantation services must be received at a Designated Facility. Benefits are available for the transplants listed below when the transplant meets the definition of a Covered Health Service, and is not an Experimental, Investigational or Unproven Service: <ul style="list-style-type: none"> ● Bone marrow transplants (either from you or from a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. Not all bone marrow transplants meet the definition of a Covered Health Service. ● Heart transplants. ● Heart/lung transplants. ● Lung transplants. ● Kidney transplants. ● Kidney/pancreas transplants. ● Liver transplants. ● Liver/small bowel transplants. ● Pancreas transplants. ● Small bowel transplants. 	Not Covered

<p>for removal are payable for a transplant through the organ recipient's Benefits under the Policy).</p> <ul style="list-style-type: none"> ● Health services for transplants involving mechanical or animal organs. ● Any solid organ transplant that is performed as a treatment for cancer. ● Any multiple organ transplant not listed as a Covered Health Service above. 		
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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Alternative Treatments	<p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Acupressure ● Aromatherapy. ● Hypnotism. ● Massage Therapy. ● Rolfing. ● Other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health. 	<p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Acupressure ● Aromatherapy. ● Hypnotism. ● Massage Therapy. ● Rolfing. ● Other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
Diabetes Prevention and Control Alliance (DPCA)	<p>Diabetes Prevention and Control Alliance is an OUTBOUND program and participants are directed based on claims data analysis, health screenings and physician referrals. If the participant has lost the mailing and/or information to Diabetes Prevention and Control Alliance available at external participating vendors such as the local YMCAs and/or local pharmacies, please REFER the caller to 1-888-688-4019.</p>	
Diabetes Management	<p>80% of eligible expenses after satisfying \$750 deductible.</p>	Not Covered
Experimental, Investigational or Unproven Services	<p>Experimental or Investigational Services and Unproven Services are excluded.</p>	<p>Experimental or Investigational Services and Unproven Services are excluded.</p>


Foot Care	The following services are not covered: <ul style="list-style-type: none"> ● Routine foot care (including the cutting or removal of corns and calluses). ● Nail trimming, cutting, or debriding. ● Hygienic and preventive maintenance foot care. Examples include the following: <ul style="list-style-type: none"> ● Cleaning and soaking the feet. ● Applying skin creams in order to maintain skin tone. ● Other services that are performed when there is not a localized illness, Injury or symptom involving the foot. ● Treatment of flat feet. ● Treatment of subluxation of the foot. <p>NOTE: Foot orthotics are covered for diagnosis of Diabetes only.</p>	
Growth Hormone Therapy	Not Covered.	Not Covered.
Gynecomastia	The following service is not covered: <ul style="list-style-type: none"> ● Treatment of benign gynecomastia (abnormal breast enlargement in males.) 	The following service is not covered: <ul style="list-style-type: none"> ● Treatment of benign gynecomastia (abnormal breast enlargement in males.)
Hyperhidrosis	The following service is not covered: <ul style="list-style-type: none"> ● Medical and surgical treatment of excessive sweating (hyperhidrosis). 	
Lasik Surgery	<p>50%</p> <p>50% of billed charges, limited to \$2,000 lifetime, combined in and out-of-network.</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Photo Refractive Kerateomy (PRK) ● Radial Keratotomy 	<p>50%</p> <p>50% of billed charges, limited to \$2,000 lifetime, combined in and out-of-network.</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Photo Refractive Kerateomy (PRK) ● Radial Keratotomy
Medical Supplies and Appliances	The following services are not covered: <ul style="list-style-type: none"> ● Devices used specifically as safety items or to affect performance in sports-related activities. ● Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: <ul style="list-style-type: none"> ● Elastic stockings. 	The following services are not covered: <ul style="list-style-type: none"> ● Devices used specifically as safety items or to affect performance in sports-related activities. ● Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: <ul style="list-style-type: none"> ● Elastic stockings.

	<ul style="list-style-type: none"> ● Ace bandages. ● Gauze and dressings. ● Ostomy supplies. ● Syringes. ● Diabetic test strips. ● Orthotic appliances that straighten or re-shape a body part. ● Tubings, connectors and masks are not covered except when used with Durable Medical Equipment. 	<ul style="list-style-type: none"> ● Ace bandages. ● Gauze and dressings. ● Ostomy supplies. ● Syringes. ● Diabetic test strips. ● Orthotic appliances that straighten or re-shape a body part. ● Tubings, connectors and masks are not covered except when used with Durable Medical Equipment.
Morbid Obesity	Not Covered	Not Covered
Osteoporosis Detection and Prevention	<p>If diagnostic, Plan pays 80% of eligible expenses after satisfying \$750 deductible</p> <p>If part of Wellness, Plan pays 100% of eligible expenses.</p>	Not Covered
Sleep Disorders Limited \$5,000 per lifetime.	80% of eligible expenses after satisfying \$750 deductible.	Not Covered
Smoking Cessation Limited to \$500 per calendar year and \$1,000 per lifetime – includes coverage for drugs and related office visits	Standard copays and coinsurance apply	Not Covered
Temporomandibular Joint Syndrome-Orthognathic Surgery	80% of eligible expenses after satisfying \$750 deductible any combination of Network and Non-Network Benefits for TMJ are limited to \$5,000 per lifetime. Coverage is available for the evaluation and treatment of temporomandibular joint syndrome (TMJ), including surgery.	Not Covered
Vision and Hearing	The following services are not covered: <ul style="list-style-type: none"> ● Eye exercise therapy. ● Surgery that is intended to 	The following services are not covered: <ul style="list-style-type: none"> ● Eye exercise therapy. ● Surgery that is intended to

	<p>allow you to see better without glasses or other vision correction including radial keratotomy, laser, and other refractive eye surgery.</p> <ul style="list-style-type: none"> • Purchase cost and associated fitting and testing charges for hearing aids, bone anchored hearing aids and all other hearing assistive devices unless required due to an accidental injury • Post cochlear implant aural therapy is not covered. <p>Please refer to Eye Examination section for a description of covered services for vision.</p>	<p>allow you to see better without glasses or other vision correction including radial keratotomy, laser, and other refractive eye surgery.</p> <ul style="list-style-type: none"> • Purchase cost and associated fitting and testing charges for hearing aids, bone anchored hearing aids and all other hearing assistive devices unless required due to an accidental injury • Post cochlear implant aural therapy is not covered. <p>Please refer to Eye Examination section for a description of covered services for vision.</p>
Wisdom Teeth	Not Covered.	Not Covered.

<!--section=Prescription_Drugs-->

PRESCRIPTION DRUGS

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Pharmacy Benefit Manager (PBM)	<p>Coverage is through OptumRx</p>  <p>For all pharmacy support, please refer to the telephone number on the back of your ID card.</p>	Not Covered
<p>Retail Purchases NETWORK</p> <p>"Note - No copay collected for primary diagnosis of diabetes".</p>	<p>Coverage up to 31-day supply</p> <ul style="list-style-type: none"> • \$10.00 - Generic • \$25.00 – Brand Name • \$50.00 – Non-Preferred <p><u>IMPORTANT</u> Tier 1 FDA approved contraceptives are covered at 100%, in accordance with <i>Health Care Reform</i>.</p>	Not Applicable.
Home Delivery Purchases NETWORK	<p>Coverage up to 90-day supply</p> <ul style="list-style-type: none"> • \$25.00 - Generic 	Not Applicable.

<p>"Note - No copay collected for primary diagnosis of diabetes".</p>	<p style="text-align: center;">Collin County</p> <ul style="list-style-type: none"> ● \$50.00 – Brand Name, Non-preferred <p><u>IMPORTANT</u> Tier 1 FDA approved contraceptives are covered at 100%, in accordance with <i>Health Care Reform</i>.</p>	
<p>Specialty Pharmacy Program</p> <p>Self- administered Diabetes products DO NOT fall into this category</p>	<p>Not Applicable – Has not opted into the Specialty Pharmacy Program</p>	

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CSR View

<p>Situation</p>	<p>CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK</p>	<p>CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK</p>
<p>OptumRx</p> <p>Refer to VCC Desktop for all telephone numbers.</p>	<p>Fresh Start Medco Migration Customer</p> <p><u>General Commercial Pharmacy Help Desk (Public Line)</u> Designed to assist with Pharmacy inquiries, can also assist with compound drug verification, emergency refills, vacation overrides (emergency refills and vacation overrides are initiated by the pharmacy)</p> <p><u>Prior Authorization Department</u> Press 1 for standard oral medications Press 2 for Specialty Drugs This number may be disclosed to the member, ensure that they have their physician contact this number directly for immediate assistance. Many prior authorizations can be completed in real time.</p> <p><u>OptumRx Mail Service Member Line</u> This is the standard OptumRx Mail Order Dept, where the member will initially be taken into an automated system. If the member is new to mail order they can select the appropriate prompt. The Mail Service Dept can also provide general assistance with the OptumRx member website. In the event the member needs additional assistance, they will connect our members with a tech representative.</p> <p><u>Specialty Pharmacy Patient Care Coordinator Line</u> <i>Prescriber/Member New Prescription or New Services</i></p>	

	<p>When a member is transferred to this number, they will receive assistance with their drug questions, coverage verification, prior auth if needed, and setting up an account for ordering.</p> <p><u>Specialty Pharmacy Patient Care Coordinator Line</u> <i>Prescriber/Member Refill Prescription on Existing Services</i> Member can contact this number to refill their specialty medication. Please be aware that this number is for REFILL only.</p> <p><u>Doctor to Registered Pharmacist Line</u> This line should only be used by doctors or their authorized staff who are calling in new prescriptions or refills to be used at Mail Service.</p> <p>BPL Number: 69348</p>
<p>Specialty Pharmacy Quick Tip</p>	<p>The UnitedHealthcare Specialty Pharmacy Program applies to pharmacy benefits only. Reference the Customer Service drug list available on PharWeb (<i>access through customer service SOP</i>) to verify specialty medications subject to this program. This program DOES NOT determine benefit coverage - this program only supports obtaining medications from a specific provider.</p> <p>If the group has a pharmacy benefit carve-out, this program will NOT apply and the member/provider should be directed to the Pharmacy Benefit Manager (<i>vendor</i>) and/or Specialty Pharmacy Vendor to confirm coverage. Both vendor names and corresponding phone numbers should be provided, if both are present in IBAAG Prescription Drug section above.</p> <p><u>Exceptions: Lock out codes</u> ASO clients who have opted into the Specialty Pharmacy Program can choose to opt out of certain therapeutic classes. The following opt outs exist and should be reflected in the <i>Specialty Pharmacy Program</i> section above – specifically the therapeutic class should be removed from the list and there should be a call out that that particular therapeutic class has been excluded from the program. A client can only opt out of one of the options below. This will be a very rare occurrence.</p> <ul style="list-style-type: none"> • Hemophilia – will be addressed in <i>Hemophilia Program</i> section • HIV/Aids & Transplant (<i>exclusion will be for both classes if client has chosen this opt out</i>) • Oral Oncology
<p>None</p>	

<!--section=Other_Benefits-->

OTHER BENEFITS

<p>Situation</p>	<p>CHOICE PLUS PS1 - ADVANTAGE PLAN</p>
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Dental Vendor	<ul style="list-style-type: none"> Administered by: Dental/DBP Call 1-877-816-3596
Discount Program	<p>Health Discount Program, offered through UnitedHealth Allies Call 1-800-860-8773 Accessed via myuhc.com or www.unitedhealthallies.com</p>
Vision Vendor	<p>FOR MEMBERSHIP WHO HAVE ELECTED VISION COVERAGE THROUGH UNITEDHEALTHCARE VISION: Administered by: UnitedHealthcare Vision <ul style="list-style-type: none"> Call 1-800-638-3120 <p>Please contact UnitedHealthcare Vision to verify eligibility and coverage for routine vision.</p> </p>
Health & Wellness	<p>Optum Health & Wellness Online resources Access resources online at www.myuhc.com</p> <p>For Online content and technical questions call 1-866-868-5484.</p>
<p><i>hi HealthInnovations</i>™ Hearing Program</p>	<p>Hearing loss can affect your life in many ways. It can cause anxiety, depression, isolation and frustration. There is help. Through <i>hi HealthInnovations</i> and your medical plan administered by UnitedHealthcare, you can get customized hearing aids for a fraction of the cost you would have paid at other retailers.</p> <p>Through <i>hi HealthInnovations</i>™ members can pay a discounted rate for high-quality, custom-programmed hearing aids, starting at \$479 each, saving them thousands of dollars in out-of-pocket-costs. There is no cost to members to access this program to take advantage of special member pricing</p> <p>Three steps to better hearing</p> <p>1. Ask your health care provider for a hearing test Your medical plan pays for a hearing test if recommended by a physician. If you've already been tested within the past year, fax your results to 1-877-955-4336 to receive hearing aid recommendations. Go to www.hiHealthInnovations.com/united for more information.</p> <p>2. Choose your hearing aid Based on your hearing test results, select from recommended hearing aids that are programmed specifically for you and delivered right to your door.</p> <p>Each hearing aid comes with:</p> <ul style="list-style-type: none"> FREE batteries and ear tubes/wax guards that will last most users six months 45-day no-risk trial period

	<ul style="list-style-type: none"> • One-year manufacturer's warranty <p>3. Place your order Get started on the path to better hearing today! Log on to www.hiHealthInnovations.com/united to check out what hearing aid would be best for you and see your low member pricing.</p> <p>You can also call 1-866-926-6632, 8 a.m. to 6 p.m. CT, Monday through Friday to place an order or to get more information.</p>
Incentives for Health	Not Applicable
SimplyEngaged Wellness Incentive Program	NOT APPLICABLE

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN
None	

<!--section=Mental_and_Nervous-->

MENTAL HEALTH

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Vendor	Administered by: United Behavioral Health – Health Plan Division Call 1-800-842-5724	Administered by: United Behavioral Health – Health Plan Division Call 1-800-842-5724
Mental Health Services Mental Health Services include those received on an inpatient basis in a Hospital or an Alternate Facility, and those received on an outpatient basis in a provider's office or at an Alternate Facility. Benefits include the following services provided on either an outpatient or inpatient basis: <ul style="list-style-type: none"> • Diagnostic evaluations 	Inpatient 80% of eligible expenses after satisfying \$750 deductible Inpatient Pre-Service Notification Requirement For a scheduled admission for Mental Health Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), the Provider must notify us prior to the admission, or as soon as is	Inpatient 60% of eligible expenses after satisfying \$1,250 deductible Inpatient Pre-Service Notification Requirement For Non-Network Benefits for a scheduled admission for Mental Health Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), you must notify us prior to the admission,

<p>and assessment;</p> <ul style="list-style-type: none"> • Treatment planning; • Referral services; • Medication management; • Individual, family, therapeutic group and provider-based case management services; and • Crisis intervention. <p>Benefits include the following services provided on an inpatient basis:</p> <ul style="list-style-type: none"> • Inpatient Hospitalization • Partial Hospitalization/Day Treatment. • Services at a Residential Treatment Facility. <p>Benefits include the following services provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Intensive Outpatient Treatment. <p>The Mental Health/Substance Use Disorder Designee determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis.</p> <p>We encourage you to contact the Mental Health/Substance Use Disorder Designee for referrals to providers and coordination of care.</p>	<p>reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>\$50 per individual visit. \$45 per group visit</p> <p>Outpatient Pre-Service Notification Requirement In addition, the Provider must notify us before the following services are received: intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p> <p>Special Mental Health Programs and Services Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Mental Health Services Benefit. The Mental Health Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of Benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Mental Illness which may not otherwise be covered under the Policy. You must be referred to such programs</p>	<p>or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>60% of eligible expenses after satisfying \$1,250 deductible.</p> <p>Outpatient Pre-Service Notification Requirement In addition, for Non-Network Benefits you must notify us before the following services are received: intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p> <p>Special Mental Health Programs and Services Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Mental Health Services Benefit. The Mental Health Services</p>
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	<p>through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or service is at the discretion of the Covered Person and is not mandatory.</p>	<p>Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of Benefit use.</p> <p>Special programs or services provide access to services that are beneficial for the treatment of your Mental Illness which may not otherwise be covered under the Policy. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or service is at the discretion of the Covered Person and is not mandatory.</p>
<p>Neurobiological Disorders - Autism Spectrum Disorder Services</p> <p>Psychiatric services for Autism Spectrum Disorders that are both of the following:</p> <ul style="list-style-type: none"> • Provided by or under the direction of an experienced psychiatrist and/or an experienced licensed psychiatric provider. • Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property, and impairment in daily functioning. <p>This section describes only the psychiatric component</p>	<p>Inpatient</p> <p>80% of eligible expenses after satisfying \$750 deductible</p> <p>Inpatient Pre-Service Notification Requirement For a scheduled admission for Neurobiological Disorders - Autism Spectrum Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), the Provider must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p>	<p>Inpatient</p> <p>60% of eligible expenses after satisfying \$1,250 deductible.</p> <p>Inpatient Pre-Service Notification Requirement For Non-Network Benefits for a scheduled admission for Neurobiological Disorders - Autism Spectrum Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), you must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p>

<p>of treatment for Autism Spectrum Disorders. Medical treatment of Autism Spectrum Disorders is a Covered Health Service for which Benefits are available under the applicable medical Covered Health Services categories.</p> <p>Benefits include the following services provided on either an outpatient or inpatient basis:</p> <ul style="list-style-type: none"> • Diagnostic evaluations and assessment. • Treatment planning. • Referral services. • Medication management. • Individual, family, therapeutic group and provider-based case management services. • Crisis intervention. <p>Benefits include the following services provided on an inpatient basis:</p> <ul style="list-style-type: none"> • Partial Hospitalization/Day Treatment. • Services at a Residential Treatment Facility. <p>Benefits include the following services provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Intensive Outpatient Treatment. <p>The Mental Health/Substance Use Disorder Designee determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis. We encourage you to contact the Mental Health/Substance Use</p>	<p>\$50 per individual visit. \$45 per group visit</p> <p>Outpatient Pre-Service Notification Requirement In addition, the Provider must notify us before the following services are received: intensive outpatient program treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p>	<p>Outpatient</p> <p>60% of eligible expenses after satisfying \$1,250 deductible.</p> <p>Outpatient Pre-Service Notification Requirement In addition, for Non-Network Benefits you must notify us before the following services are received: intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p>
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Disorder Designee for referrals to providers and coordination of care.		
Mental Health Exclusions	<p>Exclusions listed directly below apply to services described under <i>Mental Health Services</i></p> <ul style="list-style-type: none"> • Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Mental Health Services as treatments for V-code conditions as listed within the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. • Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias • Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning. • Tuition for or services that are school-based for children and adolescents under the <i>Individuals with Disability Education Act</i>. • Learning, motor skills, and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Mental retardation and autism spectrum disorder as a primary diagnosis defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. Benefits for autism spectrum disorder as a primary diagnosis are described under <i>Neurobiological Disorders - Autism Spectrum Disorder Services</i>. • Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following: <ul style="list-style-type: none"> • Not consistent with generally accepted standards of medical practice for the treatment of such conditions. • Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental. • Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time. • Not clinically appropriate in terms of type, frequency, extent, site and duration of treatment, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. 	

Neurobiological Disorders - Autism Spectrum Disorders Exclusions	<p>Exclusions listed directly below apply to services described under <i>Neurobiological Disorders - Autism Spectrum Disorder Services</i></p> <ul style="list-style-type: none"> • Services as treatments of sexual dysfunction and feeding disorders as listed in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Any treatments or other specialized services designed for <i>Autism Spectrum Disorder</i> that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. • Mental retardation as the primary diagnosis defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Tuition for or services that are school-based for children and adolescents under the <i>Individuals with Disability Education Act</i>. • Learning, motor skills and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> and which are not a part of Autism Spectrum Disorder. • Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias • Intensive behavioral therapies such as applied behavioral analysis for <i>Autism Spectrum Disorder</i>. • Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following: <ul style="list-style-type: none"> • Not consistent with generally accepted standards of medical practice for the treatment of such conditions. • Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental. • Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time. • Not clinically appropriate in terms of type, frequency, extent, site and duration of treatment, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks.

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CSR View

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Opt Out UBH Tier	Not Applicable	Yes
Intermediate Level of Care	For all Intermediate Levels of Care (e.g., Partial Hospitalization and Day Treatment) all benefits are paid out of the In-patient benefit using the standard substitution of benefits ratio.	
Partial Day Benefit	2 partial = 1 day	2 partial = 1 day

<!--section=Chemical_Dependency-->

SUBSTANCE ABUSE

Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Vendor	Administered by: United Behavioral Health – Health Plan Division Call 1-800-842-5724	Administered by: United Behavioral Health – Health Plan Division Call 1-800-842-5724
Substance Use Disorder Services Substance Use Disorder Services include those received on an inpatient basis in a Hospital or an Alternate Facility, and those received on an outpatient basis in a provider's office or at an Alternate Facility. Benefits include the following services provided on either an outpatient or inpatient basis: <ul style="list-style-type: none"> • Diagnosis evaluations and assessment • Treatment planning. • Referral services. • Medication management. • Individual, family and group therapeutic services. • Crisis intervention. Benefits include the following services provided	Inpatient 80% of eligible expenses after satisfying \$750 deductible Inpatient Pre-Service Notification Requirement For a scheduled admission for Substance Use Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), the Provider must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions). Outpatient \$50 per individual visit. \$45 per group visit Outpatient Pre-Service Notification Requirement In addition, the Provider must	Inpatient 60% of eligible expenses after satisfying \$1,250 deductible. Inpatient Pre-Service Notification Requirement For Non-Network Benefits for a scheduled admission for Substance Use Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), you must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).

on an inpatient basis:

- Partial Hospitalization/Day Treatment.
- Services at a Residential Treatment Facility.

Benefits include the following services provided on an outpatient basis:

- Intensive Outpatient Treatment.

The Mental Health/Substance Use Disorder Designee determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis.

We encourage you to contact the Mental Health/Substance Use Disorder Designee for referrals to providers and coordination of care.

notify us before the following services are received: Services requiring pre-service notification: intensive outpatient program treatment; psychological testing; outpatient treatment of opioid dependence; extended outpatient treatment visits beyond **45 - 50** minutes in duration, with or without medication management; outpatient treatment provided in your home.

Special Substance Use Disorder Programs and Services

Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Substance Use Disorder Services Benefit.

The Substance Use Disorder Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of Benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Substance Use Disorder which may not otherwise be covered under the Policy. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or service is at the discretion of the Covered Person and is not mandatory.

Outpatient

60% of eligible expenses after satisfying **\$1,250** deductible.

Outpatient Pre-Service Notification Requirement

In addition, for Non-Network Benefits you must notify us before the following services are received: Services requiring pre-service notification: intensive outpatient program treatment; psychological testing; outpatient treatment of opioid dependence; extended outpatient treatment visits beyond **45 - 50** minutes in duration, with or without medication management; outpatient treatment provided in your home.

Special Substance Use Disorder Programs and Services

Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Substance Use Disorder Services Benefit.

The Substance Use Disorder Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a

		<p>Transitional Care category of Benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Substance Use Disorder which may not otherwise be covered under the Policy. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or service is at the discretion of the Covered Person and is not mandatory.</p>
<p>Substance Use Disorders Exclusions</p>	<p>Exclusions listed directly below apply to services described under <i>Substance Use Disorder Services</i></p> <ul style="list-style-type: none"> • Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents. • Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning. • Services or supplies for the diagnosis or treatment of alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following: <ul style="list-style-type: none"> • Not consistent with generally accepted standards of medical practice for the treatment of such conditions. • Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental. • Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time. • Not clinically appropriate in terms of type, frequency, extent, site and duration of treatment, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. 	

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Situation	CHOICE PLUS PS1 - ADVANTAGE PLAN NETWORK	CHOICE PLUS PS1 - ADVANTAGE PLAN NON-NETWORK
Opt Out UBH Tier	Not Applicable	Yes
Intermediate Level of Care	For all Intermediate Levels of Care (e.g., Partial Hospitalization and Day Treatment) all benefits are paid out of the In-patient benefit using the standard substitution of benefits ratio.	
Partial Day Benefit	2 partial = 1 day	2 partial = 1 day

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Attachment H – Advantage Plus Policy Data

Policy Holder Name	Collin County
Policy Number	229670
Set Number	006ACIS (CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN)
Effective Date	01/01/2013
Cancellation Date	99/99/9999

CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN
Health Care Reform	<p><u>Summary of Benefits and Coverage (SBC)</u> <i>SBC Creation</i> Responsible Party: Customer</p> <p><i>Member Fulfillment</i> Responsible Party: Customer</p> <p><i>External Vendor (Carve-out)</i> Are external vendor benefits included in SBC? Pharmacy benefits - No Mental Health benefits - No</p> <p><u>Expanded Women’s Preventive Care Services Apply?</u> Yes</p> <p>Coverage guidelines for Expanded Women’s Preventive Care include:</p> <ul style="list-style-type: none"> • Breast-feeding support, supplies, and counseling. Click here for Network breast pump providers • Contraception methods and counseling • Domestic violence screening • Gestational diabetes screening • HIV screening and counseling • Human papillomavirus testing (beginning at age 30, and for every 3 years thereafter) • Sexually transmitted infections counseling • Well-woman visits <p>Click here for additional information on eligible services covered under the Expanded Women’s Preventive Care Services.</p>
Business Segment	KEY ACCOUNTS
COSMOS To UNET Converted Case	NOT APPLICABLE

Acquisition Integration Business Information	Acquisition/Integration applies? No
Product Year	2002
State of Issue	Texas
IBAAG Document Author	K. Satish kumar
Revision Reason	Plan Change
ERISA	NO
Final Claim Fiduciary	<ul style="list-style-type: none"> • Urgent Care: UHC • 1st Level Pre-Service: UHC • 2nd Level Pre-Service: UHC • 1st Level Post-Service: UHC • 2nd Level Post-Service: UHC <p>To Initiate an Appeal- For ASO UNET USS and KA customers <u>without</u> Performance Guarantees related to appeals processing and handled in NASC-Oldsmar:</p> <ul style="list-style-type: none"> • Urgent Care - Call Care Coordination • Pre-Service - Submit written appeal to the P.O. Box address on the initial determination letter or UnitedHealthcare, P.O. Box 30432, Salt Lake City, Utah 84130-0432 • Post-Service - Submit written appeal as directed on the EOB or UnitedHealthcare, P.O. Box 30432, Salt Lake City, Utah 84130-0432 <p>The regulation requires that appeals be addressed in the following timeframes based on appeal type:</p> <ul style="list-style-type: none"> • Urgent appeals - 24 hours • Pre-service requests - 15 calendar days • Post service claims - 30 calendar days
COBRA Information	<p>Administrator: UHCDirectBill Phone Number: 1-866-747-0048 Individual Medical Conversions allowed: NO</p> <p>NOTE: For more information on Individual Medical Conversions please consult section 3.3 within CDS.</p>
Coordination of Benefits COB	<p>Other Insurance: NON-DUPLICATION For secondary COB situations, does this customer follow the NAIC guideline to cover all non-covered benefits allowed by the primary carrier? Yes</p> <p>Medicare: NON-DUPLICATION (MED 5)</p>
Dependent Definition	<p>Dependent - the Subscriber's legal spouse or a child of the Subscriber or the Subscriber's spouse. The term child includes any of the following:</p> <ul style="list-style-type: none"> • A natural child. • A stepchild.

	<ul style="list-style-type: none"> • A legally adopted child. • A child placed for adoption. • A child for whom legal guardianship has been awarded to the Subscriber or the Subscriber's spouse. <p>To be eligible for coverage under the Policy, a Dependent must reside within the United States.</p> <p>The definition of Dependent is subject to the following conditions and limitations:</p> <ul style="list-style-type: none"> - A Dependent includes any child listed above under 26 years of age. - A Dependent includes an unmarried dependent child age 26 or older who is or becomes disabled and dependent upon the Subscriber. <p>A child who meets the requirements set forth above ceases to be eligible as a Dependent on the last day of the month following the date the child reaches age 26.</p> <p>The Subscriber must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions.</p> <p>A Dependent also includes a child for whom health care coverage is required through a <i>Qualified Medical Child Support Order</i> or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a <i>Qualified Medical Child Support Order</i>.</p> <p>A Dependent does not include anyone who is also enrolled as a Subscriber. No one can be a Dependent of more than one Subscriber.</p>
Dependent Maternity Coverage	Yes
Eligibility Contact	UHC
Facility Reasonable Customary	YES (\$500 Outpatient - \$5,000 Inpatient)
Foreign-International Claims	Health services provided in a foreign country are excluded, unless required as Emergency Health Services.
Funding Arrangement	ASO
Human Resource Contact	EMPLOYER GROUP: Collin County PHONE NUMBER: 972-548-4605
Integrated Medical and Disability Support Program	Not Applicable
Care Coordination	All Care Coordination sites are area code routed.
UnitedHealthcare Personal	NOT APPLICABLE

Health Support with Disease Management	
Medicare Crossover	Group is eligible for Medicare Crossover: NO
Pre-existing Conditions	Not Applicable
Run In	Not Applicable
Supplemental Accident	Not Covered

<!--section=Deductibles-->

DEDUCTIBLES

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Annual Deductible Deductible is applied to in-network and out-of network services for each Covered Person per calendar year, not to exceed the Family Deductible level for all Covered Persons in a family.	Plan Level Individual Deductible- \$250 Plan Level Family Deductible- \$500	Plan Level Individual Deductible- \$500 Plan Level Family Deductible- \$1,000

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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Deductible Cross Apply	No	No
Last Quarter Carry Over	No	No
Limited Services Counting Method	NOT APPLICABLE	
Prorated Deductible and Out-of-Pocket	Does Proration apply? No	

<!--section=Out_of_Pocket-->

OUT OF POCKET

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Out-of-Pocket Maximum (OOPM)	Plan Level Individual Out-of-Pocket-	No Out-of-Pocket Maximum.

Maximum of Out-of-Pocket per person, per calendar year, not to exceed Family Out-of-Pocket for all Covered Persons in a family.	\$2,000 Plan Level Family Out-of-Pocket- \$4,000	
<p>Out of Network Benefits</p> <p>Out of Network Benefits 80th percentile of R&C</p> <p>All RAPL services to be paid inn if the facility is inn.</p>	<p>When Covered Health Services are received from non-Network providers, Eligible Expenses are determined based on either:</p> <p>Fee(s) that are negotiated with the provider.</p> <p>Available data resources of competitive fees in that geographic area.</p> <p>NOTE: If care is received from a non-network physician, facility, or other health care professional you will incur greater financial expense compared to an in-network provider. Your plan only pays a portion of those charges and it is your responsibility to pay the remainder. You are required to pay the amount that exceeds the allowable amount, which could be significant, and that amount does not apply to the Out-of-Pocket Maximum. We recommend you ask the non-network physician or health care professional about their billed charges before you receive care. Please Note: The Majority of Non-Network, Non- emergency benefits are not covered.</p>	
Annual Maximum Benefit	No Annual Maximum Benefit.	

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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Do deductibles apply to out-of-pocket?	No	No
OOP Cross Apply	No	No
Inpt confinement ded applies to OOP	No	No
Copay office apply to OOP	No	Not applicable
Copay hospital apply to OOP	No	Not applicable
Copay urgent care center services apply to OOP	No	Not applicable
Restoration Amount	Not Applicable	Not Applicable

Out of Network Benefits	80th percentile of R&C All RAPL services to be paid inn if the facility is inn.
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<!--section=Coinsurance-->

COINSURANCE

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Coinsurance	In-Network Plan Level Coinsurance- 75% of eligible expenses for most services after satisfying \$250 deductible until Out-of- Pocket is reached.	Out-of-Network Plan Level Coinsurance- 60% of eligible expenses after satisfying \$500 deductible

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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
None		
None		

<!--section=Flexible_Spending_Account-->

FLEXIBLE SPENDING ACCOUNT

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN
FSA Vendor	NOT APPLICABLE
Health Reimbursement Account- HRA	NOT APPLICABLE

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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
None		
None		

<!--section=Hospital_Services-->

HOSPITAL SERVICES

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
<p>Notification Requirements</p>	<p>In general, Network providers are responsible for notifying Care Coordination before they provide these services to you.</p> <p>There are some Benefits, however, for which you are responsible for notifying the Care Coordination staff:</p> <ul style="list-style-type: none"> ● Dental Services-Accident Only ● Emergency Health Services if you are admitted to a non-Network Hospital. ● Transplantation Services. <p>Please refer to the Mental Health and Substance Abuse section for notification requirements pertaining to Mental Health and Substance Abuse treatment.</p> <p>**REFER TO SPECIFIC BENEFIT SECTION FOR APPLICABLE PENALTIES FOR NOT CALLING CARE COORDINATION</p> <p>Special Note Regarding Medicare You are not required to notify Care Coordination before receiving Covered Health Services when Medicare is the primary payer.</p>	<p>Prior notification is required before you receive certain Covered Health Services.</p> <p>Please refer to the Mental Health and Substance Abuse section for notification requirements pertaining to Mental Health and Substance Abuse treatment.</p> <p>**REFER TO SPECIFIC BENEFIT SECTION FOR APPLICABLE PENALTIES FOR NOT CALLING CARE COORDINATION</p> <p>Special Note Regarding Medicare You are not required to notify Care Coordination before receiving Covered Health Services when Medicare is the primary payer.</p>
<p>Ambulance Services - Emergency Only</p> <p>Emergency ambulance transportation by a licensed</p>	<p>Ground Transportation: 75% of eligible expenses after satisfying \$250 deductible</p> <p>Air Transportation:</p>	<p>Ground Transportation: 75% of eligible expenses after satisfying \$250 deductible</p> <p>Air Transportation:</p>

<p>ambulance service to the nearest Hospital where Emergency Health Services can be performed.</p> <ul style="list-style-type: none"> • True emergency (Life-threatening condition resulting from an injury or illness, e.g., fracture, heart attack). 	<p>75% of eligible expenses after satisfying \$250 deductible</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p>
<p>Ambulatory Surgical Center</p>	<p>Refer to Outpatient Surgery, Diagnostic and Therapeutic Services section for benefit description.</p>	<p>Not Covered</p>
<p>Foreign Air Travel</p> <p>Do not cover flights back to the United States from a foreign country under any circumstance.</p>	<p>Not Covered</p>	<p>Not Covered</p>
<p>Outpatient Surgery, Diagnostic and Therapeutic Services</p> <p>When these services are performed in a Physician's office, Benefits are described under <i>Physician's Office Services</i>.</p> <p><u>Note:</u> Radiology notification required for outpatient MRI/MRA Scans, CT Scans, PET Scans and Nuclear Medicine Studies for services rendered by a Network Provider. The Network Provider will be sanctioned for non-notification. Network Providers Only - please select the "Radiology/ Notification prompt when</p>	<p>Outpatient Surgery</p> <p>Covered Health Services for surgery and related services received on an outpatient basis at a Hospital or Alternate Facility.</p> <p>Benefits for the surgeons fees related to outpatient surgery are described under <i>Professional Fees for Surgical and Medical Services</i>.</p> <p>Physician - 75% of eligible expenses after satisfying \$250 deductible</p> <p>Facility - 100% of eligible expenses after satisfying \$250 deductible</p> <p>-----</p> <p>Outpatient Diagnostic Services</p> <p>Covered Health Services received on an outpatient basis at a Hospital or Alternate Facility</p>	<p>Not Covered</p>

confirming benefits for these services.

- including:
- Lab and radiology/X-ray.
 - Mammography testing.

This section does not include Benefits for CT scans, PET scans, MRIs, or nuclear medicine, which are described immediately below.

Benefits under this section include the facility charge, and the charge for required services, supplies and equipment, and all related professional fees.

For lab and radiology/Xray:

Physician - **75%** of eligible expenses after satisfying **\$250** deductible

Facility - **75%** of eligible expenses after satisfying **\$250** deductible

For mammography testing:

If part of Wellness, Plan pays **100%** of eligible expenses.

If part of diagnostic exam, Plan pays **75%** of eligible expenses after satisfying **\$250** deductible.

Outpatient Diagnostic/Therapeutic Services - CT Scans, PET Scans, MRI and Nuclear Medicine

Covered Health Services for CT scans, PET scans, MRI, and nuclear medicine received on an outpatient basis at a Hospital or Alternate Facility.

Benefits under this section include the facility charge, and the charge for required services,

	<p>supplies and equipment, and all related professional fees.</p> <p>Physician - 75% of eligible expenses after satisfying \$250 deductible</p> <p>Facility - 75% of eligible expenses after satisfying \$250 deductible</p> <p>-----</p> <p>Outpatient Therapeutic Treatments</p> <p>Covered Health Services for therapeutic treatments received on an outpatient basis at a Hospital or Alternate Facility, including dialysis, intravenous chemotherapy or other intravenous infusion therapy, and other treatments not listed above.</p> <p>Benefits under this section include the facility charge, and the charge for required services, supplies and equipment, and all related professional fees.</p> <p>Physician - 75% of eligible expenses after satisfying \$250 deductible</p> <p>Facility - 75% of eligible expenses after satisfying \$250 deductible</p> <p>Radiation Therapy – 75% of eligible expenses after satisfying \$250 deductible</p>	
<p>Emergency Health Services</p> <p>Services that are required to stabilize or initiate treatment in an Emergency. Emergency Health Services must be received on an</p>	<p>\$500 copay per visit.</p> <ul style="list-style-type: none"> • Non-emergency services are not covered. <p>The Co-Insurance for Emergency Room services Does NOT count</p>	<p>Same as Network Benefit</p> <ul style="list-style-type: none"> • Non-emergency services are not covered. <p>The Co-Insurance for Emergency Room services Does NOT count</p>

<p>outpatient basis at a Hospital or Alternate Facility.</p> <p>Notify Care Coordination Non-Network Services: To ensure prompt and accurate payment of your claim as a Network Benefit, notify Care Coordination within two business days or as soon as possible after you receive outpatient Emergency Health Services at a non-Network Hospital or Alternate Facility.</p> <p>Please remember that if you are admitted to a Hospital as a result of an Emergency, you must notify Care Coordination within one business day or the same day of admission, or as soon as reasonably possible.</p>	<p>towards the annual out-of-pocket maximums.</p>	<p>towards the annual out-of-pocket maximums.</p>
<p>Hospital Inpatient Stay</p> <p>Inpatient Stay in a Hospital. Benefits are available for:</p> <ul style="list-style-type: none"> • Services and supplies received during the Inpatient Stay. • Room and board in a Semi-private Room (a room with two or more beds). <p>Notify Care Coordination Non-Network Services: Please remember that you must notify Care Coordination as follows:</p> <ul style="list-style-type: none"> • For elective admissions: five business days before admission. • For non-elective admissions: within one business day or the same day of admission. 	<p>\$100 co-pay per hospital day (maximum 5 days) then 100% of eligible expenses after satisfying \$250 deductible</p>	<p>Not Covered</p>

<ul style="list-style-type: none"> For Emergency admissions: within one business day or the same day of admission, or as soon as is reasonably possible. 		
<p>Urgent Care Center Services</p> <p>Covered Health Services received at an Urgent Care Center. When services to treat urgent health care needs are provided in a Physician's office, Benefits are available as described under Physician's Office Services.</p>	<p>Plan Level Urgent Care Center Co-Pay - \$25 per visit.</p>	<p>Not Covered</p>

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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
<p>Pre-Admission Testing</p> <p>(Facility charges only.)</p> <p>If testing done prior to admission, or if surgery performed within 24 hours of admission.</p>	<p>100% of eligible expenses.</p>	<p>Not Covered</p>

<!--section=Maternity_Care-->

MATERNITY CARE

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
<p>Maternity Services Mother and Newborn</p> <p>Benefits for Pregnancy will be paid at the same level as Benefits for any other</p>	<p>Same as:</p> <ul style="list-style-type: none"> Physician's Office Services Professional Fees-75% Hospital-Inpatient Stay-100% Outpatient Diagnostic and 	<p>Not Covered</p>

<p>condition, Sickness or Injury. This includes all maternity-related medical services for prenatal care, postnatal care, delivery, and any related complications.</p> <p>We also have special prenatal programs to help during Pregnancy. They are completely voluntary and there is no extra cost for participating in the program. To sign up, you should notify Care Coordination during the first trimester, but no later than one month prior to the anticipated childbirth.</p> <p>We will pay Benefits for an Inpatient Stay of at least:</p> <ul style="list-style-type: none"> ● 48 hours for the mother and newborn child following a normal vaginal delivery. ● 96 hours for the mother and newborn child following a cesarean section delivery. <p>If the mother agrees, the attending provider may discharge the mother and/or the newborn child earlier than these minimum time frames.</p> <p>Notify Care Coordination Please remember that for Non-Network Benefits you must notify Care Coordination as soon as reasonably possible if the Inpatient Stay for the mother and/or the newborn will be more than the time frames described.</p>	<p style="text-align: center;">Therapeutic Services. 75%</p> <p>Plan Level Office Visit Specialist Co-Pay - \$40 per visit.</p> <p>Plan Level Office Visit – PCP copay \$15 per visit.</p> <p>Physician office visits are paid at 100% for prenatal care after the first initial office visit copayment of \$15 for PCP or \$40 for specialist.</p> <p>\$100 per person per day hospital a maximum of 5 days per admission</p> <p>Newborn Physician Charges: 75% of eligible expenses after satisfying \$250 deductible.</p> <ul style="list-style-type: none"> ● Well Newborn under Mother’s Maternity Claim ● Sick Newborn under own claim <p>Newborn Facility Charges: 100% of eligible expenses.</p> <ul style="list-style-type: none"> ● Well Newborn under Mother’s Maternity Claim ● Sick Newborn under own claim 	
<p>The Healthy Pregnancy Program</p>	<p>A healthy pregnancy is the first step to a healthy baby and mom.</p>	<p>A healthy pregnancy is the first step to a healthy baby and mom.</p>

	<p>The Healthy Pregnancy Program provides pregnancy consultation to identify special needs, written and on-line educational materials and resources, 24-hour toll-free access to experienced maternity nurses, and a phone call from a care coordinator during your pregnancy and about four weeks after your baby is born to see how things are going and answer questions you may have.</p> <p>Call 1-800-411-7984 Or Visit www.healthy-pregnancy.com</p>	<p>The Healthy Pregnancy Program provides pregnancy consultation to identify special needs, written and on-line educational materials and resources, 24-hour toll-free access to experienced maternity nurses, and a phone call from a care coordinator during your pregnancy and about four weeks after your baby is born to see how things are going and answer questions you may have.</p> <p>Call 1-800-411-7984 Or Visit www.healthy-pregnancy.com</p>
Midwife	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>Covered same as Maternity Services Mother and Newborn section above ONLY if contracted as a Health Plan Network Provider.</p>	Not Covered
Birthing Center	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>Covered same as Maternity Services Mother and Newborn section above ONLY if contracted as a Health Plan Network Facility.</p>	Not Covered

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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN
None	

<!--section=Physician_Services-->

PHYSICIAN SERVICES

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
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<p>Allergy Injections</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p>	<p>Not Covered</p>
<p>Anesthesia</p>	<p>Anesthesia with Inpatient POS pays at 100% of eligible expenses and Outpatient Anesthesia pays at 75% of eligible expenses after satisfying \$250 deductible</p> <p>Refer to Professional Fees for Surgical and Medical Services section for benefit information.</p>	<p>Not Covered</p> <p>NOTE: Out of Network anesthesia covered if part of RAPL.</p> <p>Out of Network Anesthesiologist for Office Based Surgery should be paid based on the network status of the physician performing the surgery.</p>
<p>Hemophilia Program</p>	<p>The following is excluded from coverage under the Specialty Pharmacy program:</p> <ul style="list-style-type: none"> • Hemophilia 	
<p>Eye Examinations (including Hardware and Supplies)</p> <p>Eye examinations received from a health care provider in the provider's office.</p> <p>Vision claims are to be paid 50 % of billed charges</p> <p>All payments are to go to member, regardless of whether and INN or ONN provider is used</p>	<p>\$25 deductible per Calendar Year then 50% of eligible expenses (Plan Pays 50%)</p> <p>Benefit does not apply to Out of Pocket maximum</p> <p>Benefits include one routine vision exam every calendar year.</p> <p>Hardware – Frames, lenses, and/or contacts, “fitting”, including refraction, also covered under the medical plan at 50% of eligible expenses after satisfying \$25 deductible.</p> <p>Exams limited to one visit per covered person per calendar year.</p> <p>*Frames limited to one pair per covered person per calendar year.</p> <p>*Lenses limited to one pair per covered person per calendar year.</p>	<p>Same as Network Benefit (Plan Pays 50%)</p>

	<p>*Contacts limited to one pair person per calendar year.</p> <p>*Disposable contacts covered up to a years supply.</p>	
<p>Diabetes Management</p> <p>Diabetes related labs whether in the office or at a network lab will be covered at 100%, deductible does not apply.</p>	<p>75% of eligible expenses after satisfying \$250 deductible.</p>	<p>Not Covered</p>
<p>Nutrition</p>	<p>The following services are covered:</p> <ul style="list-style-type: none"> ● Nutritional counseling <p>\$15 per office visit with Primary Physician or \$40 per office visit with Specialist, then 100% of eligible expenses.</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Megavitamin and nutrition based therapy. ● Enteral feedings and other nutritional and electrolyte supplements, including infant formula and donor breast milk. 	<p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Megavitamin and nutrition based therapy. ● Nutritional counseling for either individual or groups unless it is for a diagnosis of morbid obesity. ● Enteral feedings and other nutritional and electrolyte supplements, including infant formula and donor breast milk.
<p>Physician's Office Services</p>	<p>Covered Health Services for preventive medical care.</p> <p>Preventive medical care includes:</p> <ul style="list-style-type: none"> ● Voluntary family planning. ● Well-baby and well-child care. ● Routine physical examinations. ● Vision and hearing screenings. (Vision screenings do not include refractive examinations to detect vision impairment. See <i>Eye Examinations</i>.) ● Immunizations. 	<p>Not Covered</p>

<p>Copays will be waived for primary diagnosis of diabetes and pre-diabetes following Diabetes Health Plan logic</p> <p>Diabetes related labs whether in the office or at a network lab will be covered at 100%, deductible does not apply.</p>	<p>No Copayment. Services are paid at 100% of eligible expenses.</p> <p>Covered Health Services for the diagnosis and treatment of a Sickness or Injury.</p> <p>\$15 per office visit with Primary Physician or \$40 per office visit with Specialist, then 100% of eligible expenses.</p> <p>No Copayment applies when no Physician charge is assessed.</p>	
<p>Preventive Care Wellness</p>	<p>OP lab, X-ray and Diagnostic Services as part of Wellness benefit covered at 100% No deductible</p>	<p>Not Covered</p>
<p>Professional Fees for Surgical and Medical Services</p> <p>Professional fees for surgical procedures and other medical care received in a Hospital, Skilled Nursing Facility, Inpatient Rehabilitation Facility or Alternate Facility, or for Physician house calls.</p> <p>When these services are performed in a Physician's office, Benefits are described under <i>Physician's Office Services</i>.</p> <p>Note: For benefits pertaining to professional fees for Outpatient Diagnostic/Therapeutic Services including CT Scans, PET Scans, MRI and Nuclear Medicine, and Outpatient Therapeutic services,</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p>	<p>Not Covered</p>

<p>please refer to the section titled Outpatient Surgery, Diagnostic and Therapeutic Services.</p>		
<p>Second Surgical Opinion</p> <p>This is not a required service to obtain benefits.</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p>	<p>Not Covered</p>

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CSR View

<p>Situation</p>	<p>CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK</p>	<p>CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK</p>
<p>Hemophilia Quick Tip</p>	<p>This program only supports obtaining medications from a specific provider. Depending on the place of service, benefit information can be located within several applicable benefit categories.</p> <ul style="list-style-type: none"> • If Hemophilia Factor is a part of a carve-out situation, the carve-out Pharmacy Benefit Manager and/or Specialty Pharmacy vendor should be contacted to confirm coverage. • If administered on an outpatient basis in a Hospital, Alternate Facility, Physician's Office, or administered or directly supervised by a qualified provider or licensed/certified health professional in a Covered Persons' residence (during eligible Home Health Care or Physician House Calls) refer to <i>Pharmaceutical Products – Outpatient</i>. • If administered during an Emergency room visit, refer to <i>Emergency Health Services – Outpatient</i> for more information. • If self-administered (self-injected, self-infused, etc), refer to <i>Prescription Drugs</i> for more information. <p>For more information on coverage determination guidelines and codes, please use the Specialty Pharmacy SOP link.</p> <p><u>Exceptions - Lock out codes:</u> ASO clients who have opted into the Specialty Pharmacy Program can choose to opt out of certain therapeutic classes. The following opt outs exist and should be reflected in the <i>Specialty Pharmacy Program</i> section above – specifically the therapeutic class should be removed from the list and there should be a call out that that</p>	

	particular therapeutic class has been excluded from the program. A client can only opt out of one of the options below. This will be a very rare occurrence. <ul style="list-style-type: none"> • Hemophilia See <i>Specialty Pharmacy Program Quick tip</i> section for other classes that may be excluded as part of the Specialty Pharmacy Program	
Multiple Surgical Procedures	100/50/50	100/50/50
Non- Network Office Based Lab and Diagnostic Processing	New NOBLX logic applies to Lab/Diagnostic services- Benefits for lab/diagnostics services will be based solely on the network status of the lab/diagnostic provider, regardless of the network status of the ordering physician.	
Non-Network RAPS Processing	Not Applicable	Services provided by RAP (radiologists, anesthesiologists and pathologists) should be reimbursed first on the presence of an authorization and if the authorization is not on file, then on the network status of the facility. If either scenario applies to the claim, then billed charges are used for the allowable amount.

<!--section=Family_Planning-->

FAMILY PLANNING

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Birth Control Pills	See Prescription Drug Section for pharmacy benefits. <u>IMPORTANT:</u> Tier 1 FDA approved contraceptives are covered at 100% , in accordance with Health Care Reform.	See Prescription Drug Section for pharmacy benefits. <u>IMPORTANT:</u> Tier 1 FDA approved contraceptives are covered at 100% , in accordance with Health Care Reform.
Depo Provera	In Office procedures: \$15 PCP / \$40 Specialist, then 100% In-Patient/Outpatient procedures: 75% of eligible expenses after satisfying \$250	Not Covered

	deductible.	
D&C -Therapeutic or Voluntary	In Office procedures: \$15 PCP / \$40 Specialist, then 100% In-Patient/Outpatient procedures: 75% of eligible expenses after satisfying \$250 deductible.	Not Covered
Diaphragm -Device and/or Fitting	Physician procedures: \$15 PCP / \$40 Specialist, then 100% In-Patient/Outpatient procedures: 75% of eligible expenses after satisfying \$250 deductible.	Not Covered
IUD -Device and/or Insertion	Physician procedures: \$15 PCP / \$40 Specialist, then 100% In-Patient/Outpatient procedures: 75% of eligible expenses after satisfying \$250 deductible.	Not Covered
Norplant -Device and/or Insertion	Physician procedures: \$15 PCP / \$40 Specialist, then 100% In-Patient/Outpatient procedures: 75% of eligible expenses after satisfying \$250 deductible.	Not Covered
Tubal Ligation	Physician procedures: \$15 PCP / \$40 Specialist, then 100% In-Patient/Outpatient procedures: 75% of eligible expenses after satisfying \$250 deductible.	Not Covered
Vasectomy When performed in the office setting, the office services benefit applies.	Physician - \$15 per office visit with Primary Physician or \$40 per office visit with Specialist, then 100% of eligible expenses. Facility - 75% of eligible expenses after satisfying \$250 deductible Surgical reversal is not covered.	Not Covered
ParentSteps^(SM)	ParentSteps Infertility Centers of Excellence Network provides	

	<p>access to some of the best infertility clinics in the country. These clinics have high pregnancy rates AND low incidence of multiple births. ParentSteps offers the ability to purchase treatment cycles and infertility medications at group discount prices. ParentSteps also provides infertility nurse specialists who can educate you on your diagnosis and treatment options.</p> <p>For information concerning infertility treatment, please visit ParentSteps at www.myoptumhealthparentsteps.com or call 1-866-774-4626.</p>	
<p>Reproductive Resource Services Program(RRS)</p>	<p>Not Applicable.</p>	
<p>Infertility Services</p> <p>Coverage is for the diagnosis of underlying condition only.</p>	<p>80% of eligible expenses after satisfying \$250 deductible</p> <p>The following service is covered:</p> <ul style="list-style-type: none"> ● Diagnosis of underlying condition only. <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Health services and associated expenses for infertility treatments. ● Artificial Insemination, ● GIFT, and ● ZIFT <p>Office visits are limited to \$5,000 per lifetime.</p>	<p>Not Covered</p>
<p>Reproduction</p> <p>Oral contraceptives, diaphragms, IUD's and female sterilization are covered the same as Preventive Care Services in accordance with Health Care Reform Expanded Women's Preventive Care.</p>	<p>Same as:</p> <ul style="list-style-type: none"> ● Physician's Office Services ● Professional Fees ● Hospital-Inpatient Stay ● Outpatient Diagnostic and Therapeutic Services. <p>Applicable services:</p> <ul style="list-style-type: none"> ● Voluntary sterilization. ● Contraceptive services. <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Surrogate parenting. ● The reversal of voluntary sterilization 	<p>NOT COVERED</p>

	<ul style="list-style-type: none"> ● Health services and associated expenses for elective abortion. ● Fetal reduction surgery. ● Health services associated with the use of non-surgical or drug-induced Pregnancy termination. 	
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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
None		

<!--section=Special_Services-->

SPECIAL SERVICES

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Acupuncture Services Acupuncture services for pain therapy are covered when both of the following are true: <ul style="list-style-type: none"> ● Another method of pain management has failed. ● The service is performed by a provider in the provider's office. 	75% of eligible expenses after satisfying \$250 deductible Any combination of Network and Non-Network Benefits are limited to \$1,000 per calendar year. Needle Therapy and all other services covered by acupuncturist covered up to \$1,000 max.	Not Covered
Bariatric Resource Services (BRS)	Not Applicable.	
Breast Pumps Preventive care Benefits defined under the Health Resources and Services Administration (HRSA) requirement include the cost of renting one breast pump	No Copayment. Services are paid at 100% of eligible expenses. <u>You will not be able to purchase supplies, such as breast pumps, at retail and send the receipt for reimbursement.</u>	Not Covered

<p>per Pregnancy in conjunction with childbirth.</p> <p>If more than one breast pump can meet your needs, Benefits are available only for the most cost effective pump. We will determine the following:</p> <ul style="list-style-type: none"> • Which pump is the most cost effective. • Whether the pump should be purchased or rented. • Duration of a rental. • Timing of an acquisition. 		
<p>Cancer Resource Services (CRS)</p>	<p>Cancer Resource Services (CRS) offers information, resources and support to help individuals make informed decisions about their cancer care. Assistance is available for individuals with any kind of cancer. CRS is staffed by experienced cancer nurses. CRS also offers access to the cancer centers in the Centers of Excellence network for care that is planned, coordinated and provided by teams of experts with extensive experience and subspecialty expertise. Potential benefits include accurate diagnosis, appropriate therapy (neither too little nor too much), higher survival rates and decreased costs. Participation in this program is voluntary for the enrollee.</p> <p>Network benefits are available for patients who receive care at a designated Cancer Resource Services network cancer center. To ensure network benefits are received under this program, patients, or someone on their behalf, must contact Cancer Resource Services at 1-866-936-6002 before receiving care. More information is also available at https://www.myoptumhealthcomplexmedical.com.</p> <p>Coverage for Clinical Trials at a Cancer Resource Services designated facility is not covered as part of this benefit.</p> <p>Travel and Lodging Assistance is not available as part of the Cancer Resource Services program.</p>	
<p>Congenital Heart Disease Resource Services (CHDRS)</p>	<p>Congenital heart defects are the number one cause of death for children from a birth defect during the first year of life.</p> <p>Additionally, fifty percent of pediatric patients referred for a heart transplant have some form of congenital heart disease. By</p>	<p>Not Covered</p>

	<p>aligning with the Transplant Centers of Excellence Network, the CHD Centers of Excellence Network provides expanded treatment options for these patients.</p> <p>Access to the CHD Centers of Excellence Network gives patients care that is planned, coordinated and provided by a team of experts who specialize in treating Congenital Heart Disease. Potential benefits include accurate diagnosis, appropriate surgical interventions, higher survival rates and decreased costs.</p> <p>Network benefits are available for patients who receive care at a designated CHD Centers of Excellence Network facility.</p> <p>Participation in this program is voluntary for the enrollee. To help ensure network benefits are received under this program, patients, or someone on their behalf, should contact CHD Resource Services at 1-888-936-7246 before receiving care. More information is also available at https://www.myoptumhealthcomplexmedical.com.</p> <p>Travel and Lodging Assistance is available as part of the Congenital Heart Disease Resource Services program. \$50/\$100 per diem with a Lifetime Maximum of \$10,000.</p>	
<p>Dental Services - Accident Only</p> <p>Notify Care Coordination Please remember that you must notify Care</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>Dental services are covered when all of the following are true:</p> <ul style="list-style-type: none"> ● Treatment is necessary 	<p>Not Covered</p>

Coordination as soon as possible, but at least five business days before follow-up (post-Emergency) treatment begins. (You do not have to provide notification before the initial Emergency treatment.)

The following services are not covered:

- Dental care except as described above.
- Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums. Examples include all of the following:
 - **Extraction, restoration and replacement of teeth.**
 - **Medical or surgical treatments of dental conditions.**
 - **Services to improve dental clinical outcomes.**
- Dental implants.
- Dental braces.
- Dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia. The only **exceptions** to this are for any of the following:
 - **Transplant preparation.**
 - **Initiation of immunosuppressives.**
 - **The direct treatment of acute traumatic Injury, cancer or cleft palate.**
- Treatment of congenitally missing, malpositioned, or super

because of accidental damage.

- Dental services are received from a Doctor of Dental Surgery, "D.D.S." or Doctor of Medical Dentistry, "D.M.D."
- The dental damage is severe enough that initial contact with a Physician or dentist occurred within **72** hours of the accident.

Benefits are available only for treatment of a sound, natural tooth. The Physician or dentist must certify that the injured tooth was:

- A virgin or unrestored tooth, or
- A tooth that has no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy, is not a dental implant and functions normally in chewing and speech.

Dental services for final treatment to repair the damage must be both of the following:

- Started within three months of the accident.
- Completed within **12** months of the accident.

Please note that dental damage that occurs as a result of normal activities of daily living or extraordinary use of the teeth is not considered an "accident". Benefits are not available for repairs to teeth that are injured as a result of such activities.

numerary teeth, even if part of a Congenital Anomaly.		
Oral Surgery	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> • Surgical correction or other treatment of malocclusion. • Care of or treatment to the teeth, gums or supporting structures such as, but not limited to periodontal treatment, endodontic services, extractions, implants or any treatment to improve the ability to chew or speak. <p>Coverage of oral surgery and dental services under the Medical Benefits are limited to the following:</p> <ul style="list-style-type: none"> • Oral surgery if needed as a necessary, but incidental, part of a larger service in treatment of an underlying medical condition. • The following services and supplies are covered only if needed because of accidental injury to natural teeth: <ul style="list-style-type: none"> • Oral surgery. • Full or partial dentures. • Fixed bridgework. • Prompt repair to natural teeth. • Crowns. 	Not Covered
Podiatry	75% of eligible expenses after satisfying \$250 deductible	Not Covered
<p>Durable Medical Equipment including Foot Orthotics</p> <p>Durable Medical Equipment that meets each of the following criteria:</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>Foot orthotics are covered for diagnosis of Diabetes only.</p> <p>Prior authorization is required</p>	Not Covered

- Ordered or provided by a Physician for outpatient use.
- Used for medical purposes.
- Not of use to a person in the absence of a disease or disability.

If more than one piece of Durable Medical Equipment can meet your functional needs, Benefits are available only for the most cost-effective piece of equipment.

Examples of Durable Medical Equipment include:

- Equipment to assist mobility, such as a standard wheelchair.
- A standard Hospital-type bed.
- Oxygen and the rental of equipment to administer oxygen (including tubing, connectors and masks).
- Delivery pumps for tube feedings (including tubing and connectors).
- Braces, including necessary adjustments to shoes to accommodate braces. Braces that stabilize an Injured body part and braces to treat curvature of the spine are considered Durable Medical Equipment and are a Covered Health Service. Braces that straighten or change the shape of a body part are orthotic devices, and are excluded from coverage. Dental braces are also excluded from coverage.
- Mechanical equipment necessary for the

when cost exceeds \$1,000.

<p>treatment of chronic or acute respiratory failure (except that air-conditioners, humidifiers, dehumidifiers, air purifiers and filters, and personal comfort items are excluded from coverage).</p> <ul style="list-style-type: none"> • Foot orthotics are covered for diagnosis of Diabetes only. <p>LIMITATIONS</p> <p>HEALTH CARE REFORM -</p> <p>Click on the DME Link below for details.</p> <p>DME Link</p>		
<p>Home Health Care</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> • Custodial Care. • Domiciliary care. • Respite care. • Rest cures. 	<p>100% of eligible expenses after \$250 Deductible.</p> <p>Network Benefits is limited to 60 visits per calendar year. One visit equals four hours of skilled care services.</p>	<p>Not Covered</p>
<p>Hospice Care</p>	<p>100% of eligible expenses after \$250 deductible.</p> <p>Network Benefits are limited to 180 days during the entire period of time you are covered under the Policy.</p>	<p>Not Covered</p>
<p>Kidney Resource Services (KRS)</p>	<p>Kidney Resource Services provides access to top-performing dialysis centers and nurse consulting services to support the management of kidney diseases. Kidney transplantation candidates have access to the Transplant Centers of Excellence Network and Transplant Resource Services</p>	<p>Not Covered</p>

	nurse consulting services. Please call a KRS nurse at 1-866-561-7518 for all inquiries and notifications related to End Stage Renal Disease, including dialysis or vascular access for dialysis. Information is also available at https://www.myoptumhealthcomplexmedical.com .	
Private Duty Nursing	Not Covered	Not Covered
Prosthetic Devices External prosthetic devices that replace a limb or an external body part, limited to: <ul style="list-style-type: none"> ● Artificial arms, legs, feet and hands. ● Artificial eyes, ears and noses. ● Breast prosthesis as required by the Women's Health and Cancer Rights Act of 1998. Benefits include mastectomy bras and lymphedema stockings for the arm. If more than one prosthetic device can meet your functional needs, Benefits are available only for the most cost-effective prosthetic device. <u>LIMITATIONS</u> HEALTH CARE REFORM - Click on the Limitations Link below for details. Limitations Link	75% of eligible expenses after satisfying \$250 deductible. Prior authorization is required when cost exceeds \$1,000 .	Not Covered
Wigs and Toupees	Not Covered	Not Covered
Reconstructive Procedures	Same as	Not Covered

The following services are not covered:

- Cosmetic Procedures.
Examples include:
 - **Pharmacological regimens, nutritional procedures or treatments.**
 - **Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other skin abrasion procedures).**
 - **Skin abrasion procedures performed as a treatment for acne.**
- Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure.
NOTE: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy.
- Physical conditioning programs such as athletic training, bodybuilding, exercise, fitness, flexibility, and diversion or general motivation.
- Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded.
- Wigs regardless of the reason for the hair loss.

- **Physician's Office Services**
- **Professional Fees**
- **Hospital-Inpatient Stay**
- **Outpatient Diagnostic and Therapeutic Services**
- **Prosthetic Devices**

You can contact Care Coordination at the telephone number on your ID card for more information about Benefits for mastectomy related services.

Rehabilitation Services

75% of eligible expenses after

Not Covered

<p>Outpatient Therapy</p> <p>Short-term outpatient rehabilitation services for:</p> <ul style="list-style-type: none"> • Physical therapy. • Occupational therapy. • Speech therapy. • Pulmonary rehabilitation therapy. • Cardiac rehabilitation therapy. <p>Rehabilitation services must be performed by a licensed therapy provider, under the direction of a Physician.</p> <p>Benefits are available only for rehabilitation services that are expected to result in significant physical improvement in your condition within two months of the start of treatment.</p> <p>The following service is not covered:</p> <ul style="list-style-type: none"> • Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from Injury, stroke, or a Congenital Anomaly. • Plan does not cover cochlear implants or post cochlear implant aural therapies. 	<p>satisfying \$250 deductible</p>	
<p>Skilled Nursing Facility Inpatient Rehabilitation Facility Services</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>If you are transferred to a Skilled Nursing Facility or Inpatient Rehabilitation Facility directly from an acute facility, any combination of Copayments required for the Inpatient Stay in a Hospital and the Inpatient Stay in a Skilled Nursing Facility or</p>	<p>Not Covered</p>

	<p>Inpatient Rehabilitation Facility will apply to the stated maximum Copayment per Inpatient Stay.</p> <p>Network Benefits are limited to 60 days per calendar year.</p>	
<p>Spinal Treatment</p>	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>Any combination of Network and Non-Network Benefits for Spinal Treatment are limited to \$1,000 per calendar year.</p>	<p>Not Covered</p>
<p>Transplantation Services</p> <p>Notify Care Coordination For Network Benefits, you or your Physician must notify Care Coordination as soon as the possibility of a transplant arises (and before the time a pre-transplantation evaluation is performed at a transplant center).</p> <p>If you do not notify us and if the transplantation services are not performed at a Designated Facility, you will be responsible for paying all charges and Network Benefits will not be paid. Non-Network benefits may be available.</p> <p>Benefits are also available for cornea transplants that are provided by a Physician at a Hospital. We do not require that cornea transplants be performed at a Designated Facility.</p> <p>Network benefits would apply if the service was rendered by a network physician/facility. Non network would apply if it is</p>	<p>100% of eligible expenses after \$250 deductible.</p> <p>Covered Health Services for the following organ and tissue transplants when ordered by a Physician. For Network Benefits, transplantation services must be received at a Designated Facility. Benefits are available for the transplants listed below when the transplant meets the definition of a Covered Health Service, and is not an Experimental, Investigational or Unproven Service:</p> <ul style="list-style-type: none"> ● Bone marrow transplants (either from you or from a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. Not all bone marrow transplants meet the definition of a Covered Health Service. ● Heart transplants. ● Heart/lung transplants. ● Lung transplants. ● Kidney transplants. ● Kidney/pancreas transplants. ● Liver transplants. ● Liver/small bowel transplants. ● Pancreas transplants. ● Small bowel transplants. 	<p>Not Covered</p>

<p>a Non-Network physician/facility. For both Network and Non-Network, we do not require the service be rendered at a Designated Facility.</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Health services for organ and tissue transplants, except those described as covered above. ● Health services connected with the removal of an organ or tissue from you for purposes of a transplant to another person. (Donor costs for removal are payable for a transplant through the organ recipient's Benefits under the Policy). ● Health services for transplants involving mechanical or animal organs. ● Transplant services that are not performed at a Designated Facility. ● Any solid organ transplant that is performed as a treatment for cancer. ● Any multiple organ transplant not listed as a Covered Health Service above. 		
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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Alternative Treatments	<p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Acupressure 	<p>The following services are not covered:</p> <ul style="list-style-type: none"> ● Acupressure

	<ul style="list-style-type: none"> ● Aromatherapy. ● Hypnotism. ● Massage Therapy. ● Rolfing. ● Other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health. 	<ul style="list-style-type: none"> ● Aromatherapy. ● Hypnotism. ● Massage Therapy. ● Rolfing. ● Other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
Diabetes Prevention and Control Alliance (DPCA)	<p>Diabetes Prevention and Control Alliance is an OUTBOUND program and participants are directed based on claims data analysis, health screenings and physician referrals. If the participant has lost the mailing and/or information to Diabetes Prevention and Control Alliance available at external participating vendors such as the local YMCAs and/or local pharmacies, please REFER the caller to 1-888-688-4019.</p>	
Experimental, Investigational or Unproven Services	Experimental or Investigational Services and Unproven Services are excluded.	Experimental or Investigational Services and Unproven Services are excluded.
Foot Care	<p>The following services are not covered except as prescribed by a physician for severe systemic disease:</p> <ul style="list-style-type: none"> ● Routine foot care (including the cutting or removal of corns and calluses). ● Nail trimming, cutting, or debriding. ● Hygienic and preventive maintenance foot care. Examples include the following: <ul style="list-style-type: none"> ● Cleaning and soaking the feet. ● Applying skin creams in order to maintain skin tone. ● Other services that are performed when there is not a localized illness, Injury or symptom involving the foot. ● Treatment of flat feet. ● Treatment of subluxation of the foot. <p>NOTE: Foot orthotics are covered for diagnosis of Diabetes only.</p>	
Growth Hormone Therapy	Not Covered.	Not Covered.
Gynecomastia	<p>The following service is not covered:</p> <ul style="list-style-type: none"> ● Treatment of benign gynecomastia (abnormal breast enlargement in males.) 	Not Covered
Hyperhidrosis	<p>The following service is not covered: Medical and surgical treatment of excessive sweating (hyperhidrosis).</p>	
Lasik Surgery	50% of eligible expenses after	50% of eligible expenses after


	<p>satisfying \$250 deductible</p> <p>Limited to \$2,000 lifetime, combined in and out-of-network.</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> • Photo Refractive Keratecomy (PRK) • Radial Keratotomy 	<p>satisfying \$500 deductible</p> <p>Limited to \$2,000 lifetime, combined in and out-of-network.</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> • Photo Refractive Keratecomy (PRK) • Radial Keratotomy
Medical Supplies and Appliances	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>The following services are covered:</p> <ul style="list-style-type: none"> • Devices used specifically as safety items or to affect performance in sports-related activities. • Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: <ul style="list-style-type: none"> • Elastic stockings. • Ace bandages. • Gauze and dressings. • Ostomy supplies. • Syringes. • Diabetic test strips. • Orthotic appliances that straighten or re-shape a body part . • Tubings, connectors and masks are not covered except when used with Durable Medical Equipment. 	Not Covered
Morbid Obesity	Not Covered.	Not Covered.
Orthodontics	Not Covered.	Not Covered.
Orthoptic Training	Not Covered	Not Covered
Sleep Disorders	<p>75% of eligible expenses after satisfying \$250 deductible</p> <p>Any combination of Network and Non-Network Benefits for</p>	Not Covered

	<p>Sleep Disorders are limited to, \$5,000 per lifetime.</p> <p>The following services are covered:</p> <ul style="list-style-type: none"> • Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. • Appliances for snoring. 	
<p>Smoking Cessation</p> <p>Limited to \$500 per calendar year and \$1,000 per lifetime – includes coverage for drugs and related office visits</p>	Standard copays and coinsurance apply	Not Covered
<p>Temporomandibular Joint Syndrome- Orthognathic Surgery</p>	<p>75% of eligible expenses after satisfying \$250 deductible any combination of Network and Non-Network Benefits for TMJ are limited to \$5,000 per lifetime. Coverage is available for the evaluation and treatment of temporomandibular joint syndrome (TMJ), including surgery.</p>	Not Covered
<p>Vision and Hearing</p> <p>All payments are to go to member, regardless of whether and INN or ONN provider is used</p>	<p>The following services are not covered:</p> <ul style="list-style-type: none"> • Purchase cost and associated fitting and testing charges for hearing aids, bone anchored hearing aids and all other hearing assistive devices unless required due to an accidental injury • Plan does not cover cochlear implants or post cochlear implant aural therapies. <p>The following services are covered:</p> <ul style="list-style-type: none"> • Lasik Surgery. 	<p>The following services are not covered:</p> <ul style="list-style-type: none"> • Purchase cost and associated fitting and testing charges for hearing aids, bone anchored hearing aids and all other hearing assistive devices unless required due to an accidental injury • Plan does not cover cochlear implants or post cochlear implant aural therapies. <p>The following services are covered:</p> <ul style="list-style-type: none"> • Lasik Surgery. <p>50% of eligible expenses after</p>

	<p>50% of eligible expenses after satisfying \$250 deductible</p> <p>Any combination of Network and Non-Network Benefits for Lasik Surgery are limited to, \$2,000 per lifetime.</p> <p>Please refer to Eye Examination section for a description of covered services for vision.</p>	<p>satisfying \$500 deductible</p> <p>Any combination of Network and Non-Network Benefits for Lasik Surgery are limited to, \$2,000 per lifetime.</p> <p>Please refer to Eye Examination section for a description of covered services for vision.</p>
Wisdom Teeth	Not Covered.	Not Covered.

<!--section=Prescription_Drugs-->

PRESCRIPTION DRUGS

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Pharmacy Benefit Manager (PBM)	Coverage is through OptumRx  For all pharmacy support, please refer to the telephone number on the back of your ID card.	Not Covered
Retail Purchases NETWORK Note - No copay collected for primary diagnosis of diabetes.	Coverage up to 31 -day supply <ul style="list-style-type: none"> ● \$10.00 - Generic ● \$25.00 – Brand Name ● \$50.00 – Non-Preferred <u>IMPORTANT</u> Tier 1 FDA approved contraceptives are covered at 100% , in accordance with <i>Health Care Reform.</i>	Not Covered
Home Delivery Purchases NETWORK Note - No copay collected for primary diagnosis of diabetes.	Coverage up to 90 -day supply <ul style="list-style-type: none"> ● \$25.00 - Generic ● \$50.00 - Brand Name ● \$50.00 – Non-Preferred <u>IMPORTANT</u> Tier 1 FDA approved contraceptives are covered at 100% , in accordance with <i>Health Care Reform.</i>	Not Covered.
Specialty Pharmacy Program Self- administered Diabetes products DO NOT fall into this category	Not Applicable – Has not opted into the Specialty Pharmacy Program	

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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN
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	NETWORK	NON-NETWORK
<p>OptumRx</p> <p>Refer to VCC Desktop for all telephone numbers.</p>	<p>Fresh Start Medco Migration Customer</p> <p><u>General Commercial Pharmacy Help Desk (Public Line)</u> Designed to assist with Pharmacy inquiries, can also assist with compound drug verification, emergency refills, vacation overrides (emergency refills and vacation overrides are initiated by the pharmacy)</p> <p><u>Prior Authorization Department</u> Press 1 for standard oral medications Press 2 for Specialty Drugs This number may be disclosed to the member, ensure that they have their physician contact this number directly for immediate assistance. Many prior authorizations can be completed in real time.</p> <p><u>OptumRx Mail Service Member Line</u> This is the standard OptumRx Mail Order Dept, where the member will initially be taken into an automated system. If the member is new to mail order they can select the appropriate prompt. The Mail Service Dept can also provide general assistance with the OptumRx member website. In the event the member needs additional assistance, they will connect our members with a tech representative.</p> <p><u>Specialty Pharmacy Patient Care Coordinator Line</u> <i>Prescriber/Member New Prescription or New Services</i> When a member is transferred to this number, they will receive assistance with their drug questions, coverage verification, prior auth if needed, and setting up an account for ordering.</p> <p><u>Specialty Pharmacy Patient Care Coordinator Line</u> <i>Prescriber/Member Refill Prescription on Existing Services</i> Member can contact this number to refill their specialty medication. Please be aware that this number is for REFILL only.</p> <p><u>Doctor to Registered Pharmacist Line</u> This line should only be used by doctors or their authorized staff who are calling in new prescriptions or refills to be used at Mail Service.</p> <p>BPL Number: 69348</p>	
<p>Specialty Pharmacy Quick Tip</p>	<p>The UnitedHealthcare Specialty Pharmacy Program applies to pharmacy benefits <u>only</u>. Reference the Customer Service drug list available on PharWeb (<i>access through customer service SOP</i>) to verify specialty medications subject to this program. This program DOES NOT determine benefit coverage - this program only supports obtaining medications from a specific provider.</p> <p>If the group has a pharmacy benefit carve-out, this program will NOT apply and the member/provider should be directed to the</p>	

	<p>Pharmacy Benefit Manager (<i>vendor</i>) and/or Specialty Pharmacy Vendor to confirm coverage. Both vendor names and corresponding phone numbers should be provided, if both are present in IBAAG Prescription Drug section above.</p> <p><u>Exceptions: Lock out codes</u></p> <p>ASO clients who have opted into the Specialty Pharmacy Program can choose to opt out of certain therapeutic classes. The following opt outs exist and should be reflected in the <i>Specialty Pharmacy Program</i> section above – specifically the therapeutic class should be removed from the list and there should be a call out that that particular therapeutic class has been excluded from the program. A client can only opt out of one of the options below. This will be a very rare occurrence.</p> <ul style="list-style-type: none"> • Hemophilia – will be addressed in <i>Hemophilia Program</i> section • HIV/Aids & Transplant (<i>exclusion will be for both classes if client has chosen this opt out</i>) • Oral Oncology
None	

<!--section=Other_Benefits-->

OTHER BENEFITS

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN
Dental Vendor	<ul style="list-style-type: none"> • Administered by: UHC • Call 1-877-816-3596
Discount Program	<p>Health Discount Program, offered through UnitedHealth Allies Call 1-800-860-8773 Accessed via myuhc.com or www.unitedhealthallies.com</p>
Vision Vendor	SEE EYE EXAM FOR BENEFITS
Health & Wellness	<p>Optum Health & Wellness Online resources Access resources online at www.myuhc.com</p> <p>For Online content and technical questions call 1-866-868-5484.</p>
<i>hi HealthInnovations</i> ™ Hearing Program	<p>Hearing loss can affect your life in many ways. It can cause anxiety, depression, isolation and frustration. There is help. Through <i>hi HealthInnovations</i> and your medical plan administered by UnitedHealthcare, you can get customized hearing aids for a fraction of the cost you would have paid at other retailers.</p>

	<p>Through <i>hi HealthInnovations</i>™ members can pay a discounted rate for high-quality, custom-programmed hearing aids, starting at \$479 each, saving them thousands of dollars in out-of-pocket-costs. There is no cost to members to access this program to take advantage of special member pricing</p> <p>Three steps to better hearing</p> <p>1. Ask your health care provider for a hearing test Your medical plan pays for a hearing test if recommended by a physician. If you've already been tested within the past year, fax your results to 1-877-955-4336 to receive hearing aid recommendations. Go to www.hiHealthInnovations.com/united for more information.</p> <p>2. Choose your hearing aid Based on your hearing test results, select from recommended hearing aids that are programmed specifically for you and delivered right to your door.</p> <p>Each hearing aid comes with:</p> <ul style="list-style-type: none"> • FREE batteries and ear tubes/wax guards that will last most users six months • 45-day no-risk trial period • One-year manufacturer's warranty <p>3. Place your order Get started on the path to better hearing today! Log on to www.hiHealthInnovations.com/united to check out what hearing aid would be best for you and see your low member pricing.</p> <p>You can also call 1-866-926-6632, 8 a.m. to 6 p.m. CT, Monday through Friday to place an order or to get more information.</p>
<p>Incentives for Health</p>	<p>Not Applicable</p>
<p>SimplyEngaged Wellness Incentive Program</p>	<p>NOT APPLICABLE</p>

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CSR View

<p>Situation</p>	<p>CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN</p>
<p>None</p>	

<!--section=Mental_and_Nervous-->

MENTAL HEALTH

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Vendor	Administered by: United Behavioral Health – Health Plan Division Call 1-800-842-5724	Administered by: United Behavioral Health – Health Plan Division Call 1-800-842-5724
<p>Mental Health Services</p> <p>Mental Health Services include those received on an inpatient basis in a Hospital or an Alternate Facility, and those received on an outpatient basis in a provider's office or at an Alternate Facility.</p> <p>Benefits include the following services provided on either an outpatient or inpatient basis:</p> <ul style="list-style-type: none"> • Diagnostic evaluations and assessment; • Treatment planning; • Referral services; • Medication management; • Individual, family, therapeutic group and provider-based case management services; and • Crisis intervention. <p>Benefits include the following services provided on an inpatient basis:</p> <ul style="list-style-type: none"> • Inpatient Hospitalization • Partial Hospitalization/Day Treatment. • Services at a Residential Treatment Facility. <p>Benefits include the following services provided on an outpatient basis:</p>	<p>Inpatient</p> <p>75% of eligible expenses after satisfying \$250 deductible.</p> <p>Inpatient Pre-Service Notification Requirement For a scheduled admission for Mental Health Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), the Provider must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>\$40 per visit.</p> <p>Outpatient Pre-Service Notification Requirement In addition, the Provider must notify us before the following services are received: intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p>	<p>Inpatient</p> <p>60% of eligible expenses after satisfying \$500 deductible</p> <p>Inpatient Pre-Service Notification Requirement For Non-Network Benefits for a scheduled admission for Mental Health Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), you must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>60% of eligible expenses after satisfying \$500 deductible.</p>

- Intensive Outpatient Treatment.

The Mental Health/Substance Use Disorder Designee determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis.

We encourage you to contact the Mental Health/Substance Use Disorder Designee for referrals to providers and coordination of care.

Special Mental Health Programs and Services
 Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Mental Health Services Benefit. The Mental Health Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of Benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Mental Illness which may not otherwise be covered under the Policy. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or service is at the discretion of the Covered Person and is not mandatory.

Outpatient Pre-Service Notification Requirement
 In addition, for Non-Network Benefits you must notify us before the following services are received: intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; extended outpatient treatment visits beyond **45 - 50** minutes in duration, with or without medication management; outpatient treatment provided in your home.

Special Mental Health Programs and Services
 Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Mental Health Services Benefit. The Mental Health Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of Benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Mental Illness which may not otherwise be covered under the Policy. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or

		service is at the discretion of the Covered Person and is not mandatory.
<p>Neurobiological Disorders - Autism Spectrum Disorder Services</p> <p>Psychiatric services for Autism Spectrum Disorders that are both of the following:</p> <ul style="list-style-type: none"> • Provided by or under the direction of an experienced psychiatrist and/or an experienced licensed psychiatric provider. • Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property, and impairment in daily functioning. <p>This section describes only the psychiatric component of treatment for Autism Spectrum Disorders. Medical treatment of Autism Spectrum Disorders is a Covered Health Service for which Benefits are available under the applicable medical Covered Health Services categories.</p> <p>Benefits include the following services provided on either an outpatient or inpatient basis:</p> <ul style="list-style-type: none"> • Diagnostic evaluations and assessment. • Treatment planning. • Referral services. • Medication management. • Individual, family, therapeutic group and 	<p>Inpatient</p> <p>75% of eligible expenses after satisfying \$250 deductible.</p> <p>Inpatient Pre-Service Notification Requirement For a scheduled admission for Neurobiological Disorders - Autism Spectrum Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), the Provider must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>\$40 per visit.</p> <p>Outpatient Pre-Service Notification Requirement In addition, the Provider must notify us before the following services are received: intensive outpatient program treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p>	<p>Inpatient</p> <p>60% of eligible expenses after satisfying \$500 deductible.</p> <p>Inpatient Pre-Service Notification Requirement For Non-Network Benefits for a scheduled admission for Neurobiological Disorders - Autism Spectrum Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), you must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>60% of eligible expenses after satisfying \$500 deductible.</p> <p>Outpatient Pre-Service Notification Requirement</p>

<p>provider-based case management services.</p> <ul style="list-style-type: none"> • Crisis intervention. <p>Benefits include the following services provided on an inpatient basis:</p> <ul style="list-style-type: none"> • Partial Hospitalization/Day Treatment. • Services at a Residential Treatment Facility. <p>Benefits include the following services provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Intensive Outpatient Treatment. <p>The Mental Health/Substance Use Disorder Designee determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis.</p> <p>We encourage you to contact the Mental Health/Substance Use Disorder Designee for referrals to providers and coordination of care.</p>		<p>In addition, for Non-Network Benefits you must notify us before the following services are received: intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p>
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<p>Mental Health Exclusions</p>	<p>Exclusions listed directly below apply to services described under <i>Mental Health Services</i></p> <ul style="list-style-type: none"> • Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Mental Health Services as treatments for V-code conditions as listed within the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. • Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias
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	<ul style="list-style-type: none"> • Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning. • Tuition for or services that are school-based for children and adolescents under the <i>Individuals with Disability Education Act</i>. • Learning, motor skills, and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Mental retardation and autism spectrum disorder as a primary diagnosis defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. Benefits for autism spectrum disorder as a primary diagnosis are described under <i>Neurobiological Disorders - Autism Spectrum Disorder Services</i>. • Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following: <ul style="list-style-type: none"> • Not consistent with generally accepted standards of medical practice for the treatment of such conditions. • Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental. • Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time. • Not clinically appropriate in terms of type, frequency, extent, site and duration of treatment, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks.
<p>Neurobiological Disorders - Autism Spectrum Disorders Exclusions</p>	<p>Exclusions listed directly below apply to services described under <i>Neurobiological Disorders - Autism Spectrum Disorder Services</i></p> <ul style="list-style-type: none"> • Services as treatments of sexual dysfunction and feeding disorders as listed in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Any treatments or other specialized services designed for <i>Autism Spectrum Disorder</i> that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. • Mental retardation as the primary diagnosis defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Tuition for or services that are school-based for children and adolescents under the <i>Individuals with Disability Education Act</i>.

	<ul style="list-style-type: none"> • Learning, motor skills and primary communication disorders as defined in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i> and which are not a part of Autism Spectrum Disorder. • Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias • Intensive behavioral therapies such as applied behavioral analysis for <i>Autism Spectrum Disorder</i>. • Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following: <ul style="list-style-type: none"> • Not consistent with generally accepted standards of medical practice for the treatment of such conditions. • Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental. • Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time. • Not clinically appropriate in terms of type, frequency, extent, site and duration of treatment, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks.
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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Opt Out UBH Tier	Not Applicable	Yes
Intermediate Level of Care	For all Intermediate Levels of Care (e.g., Partial Hospitalization and Day Treatment) all benefits are paid out of the In-patient benefit using the standard substitution of benefits ratio.	
Partial Day Benefit	2 partial = 1 day	2 partial = 1 day

<!--section=Chemical_Dependency-->

SUBSTANCE ABUSE

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Vendor	Administered by:	Administered by:

	United Behavioral Health – Health Plan Division Call 1-800-842-5724	United Behavioral Health – Health Plan Division Call 1-800-842-5724
<p>Substance Use Disorder Services</p> <p>Substance Use Disorder Services include those received on an inpatient basis in a Hospital or an Alternate Facility, and those received on an outpatient basis in a provider's office or at an Alternate Facility.</p> <p>Benefits include the following services provided on either an outpatient or inpatient basis:</p> <ul style="list-style-type: none"> • Diagnosis evaluations and assessment • Treatment planning. • Referral services. • Medication management. • Individual, family and group therapeutic services. • Crisis intervention. <p>Benefits include the following services provided on an inpatient basis:</p> <ul style="list-style-type: none"> • Partial Hospitalization/Day Treatment. • Services at a Residential Treatment Facility. <p>Benefits include the following services provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Intensive Outpatient Treatment. <p>The Mental Health/Substance Use</p>	<p>Inpatient</p> <p>75% of eligible expenses after satisfying \$250 deductible.</p> <p>Inpatient Pre-Service Notification Requirement For a scheduled admission for Substance Use Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), the Provider must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>\$40 per visit.</p> <p>Outpatient Pre-Service Notification Requirement In addition, the Provider must notify us before the following services are received: Services requiring pre-service notification: intensive outpatient program treatment; psychological testing; outpatient treatment of opioid dependence; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p> <p>Special Substance Use Disorder Programs and</p>	<p>Inpatient</p> <p>60% of eligible expenses after satisfying \$500 deductible.</p> <p>Inpatient Pre-Service Notification Requirement For Non-Network Benefits for a scheduled admission for Substance Use Disorder Services (including an admission for Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility), you must notify us prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>Outpatient</p> <p>60% of eligible expenses after satisfying \$500 deductible.</p> <p>Outpatient Pre-Service Notification Requirement In addition, for Non-Network Benefits you must notify us before the following services are received: Services requiring pre-service notification: intensive outpatient program treatment; psychological testing; outpatient treatment of opioid dependence; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; outpatient treatment provided in your home.</p>

<p>Disorder Designee determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis.</p> <p>We encourage you to contact the Mental Health/Substance Use Disorder Designee for referrals to providers and coordination of care.</p>	<p>Services</p> <p>Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Substance Use Disorder Services Benefit.</p> <p>The Substance Use Disorder Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of Benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Substance Use Disorder which may not otherwise be covered under the Policy. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or service is at the discretion of the Covered Person and is not mandatory.</p>	<p>Special Substance Use Disorder Programs and Services</p> <p>Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as a part of your Substance Use Disorder Services Benefit.</p> <p>The Substance Use Disorder Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of Benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Substance Use Disorder which may not otherwise be covered under the Policy. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such a program or service is at the discretion of the Covered Person and is not mandatory.</p>
<p>Substance Use Disorders Exclusions</p>	<p>Exclusions listed directly below apply to services described under <i>Substance Use Disorder Services</i></p> <ul style="list-style-type: none"> • Services performed in connection with conditions not classified in the current edition of the <i>Diagnostic and Statistical Manual of the American Psychiatric Association</i>. • Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents. • Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social 	

	<p>interaction and learning.</p> <ul style="list-style-type: none"> • Services or supplies for the diagnosis or treatment of alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following: <ul style="list-style-type: none"> • Not consistent with generally accepted standards of medical practice for the treatment of such conditions. • Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental. • Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time. • Not clinically appropriate in terms of type, frequency, extent, site and duration of treatment, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks.
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CSR View

Situation	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NETWORK	CHOICE PLUS - PS1 ADVANTAGE PLUS PLAN NON-NETWORK
Opt Out UBH Tier	Not Applicable	Yes
Intermediate Level of Care	For all Intermediate Levels of Care (e.g., Partial Hospitalization and Day Treatment) all benefits are paid out of the In-patient benefit using the standard substitution of benefits ratio.	
Partial Day Benefit	2 partial = 1 day	2 partial = 1 day

Attachment I - Retiree and COBRA Medical Census

Type	Plan	Coverage Level	Birth Date	Gender	Zip
COBRA	Advantage	Participant & Family	10/26/1959	F	75013
COBRA	Advantage	Participant Only	6/22/1959	F	75098
COBRA	Advantage Plus	Participant & Children	3/22/1989	M	75090
COBRA	Advantage Plus	Participant Only	6/20/1985	M	75070
COBRA	Advantage Plus	Participant Only	5/19/1950	F	75002
COBRA	Advantage Plus	Participant Only	5/23/1952	M	75762
COBRA	Advantage Plus	Participant Only	1/19/1956	F	78727
COBRA	Advantage Plus	Participant Only	10/9/1965	F	75034
COBRA	Advantage Plus	Participant Only	7/26/1970	M	76051
RETIREE	Advantage	Participant & Spouse	7/5/1951	F	75009
RETIREE	Advantage	Participant & Spouse	9/27/1953	M	76801
RETIREE	Advantage	Participant Only	1/4/1951	M	75407
RETIREE	Advantage	Participant Only	7/4/1951	M	75495
RETIREE	Advantage	Participant Only	11/7/1949	M	75773
RETIREE	Advantage	Participant Only	8/26/1954	M	75069
RETIREE	Advantage Plus	Participant & Children	6/23/1953	F	75070
RETIREE	Advantage Plus	Participant & Children	11/4/1948	M	75025
RETIREE	Advantage Plus	Participant & Spouse	6/19/1951	M	75069
RETIREE	Advantage Plus	Participant & Spouse	10/19/1956	M	74754
RETIREE	Advantage Plus	Participant & Spouse	1/12/1940	F	75070
RETIREE	Advantage Plus	Participant & Spouse	12/28/1945	M	75069
RETIREE	Advantage Plus	Participant & Spouse	5/28/1947	M	75070
RETIREE	Advantage Plus	Participant & Spouse	9/14/1949	M	75020
RETIREE	Advantage Plus	Participant & Spouse	1/30/1954	M	75002
RETIREE	Advantage Plus	Participant & Spouse	6/15/1951	M	75013
RETIREE	Advantage Plus	Participant & Spouse	6/29/1948	F	75248
RETIREE	Advantage Plus	Participant & Spouse	11/9/1949	M	75074
RETIREE	Advantage Plus	Participant & Spouse	1/29/1966	F	75454
RETIREE	Advantage Plus	Participant Only	9/27/1958	M	75013
RETIREE	Advantage Plus	Participant Only	7/21/1939	F	75069
RETIREE	Advantage Plus	Participant Only	11/22/1949	F	75407
RETIREE	Advantage Plus	Participant Only	3/28/1949	M	73098
RETIREE	Advantage Plus	Participant Only	10/6/1954	F	75407
RETIREE	Advantage Plus	Participant Only	8/24/1951	F	74865
RETIREE	Advantage Plus	Participant Only	10/15/1953	F	75418
RETIREE	Advantage Plus	Participant Only	7/27/1949	F	75407
RETIREE	Advantage Plus	Participant Only	1/5/1950	F	75098
RETIREE	Advantage Plus	Participant Only	3/31/1949	F	75442
RETIREE	Advantage Plus	Participant Only	2/8/1939	M	75009
RETIREE	Advantage Plus	Participant Only	10/27/1954	F	75407
RETIREE	Advantage Plus	Participant Only	10/7/1949	M	75454
RETIREE	Advantage Plus	Participant Only	3/9/1949	F	75006
RETIREE	Advantage Plus	Participant Only	12/1/1950	F	75407
RETIREE	Advantage Plus	Participant Only	1/15/1951	M	75002
RETIREE	Advantage Plus	Participant Only	12/14/1961	F	75070

Attachment J - Active Employees Medical Plan Census

Sex	Birthdate	Annual Rt	Medical Plan	Covrg Cd	Postal
F	3/7/1955	32785.630	Advantage Plus- Prem Discount	Employee + Child(ren)	75034
F	3/13/1955	25324.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75002
F	6/6/1956	53579.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	12/16/1956	53661.750	Advantage Plus- Prem Discount	Employee + Child(ren)	75454
F	8/5/1957	46455.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75241
F	11/23/1957	27466.410	Advantage Plus- Prem Discount	Employee + Child(ren)	75090
F	11/30/1957	43016.510	Advantage Plus- Prem Discount	Employee + Child(ren)	75023
F	12/2/1957	31860.450	Advantage Plus- Prem Discount	Employee + Child(ren)	75002
F	2/13/1959	38374.640	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
F	6/26/1960	36558.660	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	11/23/1961	39360.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
F	1/31/1962	41412.020	Advantage Plus- Prem Discount	Employee + Child(ren)	75074
F	6/3/1962	50773.320	Advantage Plus- Prem Discount	Employee + Child(ren)	75442
F	8/15/1963	45335.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75401
F	2/19/1964	35104.240	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	6/10/1965	37821.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	11/17/1965	36371.500	Advantage Plus- Prem Discount	Employee + Child(ren)	75058
F	8/8/1966	44488.600	Advantage Plus- Prem Discount	Employee + Child(ren)	75461
F	2/14/1967	46455.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75442
F	7/4/1967	63093.820	Advantage Plus- Prem Discount	Employee + Child(ren)	75173
F	11/1/1967	40621.700	Advantage Plus- Prem Discount	Employee + Child(ren)	75424
F	3/2/1968	46455.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75002
F	4/14/1968	50672.240	Advantage Plus- Prem Discount	Employee + Child(ren)	75025
F	5/7/1968	41969.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75040
F	11/30/1968	49750.820	Advantage Plus- Prem Discount	Employee + Child(ren)	75495
F	1/25/1969	37326.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	1/27/1969	55327.790	Advantage Plus- Prem Discount	Employee + Child(ren)	75475
F	7/31/1969	53201.640	Advantage Plus- Prem Discount	Employee + Child(ren)	75495
F	8/1/1969	92756.830	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
F	10/29/1970	43021.070	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	3/16/1971	53242.350	Advantage Plus- Prem Discount	Employee + Child(ren)	75495
F	2/1/1972	51085.650	Advantage Plus- Prem Discount	Employee + Child(ren)	75069
F	6/8/1972	41687.093	Advantage Plus- Prem Discount	Employee + Child(ren)	75454
F	6/16/1972	39117.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75069
F	6/18/1972	41337.950	Advantage Plus- Prem Discount	Employee + Child(ren)	75495
F	4/3/1973	63294.735	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	6/14/1973	34604.900	Advantage Plus- Prem Discount	Employee + Child(ren)	75442
F	7/10/1973	46455.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75076
F	6/10/1974	36009.610	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	6/21/1974	34992.350	Advantage Plus- Prem Discount	Employee + Child(ren)	75023
F	8/16/1974	35831.530	Advantage Plus- Prem Discount	Employee + Child(ren)	76209
F	10/24/1974	49432.590	Advantage Plus- Prem Discount	Employee + Child(ren)	75093
F	12/8/1974	29415.430	Advantage Plus- Prem Discount	Employee + Child(ren)	75407
F	1/23/1975	64374.010	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
F	1/30/1975	85173.290	Advantage Plus- Prem Discount	Employee + Child(ren)	75442
F	3/28/1975	50642.410	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	9/30/1975	71097.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75442
F	2/10/1976	48760.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75459
F	3/8/1976	50739.970	Advantage Plus- Prem Discount	Employee + Child(ren)	75454
F	9/20/1976	31689.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
F	3/3/1977	59681.590	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	8/13/1977	53579.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	8/25/1977	37082.820	Advantage Plus- Prem Discount	Employee + Child(ren)	75287
F	10/10/1977	41436.370	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	12/14/1977	29301.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75490

Attachment J - Active Employees Medical Plan Census

F	1/27/1978	41815.029	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	5/9/1978	52338.720	Advantage Plus- Prem Discount	Employee + Child(ren)	75034
F	1/30/1979	36245.550	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	5/18/1979	31847.260	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	6/21/1979	36952.940	Advantage Plus- Prem Discount	Employee + Child(ren)	75424
F	12/30/1979	37574.030	Advantage Plus- Prem Discount	Employee + Child(ren)	75069
F	3/14/1980	29301.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75442
F	7/30/1980	44830.590	Advantage Plus- Prem Discount	Employee + Child(ren)	75452
F	8/27/1980	45911.630	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	12/17/1980	32010.770	Advantage Plus- Prem Discount	Employee + Child(ren)	75407
F	11/3/1981	41289.320	Advantage Plus- Prem Discount	Employee + Child(ren)	75407
F	11/15/1981	38455.260	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	2/13/1982	43688.750	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
F	7/2/1982	38788.710	Advantage Plus- Prem Discount	Employee + Child(ren)	75452
F	7/17/1982	27559.400	Advantage Plus- Prem Discount	Employee + Child(ren)	75056
F	9/8/1982	60928.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
F	6/25/1983	71852.099	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
F	5/25/1984	37953.800	Advantage Plus- Prem Discount	Employee + Child(ren)	75452
F	10/30/1985	35831.530	Advantage Plus- Prem Discount	Employee + Child(ren)	75243
F	3/12/1987	29301.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75407
F	7/21/1987	33271.590	Advantage Plus- Prem Discount	Employee + Child(ren)	75407
F	12/5/1987	25324.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	6/30/1990	33015.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75092
M	6/26/1949	66638.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75009
M	7/5/1953	81362.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75002
M	1/7/1955	71097.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
M	5/16/1955	57722.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	9/1/1956	81787.170	Advantage Plus- Prem Discount	Employee + Child(ren)	75069
M	9/4/1957	65167.570	Advantage Plus- Prem Discount	Employee + Child(ren)	75414
M	6/19/1959	55271.540	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	8/30/1959	94498.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75009
M	4/25/1961	47881.220	Advantage Plus- Prem Discount	Employee + Child(ren)	75407
M	11/24/1962	66638.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	2/26/1963	61808.680	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	6/29/1964	43031.530	Advantage Plus- Prem Discount	Employee + Child(ren)	75452
M	7/22/1964	96694.320	Advantage Plus- Prem Discount	Employee + Child(ren)	75013
M	7/28/1964	65730.420	Advantage Plus- Prem Discount	Employee + Child(ren)	75098
M	5/25/1965	46455.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75074
M	12/16/1965	49749.500	Advantage Plus- Prem Discount	Employee + Child(ren)	75002
M	12/17/1965	45855.310	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	11/15/1966	71097.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	5/3/1967	51080.360	Advantage Plus- Prem Discount	Employee + Child(ren)	75495
M	8/29/1967	60434.700	Advantage Plus- Prem Discount	Employee + Child(ren)	75495
M	1/13/1968	57722.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75090
M	8/6/1968	59764.820	Advantage Plus- Prem Discount	Employee + Child(ren)	75495
M	9/7/1968	36930.290	Advantage Plus- Prem Discount	Employee + Child(ren)	75442
M	11/14/1968	77013.730	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	4/22/1969	53208.750	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
M	8/3/1969	66063.720	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
M	8/27/1969	46455.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	10/16/1969	71097.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75021
M	7/30/1970	57935.490	Advantage Plus- Prem Discount	Employee + Child(ren)	75092
M	8/9/1970	57722.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	2/26/1971	84611.490	Advantage Plus- Prem Discount	Employee + Child(ren)	75022
M	9/23/1972	37808.850	Advantage Plus- Prem Discount	Employee + Child(ren)	75115
M	2/27/1973	50642.410	Advantage Plus- Prem Discount	Employee + Child(ren)	75002

Attachment J - Active Employees Medical Plan Census

M	3/13/1973	41523.392	Advantage Plus- Prem Discount	Employee + Child(ren)	75423
M	5/22/1973	50652.350	Advantage Plus- Prem Discount	Employee + Child(ren)	75490
M	6/26/1973	46455.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75452
M	10/28/1973	60928.000	Advantage Plus- Prem Discount	Employee + Child(ren)	76227
M	7/25/1974	47252.050	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
M	6/22/1975	41488.700	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	9/14/1975	45700.740	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
M	11/23/1975	50948.810	Advantage Plus- Prem Discount	Employee + Child(ren)	75407
M	5/4/1976	87000.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75454
M	10/5/1977	66638.000	Advantage Plus- Prem Discount	Employee + Child(ren)	75071
M	2/6/1978	44812.230	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
M	12/23/1978	46130.980	Advantage Plus- Prem Discount	Employee + Child(ren)	75093
M	1/22/1979	53300.090	Advantage Plus- Prem Discount	Employee + Child(ren)	75070
M	6/6/1981	45869.325	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
M	9/4/1981	62837.530	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
M	1/14/1983	70878.650	Advantage Plus- Prem Discount	Employee + Child(ren)	75206
M	11/12/1983	29849.850	Advantage Plus- Prem Discount	Employee + Child(ren)	75458
M	9/1/1984	65038.020	Advantage Plus- Prem Discount	Employee + Child(ren)	75409
F	11/5/1942	44572.550	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	4/13/1944	73054.160	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	1/19/1945	38347.800	Advantage Plus- Prem Discount	Employee + Spouse	75135
F	10/24/1945	32300.640	Advantage Plus- Prem Discount	Employee + Spouse	75070
F	12/26/1945	35170.850	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	2/3/1947	39519.420	Advantage Plus- Prem Discount	Employee + Spouse	75069
F	3/15/1947	63596.330	Advantage Plus- Prem Discount	Employee + Spouse	76259
F	12/2/1948	58888.360	Advantage Plus- Prem Discount	Employee + Spouse	75418
F	1/5/1949	53032.310	Advantage Plus- Prem Discount	Employee + Spouse	75075
F	3/7/1949	32117.190	Advantage Plus- Prem Discount	Employee + Spouse	75070
F	3/28/1949	50584.530	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	6/29/1949	72129.190	Advantage Plus- Prem Discount	Employee + Spouse	75090
F	12/3/1949	43049.380	Advantage Plus- Prem Discount	Employee + Spouse	75407
F	1/17/1950	48991.000	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	4/5/1950	38900.830	Advantage Plus- Prem Discount	Employee + Spouse	75407
F	7/6/1950	43176.120	Advantage Plus- Prem Discount	Employee + Spouse	75069
F	8/2/1950	28258.540	Advantage Plus- Prem Discount	Employee + Spouse	75023
F	1/21/1951	41306.640	Advantage Plus- Prem Discount	Employee + Spouse	75002
F	10/10/1951	29301.000	Advantage Plus- Prem Discount	Employee + Spouse	75069
F	5/28/1952	39524.380	Advantage Plus- Prem Discount	Employee + Spouse	75097
F	7/31/1952	60402.990	Advantage Plus- Prem Discount	Employee + Spouse	75407
F	8/2/1952	34348.000	Advantage Plus- Prem Discount	Employee + Spouse	75076
F	6/12/1953	205592.500	Advantage Plus- Prem Discount	Employee + Spouse	75070
F	9/8/1953	29301.000	Advantage Plus- Prem Discount	Employee + Spouse	75070
F	10/25/1953	50749.590	Advantage Plus- Prem Discount	Employee + Spouse	75407
F	2/28/1954	36429.680	Advantage Plus- Prem Discount	Employee + Spouse	75023
F	3/10/1954	50678.680	Advantage Plus- Prem Discount	Employee + Spouse	75442
F	3/27/1954	49564.690	Advantage Plus- Prem Discount	Employee + Spouse	75002
F	8/29/1954	25324.000	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	10/2/1954	50594.460	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	4/23/1955	36212.590	Advantage Plus- Prem Discount	Employee + Spouse	75074
F	6/21/1955	32180.590	Advantage Plus- Prem Discount	Employee + Spouse	75069
F	10/24/1955	39196.820	Advantage Plus- Prem Discount	Employee + Spouse	75080
F	12/10/1955	46700.500	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	12/17/1955	102687.684	Advantage Plus- Prem Discount	Employee + Spouse	75442
F	4/15/1956	46455.000	Advantage Plus- Prem Discount	Employee + Spouse	75407
F	9/18/1956	39637.960	Advantage Plus- Prem Discount	Employee + Spouse	75491
F	2/27/1957	27274.090	Advantage Plus- Prem Discount	Employee + Spouse	75070

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F	6/6/1957	46564.690	Advantage Plus- Prem Discount	Employee + Spouse	75442
F	7/29/1957	29301.000	Advantage Plus- Prem Discount	Employee + Spouse	76227
F	9/12/1958	66638.000	Advantage Plus- Prem Discount	Employee + Spouse	75409
F	9/19/1958	45099.968	Advantage Plus- Prem Discount	Employee + Spouse	75424
F	10/16/1958	46589.520	Advantage Plus- Prem Discount	Employee + Spouse	75002
F	1/8/1959	107811.620	Advantage Plus- Prem Discount	Employee + Spouse	75080
F	11/8/1959	41463.510	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	11/25/1959	36942.540	Advantage Plus- Prem Discount	Employee + Spouse	75442
F	12/14/1959	75750.320	Advantage Plus- Prem Discount	Employee + Spouse	75002
F	12/26/1960	47974.780	Advantage Plus- Prem Discount	Employee + Spouse	75490
F	1/10/1961	34684.270	Advantage Plus- Prem Discount	Employee + Spouse	75070
F	4/14/1961	43026.430	Advantage Plus- Prem Discount	Employee + Spouse	75495
F	12/21/1961	31689.000	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	8/31/1962	38830.870	Advantage Plus- Prem Discount	Employee + Spouse	75407
F	10/11/1962	39523.670	Advantage Plus- Prem Discount	Employee + Spouse	75495
F	10/13/1963	46455.000	Advantage Plus- Prem Discount	Employee + Spouse	75070
F	6/20/1964	45423.510	Advantage Plus- Prem Discount	Employee + Spouse	75069
F	2/19/1965	110988.000	Advantage Plus- Prem Discount	Employee + Spouse	75070
F	9/9/1965	45233.580	Advantage Plus- Prem Discount	Employee + Spouse	76227
F	1/14/1970	31095.850	Advantage Plus- Prem Discount	Employee + Spouse	75173
F	12/15/1978	37326.000	Advantage Plus- Prem Discount	Employee + Spouse	75409
F	11/5/1980	38653.670	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	3/22/1982	40690.000	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	6/8/1986	37326.000	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	12/22/1938	109745.000	Advantage Plus- Prem Discount	Employee + Spouse	75069
M	7/31/1945	62831.370	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	11/29/1945	32792.430	Advantage Plus- Prem Discount	Employee + Spouse	75409
M	7/1/1947	66638.000	Advantage Plus- Prem Discount	Employee + Spouse	75002
M	11/25/1947	50135.830	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	1/20/1949	66638.000	Advantage Plus- Prem Discount	Employee + Spouse	75069
M	2/19/1949	54211.760	Advantage Plus- Prem Discount	Employee + Spouse	75090
M	2/6/1950	86776.260	Advantage Plus- Prem Discount	Employee + Spouse	75082
M	4/24/1950	94498.000	Advantage Plus- Prem Discount	Employee + Spouse	75013
M	6/3/1950	71097.000	Advantage Plus- Prem Discount	Employee + Spouse	76227
M	4/10/1951	85495.800	Advantage Plus- Prem Discount	Employee + Spouse	75093
M	5/7/1951	37167.550	Advantage Plus- Prem Discount	Employee + Spouse	75070
M	6/30/1951	66638.000	Advantage Plus- Prem Discount	Employee + Spouse	75070
M	7/16/1951	43031.530	Advantage Plus- Prem Discount	Employee + Spouse	75424
M	8/17/1951	39487.920	Advantage Plus- Prem Discount	Employee + Spouse	75166
M	12/13/1951	57213.800	Advantage Plus- Prem Discount	Employee + Spouse	75173
M	12/25/1951	35373.900	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	2/15/1952	46455.000	Advantage Plus- Prem Discount	Employee + Spouse	75409
M	3/17/1952	41734.000	Advantage Plus- Prem Discount	Employee + Spouse	76268
M	4/4/1952	45961.690	Advantage Plus- Prem Discount	Employee + Spouse	75442
M	7/15/1952	94498.000	Advantage Plus- Prem Discount	Employee + Spouse	75070
M	7/22/1952	32329.120	Advantage Plus- Prem Discount	Employee + Spouse	75496
M	9/28/1952	46455.000	Advantage Plus- Prem Discount	Employee + Spouse	75491
M	10/28/1952	43031.530	Advantage Plus- Prem Discount	Employee + Spouse	75442
M	4/28/1953	268861.110	Advantage Plus- Prem Discount	Employee + Spouse	75252
M	5/30/1953	34882.020	Advantage Plus- Prem Discount	Employee + Spouse	75009
M	9/12/1953	50642.410	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	9/16/1953	81362.000	Advantage Plus- Prem Discount	Employee + Spouse	75002
M	6/3/1954	48564.160	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	8/12/1954	43031.530	Advantage Plus- Prem Discount	Employee + Spouse	75442
M	1/31/1955	46455.000	Advantage Plus- Prem Discount	Employee + Spouse	75409
M	7/5/1955	60422.850	Advantage Plus- Prem Discount	Employee + Spouse	75490

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M	12/6/1955	72484.330	Advantage Plus- Prem Discount	Employee + Spouse	75002
M	1/5/1956	39637.960	Advantage Plus- Prem Discount	Employee + Spouse	75002
M	3/30/1956	46697.010	Advantage Plus- Prem Discount	Employee + Spouse	75442
M	4/4/1956	43031.530	Advantage Plus- Prem Discount	Employee + Spouse	75452
M	4/23/1956	60397.770	Advantage Plus- Prem Discount	Employee + Spouse	75423
M	5/8/1956	47484.570	Advantage Plus- Prem Discount	Employee + Spouse	75074
M	7/23/1956	85430.100	Advantage Plus- Prem Discount	Employee + Spouse	75409
M	10/22/1956	78710.280	Advantage Plus- Prem Discount	Employee + Spouse	75078
M	10/29/1956	89752.000	Advantage Plus- Prem Discount	Employee + Spouse	75442
M	4/4/1959	28938.435	Advantage Plus- Prem Discount	Employee + Spouse	75454
M	5/19/1959	60375.490	Advantage Plus- Prem Discount	Employee + Spouse	75020
M	5/21/1959	29599.070	Advantage Plus- Prem Discount	Employee + Spouse	75076
M	6/10/1959	46455.000	Advantage Plus- Prem Discount	Employee + Spouse	75459
M	2/13/1960	35373.900	Advantage Plus- Prem Discount	Employee + Spouse	75490
M	3/5/1960	71097.000	Advantage Plus- Prem Discount	Employee + Spouse	75092
M	10/17/1961	27188.000	Advantage Plus- Prem Discount	Employee + Spouse	75424
M	11/20/1961	85430.100	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	1/26/1962	43688.750	Advantage Plus- Prem Discount	Employee + Spouse	76227
M	7/14/1962	30897.260	Advantage Plus- Prem Discount	Employee + Spouse	75424
M	7/18/1962	74222.780	Advantage Plus- Prem Discount	Employee + Spouse	75490
M	2/25/1963	43031.530	Advantage Plus- Prem Discount	Employee + Spouse	75452
M	4/18/1963	42697.410	Advantage Plus- Prem Discount	Employee + Spouse	75442
M	3/1/1967	37579.668	Advantage Plus- Prem Discount	Employee + Spouse	75407
M	4/25/1969	55953.490	Advantage Plus- Prem Discount	Employee + Spouse	75007
M	2/24/1970	57722.000	Advantage Plus- Prem Discount	Employee + Spouse	37604
M	3/27/1970	69969.900	Advantage Plus- Prem Discount	Employee + Spouse	75452
M	5/8/1976	66638.000	Advantage Plus- Prem Discount	Employee + Spouse	75454
M	5/14/1978	51822.560	Advantage Plus- Prem Discount	Employee + Spouse	75459
M	2/14/1981	46443.300	Advantage Plus- Prem Discount	Employee + Spouse	75454
M	9/20/1987	33396.480	Advantage Plus- Prem Discount	Employee + Spouse	75071
M	5/25/1990	31689.000	Advantage Plus- Prem Discount	Employee + Spouse	75071
F	6/26/1940	60551.710	Advantage Plus- Prem Discount	Employee Only	75002
F	4/5/1941	30717.860	Advantage Plus- Prem Discount	Employee Only	75002
F	6/23/1942	34974.450	Advantage Plus- Prem Discount	Employee Only	75243
F	3/15/1945	44463.000	Advantage Plus- Prem Discount	Employee Only	75069
F	7/8/1945	46667.510	Advantage Plus- Prem Discount	Employee Only	75069
F	10/12/1945	54261.900	Advantage Plus- Prem Discount	Employee Only	75002
F	10/14/1946	43021.070	Advantage Plus- Prem Discount	Employee Only	75071
F	4/28/1947	33458.420	Advantage Plus- Prem Discount	Employee Only	75071
F	12/26/1947	46906.510	Advantage Plus- Prem Discount	Employee Only	75078
F	5/6/1948	35146.570	Advantage Plus- Prem Discount	Employee Only	75442
F	10/12/1948	29730.340	Advantage Plus- Prem Discount	Employee Only	75002
F	12/21/1948	33713.940	Advantage Plus- Prem Discount	Employee Only	75025
F	1/23/1949	88817.360	Advantage Plus- Prem Discount	Employee Only	75069
F	4/8/1949	66638.000	Advantage Plus- Prem Discount	Employee Only	75070
F	11/16/1949	43021.070	Advantage Plus- Prem Discount	Employee Only	75495
F	1/27/1950	31301.541	Advantage Plus- Prem Discount	Employee Only	75070
F	2/14/1950	46455.000	Advantage Plus- Prem Discount	Employee Only	75454
F	4/8/1950	46371.450	Advantage Plus- Prem Discount	Employee Only	75020
F	5/28/1950	34986.230	Advantage Plus- Prem Discount	Employee Only	75098
F	12/11/1950	75750.000	Advantage Plus- Prem Discount	Employee Only	75071
F	1/24/1951	37667.000	Advantage Plus- Prem Discount	Employee Only	75407
F	4/17/1951	29301.000	Advantage Plus- Prem Discount	Employee Only	75409
F	8/17/1951	36699.820	Advantage Plus- Prem Discount	Employee Only	75002
F	12/28/1951	25324.000	Advantage Plus- Prem Discount	Employee Only	75071
F	1/10/1952	27626.510	Advantage Plus- Prem Discount	Employee Only	75454

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F	1/21/1952	42370.150	Advantage Plus- Prem Discount	Employee Only	75078
F	3/30/1952	40225.850	Advantage Plus- Prem Discount	Employee Only	75490
F	8/15/1952	46564.690	Advantage Plus- Prem Discount	Employee Only	75454
F	8/18/1952	81967.630	Advantage Plus- Prem Discount	Employee Only	75010
F	9/25/1952	61179.070	Advantage Plus- Prem Discount	Employee Only	75452
F	11/3/1952	40580.980	Advantage Plus- Prem Discount	Employee Only	75407
F	11/4/1952	25324.000	Advantage Plus- Prem Discount	Employee Only	75070
F	3/11/1953	49856.040	Advantage Plus- Prem Discount	Employee Only	75071
F	3/15/1953	92799.690	Advantage Plus- Prem Discount	Employee Only	75034
F	10/31/1953	46497.530	Advantage Plus- Prem Discount	Employee Only	75069
F	11/14/1953	35723.180	Advantage Plus- Prem Discount	Employee Only	75097
F	9/26/1954	43688.750	Advantage Plus- Prem Discount	Employee Only	75069
F	10/26/1954	29301.000	Advantage Plus- Prem Discount	Employee Only	75026
F	11/13/1954	40877.000	Advantage Plus- Prem Discount	Employee Only	75495
F	11/20/1954	43021.070	Advantage Plus- Prem Discount	Employee Only	75090
F	2/1/1955	55274.290	Advantage Plus- Prem Discount	Employee Only	75409
F	7/4/1955	46455.000	Advantage Plus- Prem Discount	Employee Only	75442
F	7/28/1955	27188.000	Advantage Plus- Prem Discount	Employee Only	75166
F	7/28/1955	29012.350	Advantage Plus- Prem Discount	Employee Only	75418
F	9/21/1955	25504.510	Advantage Plus- Prem Discount	Employee Only	75002
F	12/24/1955	44528.810	Advantage Plus- Prem Discount	Employee Only	75070
F	1/17/1956	45850.820	Advantage Plus- Prem Discount	Employee Only	75442
F	2/29/1956	46624.250	Advantage Plus- Prem Discount	Employee Only	75442
F	3/17/1956	46628.820	Advantage Plus- Prem Discount	Employee Only	75070
F	5/26/1956	55297.950	Advantage Plus- Prem Discount	Employee Only	75069
F	6/5/1956	66638.000	Advantage Plus- Prem Discount	Employee Only	75071
F	7/31/1956	46455.000	Advantage Plus- Prem Discount	Employee Only	75074
F	2/24/1957	27188.000	Advantage Plus- Prem Discount	Employee Only	75070
F	3/9/1957	45850.820	Advantage Plus- Prem Discount	Employee Only	75424
F	3/24/1957	61173.160	Advantage Plus- Prem Discount	Employee Only	75069
F	6/13/1957	43021.070	Advantage Plus- Prem Discount	Employee Only	75424
F	6/14/1957	71097.000	Advantage Plus- Prem Discount	Employee Only	75071
F	8/8/1957	36939.530	Advantage Plus- Prem Discount	Employee Only	75495
F	2/2/1958	45738.460	Advantage Plus- Prem Discount	Employee Only	75090
F	2/7/1958	50584.530	Advantage Plus- Prem Discount	Employee Only	75409
F	3/3/1958	44463.000	Advantage Plus- Prem Discount	Employee Only	75013
F	5/5/1958	30690.050	Advantage Plus- Prem Discount	Employee Only	75407
F	8/13/1958	36055.570	Advantage Plus- Prem Discount	Employee Only	75490
F	9/15/1958	66638.000	Advantage Plus- Prem Discount	Employee Only	75409
F	9/21/1958	33001.920	Advantage Plus- Prem Discount	Employee Only	75454
F	10/5/1958	115000.000	Advantage Plus- Prem Discount	Employee Only	76264
F	10/16/1958	42911.090	Advantage Plus- Prem Discount	Employee Only	75078
F	1/13/1959	46658.370	Advantage Plus- Prem Discount	Employee Only	75409
F	1/26/1959	50708.760	Advantage Plus- Prem Discount	Employee Only	75490
F	2/8/1959	29301.000	Advantage Plus- Prem Discount	Employee Only	75034
F	2/21/1959	31689.000	Advantage Plus- Prem Discount	Employee Only	75074
F	4/8/1959	127344.390	Advantage Plus- Prem Discount	Employee Only	75074
F	7/19/1959	34348.000	Advantage Plus- Prem Discount	Employee Only	75407
F	10/8/1959	39637.960	Advantage Plus- Prem Discount	Employee Only	75409
F	11/4/1959	89247.000	Advantage Plus- Prem Discount	Employee Only	75069
F	1/9/1960	46455.000	Advantage Plus- Prem Discount	Employee Only	75459
F	2/9/1960	32907.120	Advantage Plus- Prem Discount	Employee Only	75407
F	2/11/1960	31371.090	Advantage Plus- Prem Discount	Employee Only	75002
F	2/21/1960	29896.240	Advantage Plus- Prem Discount	Employee Only	75452
F	6/27/1960	37040.180	Advantage Plus- Prem Discount	Employee Only	75070
F	8/9/1960	45430.540	Advantage Plus- Prem Discount	Employee Only	75071

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F	8/24/1960	50594.460	Advantage Plus- Prem Discount	Employee Only	75452
F	12/9/1960	65940.880	Advantage Plus- Prem Discount	Employee Only	75071
F	3/4/1961	95615.040	Advantage Plus- Prem Discount	Employee Only	75044
F	3/15/1961	41267.550	Advantage Plus- Prem Discount	Employee Only	75025
F	5/8/1961	43084.630	Advantage Plus- Prem Discount	Employee Only	75070
F	5/25/1961	31206.520	Advantage Plus- Prem Discount	Employee Only	75023
F	7/4/1961	28613.210	Advantage Plus- Prem Discount	Employee Only	75069
F	8/9/1961	35506.090	Advantage Plus- Prem Discount	Employee Only	75409
F	8/13/1961	43021.070	Advantage Plus- Prem Discount	Employee Only	75069
F	11/1/1961	46455.000	Advantage Plus- Prem Discount	Employee Only	75044
F	11/24/1961	93696.250	Advantage Plus- Prem Discount	Employee Only	76210
F	1/7/1962	35295.360	Advantage Plus- Prem Discount	Employee Only	75454
F	5/18/1962	37912.890	Advantage Plus- Prem Discount	Employee Only	76227
F	5/26/1962	67815.840	Advantage Plus- Prem Discount	Employee Only	75002
F	9/12/1962	36912.510	Advantage Plus- Prem Discount	Employee Only	75002
F	12/18/1962	85000.000	Advantage Plus- Prem Discount	Employee Only	75002
F	6/8/1963	52716.610	Advantage Plus- Prem Discount	Employee Only	75424
F	9/25/1963	49267.640	Advantage Plus- Prem Discount	Employee Only	75442
F	11/16/1963	54185.000	Advantage Plus- Prem Discount	Employee Only	75023
F	1/8/1964	80074.331	Advantage Plus- Prem Discount	Employee Only	75010
F	1/21/1964	48075.258	Advantage Plus- Prem Discount	Employee Only	75491
F	4/29/1964	50711.960	Advantage Plus- Prem Discount	Employee Only	75071
F	10/29/1964	42952.350	Advantage Plus- Prem Discount	Employee Only	75069
F	2/16/1965	32619.050	Advantage Plus- Prem Discount	Employee Only	75069
F	3/12/1965	72794.400	Advantage Plus- Prem Discount	Employee Only	76247
F	5/8/1965	102523.000	Advantage Plus- Prem Discount	Employee Only	75071
F	6/6/1965	66179.590	Advantage Plus- Prem Discount	Employee Only	75069
F	7/18/1965	49869.270	Advantage Plus- Prem Discount	Employee Only	75166
F	1/18/1966	36529.360	Advantage Plus- Prem Discount	Employee Only	75035
F	4/19/1966	29301.000	Advantage Plus- Prem Discount	Employee Only	75069
F	7/7/1966	57041.720	Advantage Plus- Prem Discount	Employee Only	75090
F	8/27/1966	47412.060	Advantage Plus- Prem Discount	Employee Only	75462
F	9/5/1966	53184.960	Advantage Plus- Prem Discount	Employee Only	75401
F	9/8/1966	50642.410	Advantage Plus- Prem Discount	Employee Only	75025
F	10/19/1966	80660.520	Advantage Plus- Prem Discount	Employee Only	75078
F	10/28/1966	41629.390	Advantage Plus- Prem Discount	Employee Only	75485
F	2/2/1967	41952.580	Advantage Plus- Prem Discount	Employee Only	75407
F	8/22/1967	32103.990	Advantage Plus- Prem Discount	Employee Only	75409
F	1/3/1968	60766.270	Advantage Plus- Prem Discount	Employee Only	75495
F	4/1/1968	46455.000	Advantage Plus- Prem Discount	Employee Only	75491
F	6/7/1968	35491.190	Advantage Plus- Prem Discount	Employee Only	75495
F	7/20/1968	43051.740	Advantage Plus- Prem Discount	Employee Only	75407
F	9/3/1968	50642.410	Advantage Plus- Prem Discount	Employee Only	75126
F	4/22/1969	63256.970	Advantage Plus- Prem Discount	Employee Only	76208
F	9/4/1969	31762.880	Advantage Plus- Prem Discount	Employee Only	75002
F	1/22/1970	39458.590	Advantage Plus- Prem Discount	Employee Only	75070
F	2/4/1970	82014.170	Advantage Plus- Prem Discount	Employee Only	75089
F	4/4/1970	46455.000	Advantage Plus- Prem Discount	Employee Only	75409
F	6/4/1970	46455.000	Advantage Plus- Prem Discount	Employee Only	75488
F	7/10/1970	35604.240	Advantage Plus- Prem Discount	Employee Only	75407
F	7/18/1970	32258.850	Advantage Plus- Prem Discount	Employee Only	75490
F	2/21/1971	92034.700	Advantage Plus- Prem Discount	Employee Only	75071
F	4/22/1971	68036.030	Advantage Plus- Prem Discount	Employee Only	75070
F	6/29/1971	31970.230	Advantage Plus- Prem Discount	Employee Only	75407
F	7/30/1971	46455.000	Advantage Plus- Prem Discount	Employee Only	75407
F	11/5/1971	41436.370	Advantage Plus- Prem Discount	Employee Only	75071

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F	4/24/1972	50569.550	Advantage Plus- Prem Discount	Employee Only	75409
F	8/5/1972	27188.000	Advantage Plus- Prem Discount	Employee Only	75423
F	11/2/1972	72409.310	Advantage Plus- Prem Discount	Employee Only	75023
F	4/8/1973	54459.000	Advantage Plus- Prem Discount	Employee Only	75424
F	5/26/1973	46455.000	Advantage Plus- Prem Discount	Employee Only	75090
F	9/16/1973	97945.635	Advantage Plus- Prem Discount	Employee Only	75070
F	9/26/1973	42019.910	Advantage Plus- Prem Discount	Employee Only	76227
F	2/9/1974	32948.000	Advantage Plus- Prem Discount	Employee Only	75069
F	2/16/1974	38508.530	Advantage Plus- Prem Discount	Employee Only	75495
F	3/14/1974	45185.370	Advantage Plus- Prem Discount	Employee Only	75069
F	3/29/1974	76405.140	Advantage Plus- Prem Discount	Employee Only	75035
F	6/1/1974	31689.000	Advantage Plus- Prem Discount	Employee Only	75409
F	6/26/1974	50642.410	Advantage Plus- Prem Discount	Employee Only	75401
F	7/2/1974	28912.130	Advantage Plus- Prem Discount	Employee Only	75069
F	7/16/1974	43026.430	Advantage Plus- Prem Discount	Employee Only	75092
F	7/23/1974	31689.000	Advantage Plus- Prem Discount	Employee Only	75490
F	9/10/1974	60448.260	Advantage Plus- Prem Discount	Employee Only	75409
F	9/22/1974	45997.170	Advantage Plus- Prem Discount	Employee Only	75454
F	11/21/1974	27469.100	Advantage Plus- Prem Discount	Employee Only	75070
F	12/4/1974	46658.370	Advantage Plus- Prem Discount	Employee Only	75009
F	3/13/1975	42939.870	Advantage Plus- Prem Discount	Employee Only	75409
F	4/30/1975	35293.280	Advantage Plus- Prem Discount	Employee Only	75070
F	12/15/1975	50711.960	Advantage Plus- Prem Discount	Employee Only	75479
F	5/3/1976	47508.740	Advantage Plus- Prem Discount	Employee Only	75092
F	6/11/1976	39046.110	Advantage Plus- Prem Discount	Employee Only	75002
F	8/8/1976	47617.740	Advantage Plus- Prem Discount	Employee Only	75216
F	4/5/1977	46455.000	Advantage Plus- Prem Discount	Employee Only	75070
F	4/6/1977	88896.000	Advantage Plus- Prem Discount	Employee Only	75071
F	6/11/1977	43685.840	Advantage Plus- Prem Discount	Employee Only	75407
F	8/16/1977	50729.900	Advantage Plus- Prem Discount	Employee Only	75023
F	10/25/1977	46455.000	Advantage Plus- Prem Discount	Employee Only	75009
F	2/8/1978	29199.890	Advantage Plus- Prem Discount	Employee Only	75409
F	2/23/1978	41186.180	Advantage Plus- Prem Discount	Employee Only	75154
F	5/23/1978	29301.000	Advantage Plus- Prem Discount	Employee Only	75069
F	9/7/1978	35723.180	Advantage Plus- Prem Discount	Employee Only	75002
F	9/8/1978	44558.050	Advantage Plus- Prem Discount	Employee Only	75071
F	10/9/1978	32188.450	Advantage Plus- Prem Discount	Employee Only	75002
F	10/13/1978	82505.770	Advantage Plus- Prem Discount	Employee Only	75071
F	7/3/1979	33015.000	Advantage Plus- Prem Discount	Employee Only	75407
F	5/4/1980	40690.000	Advantage Plus- Prem Discount	Employee Only	75074
F	6/26/1981	45077.970	Advantage Plus- Prem Discount	Employee Only	75025
F	10/28/1981	28513.080	Advantage Plus- Prem Discount	Employee Only	75409
F	11/18/1981	29301.000	Advantage Plus- Prem Discount	Employee Only	75023
F	11/16/1982	27188.000	Advantage Plus- Prem Discount	Employee Only	75071
F	12/23/1982	43637.160	Advantage Plus- Prem Discount	Employee Only	75407
F	4/24/1983	27188.000	Advantage Plus- Prem Discount	Employee Only	75069
F	7/8/1983	29301.000	Advantage Plus- Prem Discount	Employee Only	75166
F	3/23/1984	51767.000	Advantage Plus- Prem Discount	Employee Only	75070
F	9/27/1984	39637.960	Advantage Plus- Prem Discount	Employee Only	75013
F	11/23/1984	65439.130	Advantage Plus- Prem Discount	Employee Only	75204
F	2/22/1985	37326.000	Advantage Plus- Prem Discount	Employee Only	75407
F	3/1/1985	29301.000	Advantage Plus- Prem Discount	Employee Only	75048
F	6/7/1985	48760.000	Advantage Plus- Prem Discount	Employee Only	75002
F	7/5/1985	27651.390	Advantage Plus- Prem Discount	Employee Only	75086
F	8/13/1985	45431.680	Advantage Plus- Prem Discount	Employee Only	75495
F	12/25/1985	42233.100	Advantage Plus- Prem Discount	Employee Only	75070

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F	1/10/1986	49739.000	Advantage Plus- Prem Discount	Employee Only	75409
F	3/7/1986	29757.630	Advantage Plus- Prem Discount	Employee Only	75023
F	4/3/1986	35200.950	Advantage Plus- Prem Discount	Employee Only	75409
F	7/7/1986	54959.000	Advantage Plus- Prem Discount	Employee Only	75206
F	7/18/1986	55371.590	Advantage Plus- Prem Discount	Employee Only	75023
F	9/4/1986	44463.000	Advantage Plus- Prem Discount	Employee Only	75021
F	2/10/1987	27739.640	Advantage Plus- Prem Discount	Employee Only	75287
F	5/7/1987	27188.000	Advantage Plus- Prem Discount	Employee Only	75409
F	5/21/1987	31689.000	Advantage Plus- Prem Discount	Employee Only	75070
F	6/24/1987	37326.000	Advantage Plus- Prem Discount	Employee Only	75409
F	6/17/1989	31689.000	Advantage Plus- Prem Discount	Employee Only	75459
F	11/14/1989	31689.000	Advantage Plus- Prem Discount	Employee Only	75013
M	1/13/1936	46455.000	Advantage Plus- Prem Discount	Employee Only	75069
M	4/27/1945	69932.530	Advantage Plus- Prem Discount	Employee Only	75075
M	12/17/1945	160768.360	Advantage Plus- Prem Discount	Employee Only	75069
M	3/26/1946	25428.780	Advantage Plus- Prem Discount	Employee Only	75424
M	7/1/1946	27188.000	Advantage Plus- Prem Discount	Employee Only	75074
M	9/19/1946	46455.000	Advantage Plus- Prem Discount	Employee Only	75069
M	4/5/1947	45318.000	Advantage Plus- Prem Discount	Employee Only	75040
M	3/4/1948	55228.210	Advantage Plus- Prem Discount	Employee Only	75490
M	10/3/1948	40234.620	Advantage Plus- Prem Discount	Employee Only	75035
M	12/21/1948	48140.770	Advantage Plus- Prem Discount	Employee Only	75068
M	2/16/1949	38035.870	Advantage Plus- Prem Discount	Employee Only	75071
M	4/21/1949	87683.820	Advantage Plus- Prem Discount	Employee Only	75071
M	6/17/1949	36740.070	Advantage Plus- Prem Discount	Employee Only	75069
M	1/9/1951	66638.000	Advantage Plus- Prem Discount	Employee Only	75044
M	5/19/1951	89762.000	Advantage Plus- Prem Discount	Employee Only	75069
M	7/13/1951	43031.530	Advantage Plus- Prem Discount	Employee Only	75442
M	9/5/1951	38502.690	Advantage Plus- Prem Discount	Employee Only	75409
M	9/7/1951	54183.920	Advantage Plus- Prem Discount	Employee Only	75424
M	10/14/1951	41574.860	Advantage Plus- Prem Discount	Employee Only	75071
M	3/25/1952	32062.220	Advantage Plus- Prem Discount	Employee Only	75021
M	4/17/1952	36930.290	Advantage Plus- Prem Discount	Employee Only	75020
M	6/13/1952	27126.330	Advantage Plus- Prem Discount	Employee Only	75009
M	6/24/1952	49644.070	Advantage Plus- Prem Discount	Employee Only	75424
M	7/9/1952	66638.000	Advantage Plus- Prem Discount	Employee Only	75424
M	7/29/1952	81362.000	Advantage Plus- Prem Discount	Employee Only	75070
M	10/1/1952	42105.850	Advantage Plus- Prem Discount	Employee Only	75071
M	11/17/1952	55228.210	Advantage Plus- Prem Discount	Employee Only	75418
M	3/2/1953	71097.000	Advantage Plus- Prem Discount	Employee Only	75454
M	3/19/1953	55228.210	Advantage Plus- Prem Discount	Employee Only	75491
M	8/19/1953	35396.680	Advantage Plus- Prem Discount	Employee Only	75452
M	2/2/1954	65775.790	Advantage Plus- Prem Discount	Employee Only	75085
M	3/28/1954	43031.530	Advantage Plus- Prem Discount	Employee Only	75491
M	5/2/1954	46455.000	Advantage Plus- Prem Discount	Employee Only	75070
M	5/14/1954	43031.530	Advantage Plus- Prem Discount	Employee Only	75002
M	11/15/1955	73774.810	Advantage Plus- Prem Discount	Employee Only	75028
M	3/10/1956	81362.000	Advantage Plus- Prem Discount	Employee Only	75423
M	9/27/1956	95542.250	Advantage Plus- Prem Discount	Employee Only	75094
M	8/24/1957	35200.950	Advantage Plus- Prem Discount	Employee Only	75025
M	1/12/1958	46455.000	Advantage Plus- Prem Discount	Employee Only	75090
M	6/13/1958	46455.000	Advantage Plus- Prem Discount	Employee Only	75459
M	2/10/1959	34314.380	Advantage Plus- Prem Discount	Employee Only	75418
M	7/13/1959	63237.580	Advantage Plus- Prem Discount	Employee Only	75442
M	10/31/1959	46455.000	Advantage Plus- Prem Discount	Employee Only	75407
M	7/3/1960	57738.250	Advantage Plus- Prem Discount	Employee Only	75035

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M	12/17/1960	81362.000	Advantage Plus- Prem Discount	Employee Only	75035
M	12/20/1960	43015.660	Advantage Plus- Prem Discount	Employee Only	75488
M	6/20/1962	45022.550	Advantage Plus- Prem Discount	Employee Only	75401
M	7/12/1962	66638.000	Advantage Plus- Prem Discount	Employee Only	75069
M	11/3/1962	50677.780	Advantage Plus- Prem Discount	Employee Only	75452
M	8/20/1964	69949.640	Advantage Plus- Prem Discount	Employee Only	75089
M	10/3/1965	66638.000	Advantage Plus- Prem Discount	Employee Only	75070
M	1/30/1966	130736.460	Advantage Plus- Prem Discount	Employee Only	75002
M	10/12/1966	35200.950	Advantage Plus- Prem Discount	Employee Only	75071
M	11/7/1966	50675.000	Advantage Plus- Prem Discount	Employee Only	75495
M	2/27/1967	50642.410	Advantage Plus- Prem Discount	Employee Only	75173
M	3/28/1967	27450.060	Advantage Plus- Prem Discount	Employee Only	75454
M	5/25/1967	46455.000	Advantage Plus- Prem Discount	Employee Only	75092
M	6/16/1967	40226.930	Advantage Plus- Prem Discount	Employee Only	75089
M	7/29/1967	56136.000	Advantage Plus- Prem Discount	Employee Only	75002
M	7/9/1968	40606.920	Advantage Plus- Prem Discount	Employee Only	75407
M	1/14/1969	33015.000	Advantage Plus- Prem Discount	Employee Only	75071
M	7/5/1969	65124.090	Advantage Plus- Prem Discount	Employee Only	75070
M	7/29/1969	35723.180	Advantage Plus- Prem Discount	Employee Only	75069
M	9/2/1969	55569.255	Advantage Plus- Prem Discount	Employee Only	75078
M	1/3/1970	81362.000	Advantage Plus- Prem Discount	Employee Only	75409
M	1/23/1970	40523.280	Advantage Plus- Prem Discount	Employee Only	75092
M	4/5/1970	39637.960	Advantage Plus- Prem Discount	Employee Only	75407
M	5/20/1971	41601.250	Advantage Plus- Prem Discount	Employee Only	75070
M	8/8/1971	71097.000	Advantage Plus- Prem Discount	Employee Only	75490
M	9/9/1971	42609.490	Advantage Plus- Prem Discount	Employee Only	75069
M	9/29/1971	37617.390	Advantage Plus- Prem Discount	Employee Only	75069
M	10/23/1972	38275.630	Advantage Plus- Prem Discount	Employee Only	75074
M	2/10/1973	37821.000	Advantage Plus- Prem Discount	Employee Only	75495
M	3/20/1973	43106.000	Advantage Plus- Prem Discount	Employee Only	75070
M	7/10/1973	66665.800	Advantage Plus- Prem Discount	Employee Only	75442
M	7/22/1973	27835.950	Advantage Plus- Prem Discount	Employee Only	75069
M	8/24/1973	60594.180	Advantage Plus- Prem Discount	Employee Only	75071
M	8/31/1973	40690.000	Advantage Plus- Prem Discount	Employee Only	75442
M	7/7/1974	36728.470	Advantage Plus- Prem Discount	Employee Only	75071
M	8/20/1974	41859.770	Advantage Plus- Prem Discount	Employee Only	75424
M	11/2/1974	53819.750	Advantage Plus- Prem Discount	Employee Only	75442
M	3/24/1975	71097.000	Advantage Plus- Prem Discount	Employee Only	75069
M	6/14/1975	70522.157	Advantage Plus- Prem Discount	Employee Only	75407
M	8/5/1977	53237.240	Advantage Plus- Prem Discount	Employee Only	75409
M	8/11/1977	37326.000	Advantage Plus- Prem Discount	Employee Only	75069
M	8/11/1978	44892.640	Advantage Plus- Prem Discount	Employee Only	75020
M	12/20/1979	62647.830	Advantage Plus- Prem Discount	Employee Only	75070
M	5/27/1980	68036.320	Advantage Plus- Prem Discount	Employee Only	75251
M	6/25/1980	44463.000	Advantage Plus- Prem Discount	Employee Only	75454
M	9/23/1980	29054.730	Advantage Plus- Prem Discount	Employee Only	75009
M	11/10/1980	73691.730	Advantage Plus- Prem Discount	Employee Only	75206
M	12/14/1980	51571.820	Advantage Plus- Prem Discount	Employee Only	75069
M	1/27/1981	38663.640	Advantage Plus- Prem Discount	Employee Only	75071
M	11/4/1981	48143.350	Advantage Plus- Prem Discount	Employee Only	75490
M	1/19/1982	44463.000	Advantage Plus- Prem Discount	Employee Only	75056
M	7/31/1982	46455.000	Advantage Plus- Prem Discount	Employee Only	75485
M	8/29/1982	33543.040	Advantage Plus- Prem Discount	Employee Only	75409
M	1/3/1983	31689.000	Advantage Plus- Prem Discount	Employee Only	75452
M	7/3/1983	33343.860	Advantage Plus- Prem Discount	Employee Only	75071
M	7/30/1983	46412.000	Advantage Plus- Prem Discount	Employee Only	75070

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M	7/31/1983	45873.170	Advantage Plus- Prem Discount	Employee Only	75459
M	10/15/1983	35548.280	Advantage Plus- Prem Discount	Employee Only	75070
M	10/8/1984	47397.961	Advantage Plus- Prem Discount	Employee Only	75007
M	11/19/1984	35831.530	Advantage Plus- Prem Discount	Employee Only	75069
M	6/14/1985	39688.250	Advantage Plus- Prem Discount	Employee Only	75069
M	12/28/1985	64290.000	Advantage Plus- Prem Discount	Employee Only	75251
M	1/14/1987	34348.000	Advantage Plus- Prem Discount	Employee Only	75490
M	8/14/1987	37326.000	Advantage Plus- Prem Discount	Employee Only	75070
M	11/15/1988	56136.000	Advantage Plus- Prem Discount	Employee Only	75070
M	2/19/1990	33925.090	Advantage Plus- Prem Discount	Employee Only	75069
M	9/1/1990	34349.040	Advantage Plus- Prem Discount	Employee Only	75407
M	9/21/1990	34682.160	Advantage Plus- Prem Discount	Employee Only	75424
M	1/18/1991	27188.000	Advantage Plus- Prem Discount	Employee Only	75407
M	3/2/1992	29301.000	Advantage Plus- Prem Discount	Employee Only	75423
F	5/10/1952	40690.000	Advantage Plus- Prem Discount	Family	75075
F	5/16/1953	36576.450	Advantage Plus- Prem Discount	Family	75402
F	9/29/1954	92798.950	Advantage Plus- Prem Discount	Family	75044
F	11/4/1954	60804.930	Advantage Plus- Prem Discount	Family	75007
F	4/30/1956	34348.000	Advantage Plus- Prem Discount	Family	75407
F	5/18/1957	26156.140	Advantage Plus- Prem Discount	Family	75071
F	9/10/1957	46685.100	Advantage Plus- Prem Discount	Family	75424
F	1/11/1959	40690.000	Advantage Plus- Prem Discount	Family	75013
F	4/15/1959	129705.243	Advantage Plus- Prem Discount	Family	75044
F	4/27/1959	38145.000	Advantage Plus- Prem Discount	Family	75495
F	5/18/1959	33232.430	Advantage Plus- Prem Discount	Family	75002
F	2/22/1960	46889.490	Advantage Plus- Prem Discount	Family	75442
F	3/13/1960	31689.000	Advantage Plus- Prem Discount	Family	75002
F	7/13/1960	39637.300	Advantage Plus- Prem Discount	Family	75025
F	8/16/1960	50665.450	Advantage Plus- Prem Discount	Family	75424
F	9/22/1960	37326.000	Advantage Plus- Prem Discount	Family	75002
F	3/21/1961	32515.949	Advantage Plus- Prem Discount	Family	75070
F	8/7/1961	50642.410	Advantage Plus- Prem Discount	Family	75070
F	5/8/1962	154826.440	Advantage Plus- Prem Discount	Family	75074
F	10/14/1962	94955.840	Advantage Plus- Prem Discount	Family	75069
F	2/10/1963	55186.960	Advantage Plus- Prem Discount	Family	75071
F	8/19/1963	39629.510	Advantage Plus- Prem Discount	Family	75069
F	12/9/1963	31326.100	Advantage Plus- Prem Discount	Family	75173
F	12/23/1963	35723.180	Advantage Plus- Prem Discount	Family	75491
F	3/29/1964	41119.950	Advantage Plus- Prem Discount	Family	75002
F	9/27/1964	114171.930	Advantage Plus- Prem Discount	Family	75021
F	4/28/1965	63748.020	Advantage Plus- Prem Discount	Family	75070
F	12/24/1965	35228.360	Advantage Plus- Prem Discount	Family	75010
F	2/23/1966	44698.570	Advantage Plus- Prem Discount	Family	75442
F	4/1/1966	26165.810	Advantage Plus- Prem Discount	Family	75452
F	6/22/1966	37770.260	Advantage Plus- Prem Discount	Family	75438
F	9/27/1966	38171.940	Advantage Plus- Prem Discount	Family	75452
F	10/17/1966	59981.740	Advantage Plus- Prem Discount	Family	75071
F	4/27/1967	36902.700	Advantage Plus- Prem Discount	Family	75069
F	6/8/1967	53975.130	Advantage Plus- Prem Discount	Family	75035
F	8/24/1967	42960.970	Advantage Plus- Prem Discount	Family	75407
F	10/28/1967	46557.500	Advantage Plus- Prem Discount	Family	75409
F	5/14/1968	62606.150	Advantage Plus- Prem Discount	Family	75013
F	6/7/1968	38476.430	Advantage Plus- Prem Discount	Family	75495
F	11/15/1968	54626.160	Advantage Plus- Prem Discount	Family	75459
F	2/14/1969	38546.350	Advantage Plus- Prem Discount	Family	75495
F	4/29/1969	88183.800	Advantage Plus- Prem Discount	Family	75409

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F	5/23/1969	27188.000	Advantage Plus- Prem Discount	Family	75071
F	7/10/1969	29301.000	Advantage Plus- Prem Discount	Family	75078
F	7/27/1969	44463.000	Advantage Plus- Prem Discount	Family	75150
F	1/5/1970	93696.250	Advantage Plus- Prem Discount	Family	75094
F	8/21/1970	36032.500	Advantage Plus- Prem Discount	Family	75069
F	9/25/1970	55008.960	Advantage Plus- Prem Discount	Family	76210
F	11/15/1970	30284.090	Advantage Plus- Prem Discount	Family	75098
F	3/21/1971	27188.000	Advantage Plus- Prem Discount	Family	75098
F	8/6/1971	56048.280	Advantage Plus- Prem Discount	Family	75071
F	4/15/1972	58321.130	Advantage Plus- Prem Discount	Family	75442
F	7/18/1972	37326.000	Advantage Plus- Prem Discount	Family	75071
F	7/29/1972	36824.450	Advantage Plus- Prem Discount	Family	75074
F	8/4/1972	34348.000	Advantage Plus- Prem Discount	Family	75098
F	12/30/1972	39236.220	Advantage Plus- Prem Discount	Family	75491
F	1/26/1973	34034.080	Advantage Plus- Prem Discount	Family	75023
F	12/25/1973	90956.090	Advantage Plus- Prem Discount	Family	75022
F	1/24/1974	49168.920	Advantage Plus- Prem Discount	Family	75070
F	7/23/1974	27593.580	Advantage Plus- Prem Discount	Family	75090
F	8/27/1975	109826.470	Advantage Plus- Prem Discount	Family	75070
F	2/21/1976	27188.000	Advantage Plus- Prem Discount	Family	75013
F	2/23/1976	32848.050	Advantage Plus- Prem Discount	Family	75023
F	4/29/1976	39795.300	Advantage Plus- Prem Discount	Family	75424
F	10/7/1976	48995.040	Advantage Plus- Prem Discount	Family	75424
F	8/2/1977	51156.010	Advantage Plus- Prem Discount	Family	75495
F	3/31/1978	46455.000	Advantage Plus- Prem Discount	Family	75092
F	10/25/1978	40690.000	Advantage Plus- Prem Discount	Family	75401
F	10/18/1980	37326.000	Advantage Plus- Prem Discount	Family	75454
F	1/9/1983	32327.400	Advantage Plus- Prem Discount	Family	75409
F	7/29/1983	41232.370	Advantage Plus- Prem Discount	Family	75409
F	4/11/1984	44463.000	Advantage Plus- Prem Discount	Family	75407
F	10/14/1985	31689.000	Advantage Plus- Prem Discount	Family	75002
F	1/21/1988	44463.000	Advantage Plus- Prem Discount	Family	75407
M	8/21/1949	81362.000	Advantage Plus- Prem Discount	Family	75098
M	9/17/1949	55248.590	Advantage Plus- Prem Discount	Family	75490
M	1/29/1953	70180.700	Advantage Plus- Prem Discount	Family	75080
M	4/23/1953	131406.340	Advantage Plus- Prem Discount	Family	75070
M	8/11/1955	36060.110	Advantage Plus- Prem Discount	Family	75442
M	10/25/1955	54459.000	Advantage Plus- Prem Discount	Family	75056
M	1/19/1956	50549.300	Advantage Plus- Prem Discount	Family	75070
M	3/2/1956	123078.000	Advantage Plus- Prem Discount	Family	75025
M	5/24/1956	57722.000	Advantage Plus- Prem Discount	Family	75070
M	1/23/1957	48254.790	Advantage Plus- Prem Discount	Family	75069
M	3/20/1957	139396.760	Advantage Plus- Prem Discount	Family	75070
M	4/20/1958	65774.650	Advantage Plus- Prem Discount	Family	75002
M	12/4/1958	53106.910	Advantage Plus- Prem Discount	Family	75166
M	9/16/1959	46455.000	Advantage Plus- Prem Discount	Family	75495
M	11/21/1960	57635.100	Advantage Plus- Prem Discount	Family	75075
M	4/18/1961	137004.420	Advantage Plus- Prem Discount	Family	75023
M	5/24/1961	35723.180	Advantage Plus- Prem Discount	Family	75002
M	10/17/1961	66638.000	Advantage Plus- Prem Discount	Family	75098
M	11/22/1961	38765.670	Advantage Plus- Prem Discount	Family	75407
M	12/24/1961	72380.770	Advantage Plus- Prem Discount	Family	75442
M	10/26/1962	66638.000	Advantage Plus- Prem Discount	Family	75458
M	11/14/1962	66638.000	Advantage Plus- Prem Discount	Family	75454
M	1/22/1963	56254.481	Advantage Plus- Prem Discount	Family	75070
M	7/13/1963	43031.530	Advantage Plus- Prem Discount	Family	75068

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M	7/22/1963	41557.310	Advantage Plus- Prem Discount	Family	75189
M	8/28/1963	43001.510	Advantage Plus- Prem Discount	Family	75070
M	9/4/1963	33015.000	Advantage Plus- Prem Discount	Family	75075
M	4/1/1964	71097.000	Advantage Plus- Prem Discount	Family	75173
M	4/20/1964	41345.740	Advantage Plus- Prem Discount	Family	76227
M	10/15/1964	54792.310	Advantage Plus- Prem Discount	Family	75491
M	3/31/1965	216657.282	Advantage Plus- Prem Discount	Family	75070
M	6/8/1965	104165.390	Advantage Plus- Prem Discount	Family	75025
M	6/9/1965	32655.630	Advantage Plus- Prem Discount	Family	75489
M	6/30/1965	63437.910	Advantage Plus- Prem Discount	Family	75035
M	8/20/1965	48539.840	Advantage Plus- Prem Discount	Family	75458
M	9/5/1966	50675.000	Advantage Plus- Prem Discount	Family	75409
M	1/25/1967	69497.290	Advantage Plus- Prem Discount	Family	76227
M	2/2/1967	127890.090	Advantage Plus- Prem Discount	Family	75093
M	6/8/1967	61525.570	Advantage Plus- Prem Discount	Family	75070
M	1/15/1968	38035.870	Advantage Plus- Prem Discount	Family	75071
M	2/2/1968	66638.000	Advantage Plus- Prem Discount	Family	75070
M	4/25/1968	69327.500	Advantage Plus- Prem Discount	Family	75098
M	5/24/1968	71097.000	Advantage Plus- Prem Discount	Family	75098
M	8/12/1968	81362.000	Advantage Plus- Prem Discount	Family	75071
M	11/24/1968	74651.850	Advantage Plus- Prem Discount	Family	75009
M	1/7/1969	85430.100	Advantage Plus- Prem Discount	Family	75442
M	8/10/1969	66638.000	Advantage Plus- Prem Discount	Family	75071
M	9/6/1969	71097.000	Advantage Plus- Prem Discount	Family	75070
M	12/12/1969	58003.480	Advantage Plus- Prem Discount	Family	75071
M	1/15/1970	63874.800	Advantage Plus- Prem Discount	Family	75070
M	1/20/1970	97143.010	Advantage Plus- Prem Discount	Family	75070
M	1/28/1970	46455.000	Advantage Plus- Prem Discount	Family	75459
M	2/5/1970	66357.160	Advantage Plus- Prem Discount	Family	75490
M	4/6/1970	43892.580	Advantage Plus- Prem Discount	Family	75424
M	6/6/1970	153693.000	Advantage Plus- Prem Discount	Family	75078
M	8/8/1970	46455.000	Advantage Plus- Prem Discount	Family	75070
M	9/9/1970	37827.260	Advantage Plus- Prem Discount	Family	75454
M	9/11/1970	71097.000	Advantage Plus- Prem Discount	Family	75424
M	10/10/1970	53299.733	Advantage Plus- Prem Discount	Family	75094
M	12/27/1970	34654.530	Advantage Plus- Prem Discount	Family	75088
M	2/12/1971	50267.210	Advantage Plus- Prem Discount	Family	75459
M	9/10/1971	57001.340	Advantage Plus- Prem Discount	Family	75009
M	12/20/1971	45282.720	Advantage Plus- Prem Discount	Family	75092
M	5/8/1972	46455.000	Advantage Plus- Prem Discount	Family	75424
M	5/27/1972	91533.980	Advantage Plus- Prem Discount	Family	75013
M	7/5/1972	41586.480	Advantage Plus- Prem Discount	Family	75409
M	6/8/1973	52250.670	Advantage Plus- Prem Discount	Family	75442
M	7/25/1973	45997.170	Advantage Plus- Prem Discount	Family	75407
M	8/13/1974	66638.000	Advantage Plus- Prem Discount	Family	75409
M	8/31/1974	29301.000	Advantage Plus- Prem Discount	Family	75442
M	12/31/1974	81362.000	Advantage Plus- Prem Discount	Family	75409
M	1/31/1975	57003.150	Advantage Plus- Prem Discount	Family	75418
M	3/6/1975	82026.108	Advantage Plus- Prem Discount	Family	75071
M	3/14/1975	50642.410	Advantage Plus- Prem Discount	Family	75477
M	3/14/1975	66638.000	Advantage Plus- Prem Discount	Family	75409
M	12/13/1975	46455.000	Advantage Plus- Prem Discount	Family	75098
M	5/28/1976	57126.370	Advantage Plus- Prem Discount	Family	75424
M	7/29/1976	52746.220	Advantage Plus- Prem Discount	Family	75035
M	11/18/1976	71363.840	Advantage Plus- Prem Discount	Family	75442
M	3/18/1977	51488.500	Advantage Plus- Prem Discount	Family	75094

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M	3/31/1977	66638.000	Advantage Plus- Prem Discount	Family	75409
M	5/20/1977	66269.050	Advantage Plus- Prem Discount	Family	75407
M	7/9/1977	42982.390	Advantage Plus- Prem Discount	Family	75424
M	8/16/1977	49088.250	Advantage Plus- Prem Discount	Family	75070
M	12/19/1977	41079.870	Advantage Plus- Prem Discount	Family	75490
M	12/30/1977	62831.370	Advantage Plus- Prem Discount	Family	75409
M	1/17/1978	42406.850	Advantage Plus- Prem Discount	Family	75088
M	1/19/1978	38932.240	Advantage Plus- Prem Discount	Family	75414
M	3/30/1978	66638.000	Advantage Plus- Prem Discount	Family	75409
M	4/29/1978	54272.930	Advantage Plus- Prem Discount	Family	75409
M	8/2/1978	34793.890	Advantage Plus- Prem Discount	Family	75409
M	1/5/1979	37544.680	Advantage Plus- Prem Discount	Family	75021
M	5/15/1979	45473.160	Advantage Plus- Prem Discount	Family	75020
M	6/4/1979	71097.000	Advantage Plus- Prem Discount	Family	75071
M	7/6/1979	74873.360	Advantage Plus- Prem Discount	Family	75229
M	8/24/1979	70128.160	Advantage Plus- Prem Discount	Family	75407
M	9/7/1979	37348.143	Advantage Plus- Prem Discount	Family	75442
M	11/4/1979	39600.127	Advantage Plus- Prem Discount	Family	75013
M	12/29/1979	46455.000	Advantage Plus- Prem Discount	Family	75013
M	4/29/1980	66638.000	Advantage Plus- Prem Discount	Family	75071
M	5/20/1980	42072.720	Advantage Plus- Prem Discount	Family	75020
M	7/17/1980	38289.030	Advantage Plus- Prem Discount	Family	75071
M	7/20/1980	46455.000	Advantage Plus- Prem Discount	Family	76227
M	1/24/1981	39007.830	Advantage Plus- Prem Discount	Family	75070
M	3/29/1981	52250.670	Advantage Plus- Prem Discount	Family	75002
M	4/9/1981	38684.220	Advantage Plus- Prem Discount	Family	75070
M	5/26/1981	66249.460	Advantage Plus- Prem Discount	Family	75454
M	2/3/1982	38035.870	Advantage Plus- Prem Discount	Family	75071
M	7/31/1982	53094.836	Advantage Plus- Prem Discount	Family	75409
M	9/5/1982	46455.000	Advantage Plus- Prem Discount	Family	75454
M	9/15/1982	50729.900	Advantage Plus- Prem Discount	Family	75071
M	9/16/1982	45869.870	Advantage Plus- Prem Discount	Family	75459
M	11/26/1982	55107.650	Advantage Plus- Prem Discount	Family	75495
M	6/1/1983	52250.670	Advantage Plus- Prem Discount	Family	75409
M	10/7/1983	53819.750	Advantage Plus- Prem Discount	Family	75070
M	8/28/1984	37821.000	Advantage Plus- Prem Discount	Family	75409
M	10/2/1984	36066.750	Advantage Plus- Prem Discount	Family	75407
M	8/30/1987	35604.240	Advantage Plus- Prem Discount	Family	76227
M	4/12/1989	33343.860	Advantage Plus- Prem Discount	Family	75071
F	11/13/1950	44773.270	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75071
F	3/11/1963	33753.070	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75442
F	12/4/1963	92799.690	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75025
F	11/28/1964	31689.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75058
F	11/5/1971	43205.460	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75097
F	11/7/1972	34348.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75071
F	12/5/1975	92799.690	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75454
F	6/19/1985	27188.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75454
F	8/25/1988	33508.300	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75454
M	9/3/1960	153693.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75071
M	8/4/1963	81362.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75409
M	3/9/1969	53884.960	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75454
M	8/9/1970	46455.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75069
M	11/30/1970	31689.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75424
M	3/11/1971	31689.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75252
M	10/8/1972	46433.160	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75070
M	6/13/1973	46455.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75442

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M	7/18/1973	46455.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75496
M	6/29/1974	39637.960	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75090
M	7/31/1974	65940.880	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75424
M	12/26/1975	46455.000	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75071
M	12/23/1980	61209.930	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75454
M	10/18/1982	39637.960	Advantage Plus- Prem Surcharge	Employee + Child(ren)	75002
F	1/5/1947	44824.220	Advantage Plus- Prem Surcharge	Employee + Spouse	75409
F	7/10/1948	54459.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75459
F	6/15/1950	45741.510	Advantage Plus- Prem Surcharge	Employee + Spouse	75075
F	8/28/1951	42163.480	Advantage Plus- Prem Surcharge	Employee + Spouse	75452
F	12/13/1951	34804.260	Advantage Plus- Prem Surcharge	Employee + Spouse	75071
F	3/16/1955	53579.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75070
F	3/12/1957	38515.960	Advantage Plus- Prem Surcharge	Employee + Spouse	75491
F	6/9/1958	54459.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75409
F	11/11/1958	32517.560	Advantage Plus- Prem Surcharge	Employee + Spouse	75069
F	4/23/1959	27647.270	Advantage Plus- Prem Surcharge	Employee + Spouse	75023
F	8/9/1963	31962.150	Advantage Plus- Prem Surcharge	Employee + Spouse	75069
F	10/7/1964	45953.300	Advantage Plus- Prem Surcharge	Employee + Spouse	75407
F	2/4/1985	30705.210	Advantage Plus- Prem Surcharge	Employee + Spouse	75475
F	5/4/1985	32370.290	Advantage Plus- Prem Surcharge	Employee + Spouse	75452
M	5/3/1941	39066.690	Advantage Plus- Prem Surcharge	Employee + Spouse	75074
M	7/7/1941	62748.940	Advantage Plus- Prem Surcharge	Employee + Spouse	75070
M	10/27/1944	92798.930	Advantage Plus- Prem Surcharge	Employee + Spouse	75088
M	11/14/1944	32619.650	Advantage Plus- Prem Surcharge	Employee + Spouse	75009
M	3/16/1947	47412.060	Advantage Plus- Prem Surcharge	Employee + Spouse	74701
M	4/1/1948	71097.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75490
M	3/3/1950	138792.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75070
M	5/5/1950	89762.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75442
M	9/8/1952	43015.660	Advantage Plus- Prem Surcharge	Employee + Spouse	75407
M	8/10/1954	78593.440	Advantage Plus- Prem Surcharge	Employee + Spouse	75423
M	1/8/1955	43031.530	Advantage Plus- Prem Surcharge	Employee + Spouse	75490
M	7/31/1955	39448.150	Advantage Plus- Prem Surcharge	Employee + Spouse	75020
M	10/20/1956	46596.360	Advantage Plus- Prem Surcharge	Employee + Spouse	75490
M	4/16/1957	55201.630	Advantage Plus- Prem Surcharge	Employee + Spouse	75002
M	9/18/1960	43031.530	Advantage Plus- Prem Surcharge	Employee + Spouse	75424
M	2/1/1961	37821.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75075
M	10/22/1962	37326.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75442
M	6/10/1964	46455.000	Advantage Plus- Prem Surcharge	Employee + Spouse	75070
M	1/11/1973	80899.590	Advantage Plus- Prem Surcharge	Employee + Spouse	75069
M	3/13/1976	25608.940	Advantage Plus- Prem Surcharge	Employee + Spouse	75070
M	11/1/1984	35937.840	Advantage Plus- Prem Surcharge	Employee + Spouse	75409
F	5/18/1943	40927.180	Advantage Plus- Prem Surcharge	Employee Only	75070
F	3/16/1950	38644.660	Advantage Plus- Prem Surcharge	Employee Only	75495
F	11/25/1950	50882.820	Advantage Plus- Prem Surcharge	Employee Only	75070
F	7/21/1952	31653.660	Advantage Plus- Prem Surcharge	Employee Only	75080
F	9/7/1952	46455.000	Advantage Plus- Prem Surcharge	Employee Only	75002
F	6/22/1953	46795.610	Advantage Plus- Prem Surcharge	Employee Only	75069
F	8/12/1953	43026.430	Advantage Plus- Prem Surcharge	Employee Only	75495
F	11/8/1955	90359.990	Advantage Plus- Prem Surcharge	Employee Only	75044
F	10/27/1957	29301.000	Advantage Plus- Prem Surcharge	Employee Only	75409
F	2/25/1958	25324.000	Advantage Plus- Prem Surcharge	Employee Only	75002
F	4/20/1959	64039.080	Advantage Plus- Prem Surcharge	Employee Only	75407
F	9/1/1963	49127.810	Advantage Plus- Prem Surcharge	Employee Only	75402
F	11/2/1963	29301.000	Advantage Plus- Prem Surcharge	Employee Only	75002
F	6/16/1965	92799.690	Advantage Plus- Prem Surcharge	Employee Only	75013
F	4/30/1966	41729.330	Advantage Plus- Prem Surcharge	Employee Only	75424

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F	8/25/1966	59400.000	Advantage Plus- Prem Surcharge	Employee Only	75048
F	2/2/1967	38492.550	Advantage Plus- Prem Surcharge	Employee Only	75407
F	5/31/1972	90644.410	Advantage Plus- Prem Surcharge	Employee Only	75252
F	6/25/1972	44056.830	Advantage Plus- Prem Surcharge	Employee Only	75071
F	10/6/1973	29301.000	Advantage Plus- Prem Surcharge	Employee Only	75090
F	2/2/1979	38331.680	Advantage Plus- Prem Surcharge	Employee Only	76227
F	7/29/1982	27985.010	Advantage Plus- Prem Surcharge	Employee Only	75069
F	11/6/1989	35065.550	Advantage Plus- Prem Surcharge	Employee Only	75491
F	5/22/1990	35318.560	Advantage Plus- Prem Surcharge	Employee Only	75002
F	5/21/1991	31689.000	Advantage Plus- Prem Surcharge	Employee Only	75409
F	6/25/1991	31689.000	Advantage Plus- Prem Surcharge	Employee Only	75401
M	1/31/1942	35812.800	Advantage Plus- Prem Surcharge	Employee Only	75407
M	3/30/1947	65675.360	Advantage Plus- Prem Surcharge	Employee Only	75069
M	12/11/1952	89752.000	Advantage Plus- Prem Surcharge	Employee Only	75070
M	10/18/1955	60375.490	Advantage Plus- Prem Surcharge	Employee Only	75090
M	4/15/1956	115991.730	Advantage Plus- Prem Surcharge	Employee Only	75071
M	5/20/1957	38557.190	Advantage Plus- Prem Surcharge	Employee Only	75020
M	11/21/1957	36830.050	Advantage Plus- Prem Surcharge	Employee Only	75418
M	10/26/1958	46455.000	Advantage Plus- Prem Surcharge	Employee Only	75409
M	1/5/1962	81362.000	Advantage Plus- Prem Surcharge	Employee Only	75006
M	8/9/1962	66638.000	Advantage Plus- Prem Surcharge	Employee Only	75070
M	12/26/1962	25548.950	Advantage Plus- Prem Surcharge	Employee Only	75001
M	12/6/1963	89762.000	Advantage Plus- Prem Surcharge	Employee Only	75070
M	2/19/1965	46455.000	Advantage Plus- Prem Surcharge	Employee Only	75020
M	6/14/1965	42677.600	Advantage Plus- Prem Surcharge	Employee Only	75009
M	8/31/1968	46455.000	Advantage Plus- Prem Surcharge	Employee Only	75056
M	8/3/1969	53819.750	Advantage Plus- Prem Surcharge	Employee Only	75002
M	3/4/1970	71097.000	Advantage Plus- Prem Surcharge	Employee Only	75093
M	5/15/1973	53174.531	Advantage Plus- Prem Surcharge	Employee Only	75071
M	5/29/1974	57645.340	Advantage Plus- Prem Surcharge	Employee Only	75009
M	2/14/1975	33672.730	Advantage Plus- Prem Surcharge	Employee Only	75452
M	1/18/1977	35723.180	Advantage Plus- Prem Surcharge	Employee Only	75407
M	6/29/1978	39704.380	Advantage Plus- Prem Surcharge	Employee Only	75071
M	2/17/1982	34349.040	Advantage Plus- Prem Surcharge	Employee Only	75020
M	5/1/1983	33672.730	Advantage Plus- Prem Surcharge	Employee Only	75069
M	8/25/1985	30975.570	Advantage Plus- Prem Surcharge	Employee Only	75069
M	1/28/1986	49739.000	Advantage Plus- Prem Surcharge	Employee Only	75070
M	12/3/1986	34799.750	Advantage Plus- Prem Surcharge	Employee Only	75070
M	1/20/1987	33620.110	Advantage Plus- Prem Surcharge	Employee Only	75496
M	1/30/1987	56136.000	Advantage Plus- Prem Surcharge	Employee Only	75070
M	3/8/1990	33672.730	Advantage Plus- Prem Surcharge	Employee Only	75407
M	7/19/1990	33925.090	Advantage Plus- Prem Surcharge	Employee Only	75070
M	7/20/1990	33672.730	Advantage Plus- Prem Surcharge	Employee Only	75089
M	7/11/1991	33679.330	Advantage Plus- Prem Surcharge	Employee Only	75164
M	4/4/1992	33396.480	Advantage Plus- Prem Surcharge	Employee Only	75092
F	7/13/1952	93696.250	Advantage Plus- Prem Surcharge	Family	75025
F	5/9/1959	153693.000	Advantage Plus- Prem Surcharge	Family	75082
F	11/11/1961	35669.620	Advantage Plus- Prem Surcharge	Family	75048
F	8/14/1965	51361.920	Advantage Plus- Prem Surcharge	Family	75071
F	3/22/1966	71884.000	Advantage Plus- Prem Surcharge	Family	75098
F	1/30/1970	27188.000	Advantage Plus- Prem Surcharge	Family	75048
F	3/19/1972	27188.000	Advantage Plus- Prem Surcharge	Family	75035
F	2/10/1973	45719.730	Advantage Plus- Prem Surcharge	Family	75495
F	5/22/1973	37184.820	Advantage Plus- Prem Surcharge	Family	75023
F	3/4/1978	43688.750	Advantage Plus- Prem Surcharge	Family	75409
F	11/7/1978	47412.060	Advantage Plus- Prem Surcharge	Family	75409

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F	12/12/1981	39163.460	Advantage Plus- Prem Surcharge	Family	75097
F	7/28/1985	30720.540	Advantage Plus- Prem Surcharge	Family	75407
F	8/4/1985	31689.000	Advantage Plus- Prem Surcharge	Family	75071
M	3/4/1948	48133.290	Advantage Plus- Prem Surcharge	Family	75407
M	5/13/1952	119574.000	Advantage Plus- Prem Surcharge	Family	75070
M	8/29/1953	88449.340	Advantage Plus- Prem Surcharge	Family	75040
M	4/27/1955	107811.620	Advantage Plus- Prem Surcharge	Family	75093
M	11/11/1955	71097.000	Advantage Plus- Prem Surcharge	Family	75032
M	1/29/1959	60766.270	Advantage Plus- Prem Surcharge	Family	75002
M	10/18/1959	153693.000	Advantage Plus- Prem Surcharge	Family	75013
M	5/29/1961	66638.000	Advantage Plus- Prem Surcharge	Family	75166
M	6/13/1961	32013.540	Advantage Plus- Prem Surcharge	Family	75071
M	10/3/1961	95752.000	Advantage Plus- Prem Surcharge	Family	75070
M	7/7/1963	71097.000	Advantage Plus- Prem Surcharge	Family	75442
M	12/2/1963	66638.000	Advantage Plus- Prem Surcharge	Family	75424
M	3/30/1964	153693.000	Advantage Plus- Prem Surcharge	Family	75075
M	5/21/1966	46455.000	Advantage Plus- Prem Surcharge	Family	75090
M	8/15/1967	40742.450	Advantage Plus- Prem Surcharge	Family	75020
M	10/4/1967	66638.000	Advantage Plus- Prem Surcharge	Family	75490
M	11/2/1967	63359.170	Advantage Plus- Prem Surcharge	Family	75423
M	12/23/1967	99335.510	Advantage Plus- Prem Surcharge	Family	75040
M	5/12/1968	35318.560	Advantage Plus- Prem Surcharge	Family	75070
M	8/28/1968	56992.110	Advantage Plus- Prem Surcharge	Family	75069
M	4/23/1969	38875.120	Advantage Plus- Prem Surcharge	Family	75495
M	10/22/1969	81750.670	Advantage Plus- Prem Surcharge	Family	75402
M	12/26/1969	76113.000	Advantage Plus- Prem Surcharge	Family	75069
M	5/24/1970	65405.330	Advantage Plus- Prem Surcharge	Family	76201
M	1/23/1972	95752.000	Advantage Plus- Prem Surcharge	Family	75002
M	9/29/1972	53819.750	Advantage Plus- Prem Surcharge	Family	75002
M	11/10/1972	71097.000	Advantage Plus- Prem Surcharge	Family	75034
M	11/13/1972	50756.680	Advantage Plus- Prem Surcharge	Family	75070
M	1/6/1973	74392.260	Advantage Plus- Prem Surcharge	Family	75035
M	3/20/1973	66638.000	Advantage Plus- Prem Surcharge	Family	75458
M	7/8/1973	53819.750	Advantage Plus- Prem Surcharge	Family	75070
M	11/17/1973	56992.110	Advantage Plus- Prem Surcharge	Family	75070
M	2/21/1974	46455.000	Advantage Plus- Prem Surcharge	Family	75035
M	3/1/1975	66638.000	Advantage Plus- Prem Surcharge	Family	75071
M	12/15/1976	89762.000	Advantage Plus- Prem Surcharge	Family	75409
M	4/16/1977	46455.000	Advantage Plus- Prem Surcharge	Family	75166
M	12/28/1978	40841.370	Advantage Plus- Prem Surcharge	Family	79005
M	1/27/1979	54286.130	Advantage Plus- Prem Surcharge	Family	75071
M	6/3/1979	52822.925	Advantage Plus- Prem Surcharge	Family	75454
M	2/10/1980	46455.000	Advantage Plus- Prem Surcharge	Family	75173
M	2/12/1980	74652.000	Advantage Plus- Prem Surcharge	Family	75409
M	11/13/1980	46455.000	Advantage Plus- Prem Surcharge	Family	75409
M	4/26/1984	52746.220	Advantage Plus- Prem Surcharge	Family	75454
M	7/9/1986	33291.250	Advantage Plus- Prem Surcharge	Family	75071
M	4/2/1989	33232.050	Advantage Plus- Prem Surcharge	Family	75074
F	10/10/1969	34348.000	Advantage Plus- Standard FT	Employee + Child(ren)	75454
F	7/10/1975	86933.000	Advantage Plus- Standard FT	Employee + Child(ren)	75035
F	10/22/1978	37326.000	Advantage Plus- Standard FT	Employee + Child(ren)	75089
F	4/16/1980	25324.000	Advantage Plus- Standard FT	Employee + Child(ren)	75070
F	12/3/1984	39192.000	Advantage Plus- Standard FT	Employee + Child(ren)	75002
M	8/31/1967	42725.000	Advantage Plus- Standard FT	Employee + Child(ren)	75447
M	6/29/1982	33015.000	Advantage Plus- Standard FT	Employee + Child(ren)	75454
F	8/1/1962	31689.000	Advantage Plus- Standard FT	Employee + Spouse	75452

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M	4/11/1948	89752.000	Advantage Plus- Standard FT	Employee + Spouse	75002
M	11/9/1962	29301.000	Advantage Plus- Standard FT	Employee + Spouse	75088
F	11/4/1954	29301.000	Advantage Plus- Standard FT	Employee Only	75409
F	10/9/1962	89000.000	Advantage Plus- Standard FT	Employee Only	76051
F	1/23/1963	34348.000	Advantage Plus- Standard FT	Employee Only	75070
F	10/16/1966	37326.000	Advantage Plus- Standard FT	Employee Only	75048
F	1/14/1967	33015.000	Advantage Plus- Standard FT	Employee Only	75002
F	8/6/1971	30766.000	Advantage Plus- Standard FT	Employee Only	75452
F	12/12/1986	53579.000	Advantage Plus- Standard FT	Employee Only	75068
F	3/10/1987	29301.000	Advantage Plus- Standard FT	Employee Only	75490
F	7/27/1988	54959.000	Advantage Plus- Standard FT	Employee Only	75025
F	12/2/1989	33015.000	Advantage Plus- Standard FT	Employee Only	75074
F	1/22/1991	33015.000	Advantage Plus- Standard FT	Employee Only	75071
M	11/12/1952	60928.000	Advantage Plus- Standard FT	Employee Only	75002
M	10/18/1960	31689.000	Advantage Plus- Standard FT	Employee Only	75173
M	5/9/1965	40877.000	Advantage Plus- Standard FT	Employee Only	75070
M	3/30/1971	31689.000	Advantage Plus- Standard FT	Employee Only	75069
M	10/14/1971	53579.000	Advantage Plus- Standard FT	Employee Only	75070
M	11/24/1977	33015.000	Advantage Plus- Standard FT	Employee Only	75428
M	5/30/1978	31689.000	Advantage Plus- Standard FT	Employee Only	75491
M	10/15/1982	40690.000	Advantage Plus- Standard FT	Employee Only	75071
M	1/26/1983	44463.000	Advantage Plus- Standard FT	Employee Only	75090
M	2/27/1986	48760.000	Advantage Plus- Standard FT	Employee Only	75070
M	2/17/1987	33015.000	Advantage Plus- Standard FT	Employee Only	75067
M	1/12/1988	33015.000	Advantage Plus- Standard FT	Employee Only	75181
M	4/18/1989	33015.000	Advantage Plus- Standard FT	Employee Only	75074
M	12/19/1990	33015.000	Advantage Plus- Standard FT	Employee Only	75442
M	5/10/1992	33015.000	Advantage Plus- Standard FT	Employee Only	75495
F	12/9/1957	34348.000	Advantage Plus- Standard FT	Family	75070
F	5/19/1972	27188.000	Advantage Plus- Standard FT	Family	75013
F	11/7/1972	31689.000	Advantage Plus- Standard FT	Family	75409
F	3/27/1982	25324.000	Advantage Plus- Standard FT	Family	75098
F	3/2/1984	31689.000	Advantage Plus- Standard FT	Family	75071
M	8/11/1961	29301.000	Advantage Plus- Standard FT	Family	75090
M	12/11/1969	34665.000	Advantage Plus- Standard FT	Family	75082
M	11/1/1973	48733.000	Advantage Plus- Standard FT	Family	75452
M	3/12/1974	34348.000	Advantage Plus- Standard FT	Family	75452
M	12/26/1976	53900.000	Advantage Plus- Standard FT	Family	75454
M	11/13/1985	29594.000	Advantage Plus- Standard FT	Family	75070
M	6/28/1986	33015.000	Advantage Plus- Standard FT	Family	75098
M	5/22/1988	33015.000	Advantage Plus- Standard FT	Family	75070
F	8/9/1953	32806.290	Advantage- Premium Discount	Employee + Child(ren)	75069
F	7/26/1957	46455.000	Advantage- Premium Discount	Employee + Child(ren)	75409
F	2/1/1961	29301.000	Advantage- Premium Discount	Employee + Child(ren)	75069
F	2/16/1962	38623.860	Advantage- Premium Discount	Employee + Child(ren)	75025
F	2/18/1964	36870.790	Advantage- Premium Discount	Employee + Child(ren)	75495
F	1/12/1966	35083.360	Advantage- Premium Discount	Employee + Child(ren)	75040
F	12/29/1966	39517.454	Advantage- Premium Discount	Employee + Child(ren)	75070
F	5/3/1969	43828.180	Advantage- Premium Discount	Employee + Child(ren)	75458
F	3/17/1971	31689.000	Advantage- Premium Discount	Employee + Child(ren)	75002
F	6/26/1971	29301.000	Advantage- Premium Discount	Employee + Child(ren)	76114
F	7/1/1971	44463.000	Advantage- Premium Discount	Employee + Child(ren)	75454
F	5/8/1973	31689.000	Advantage- Premium Discount	Employee + Child(ren)	75069
F	12/8/1973	77913.170	Advantage- Premium Discount	Employee + Child(ren)	75442
F	6/23/1974	29608.830	Advantage- Premium Discount	Employee + Child(ren)	75043
F	3/19/1976	35200.950	Advantage- Premium Discount	Employee + Child(ren)	75071

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F	12/30/1976	60591.620	Advantage- Premium Discount	Employee + Child(ren)	75070
F	7/6/1977	40877.000	Advantage- Premium Discount	Employee + Child(ren)	75071
F	4/28/1978	39341.680	Advantage- Premium Discount	Employee + Child(ren)	75070
F	8/13/1980	53803.060	Advantage- Premium Discount	Employee + Child(ren)	75407
F	4/7/1982	31689.000	Advantage- Premium Discount	Employee + Child(ren)	75164
F	6/3/1983	39735.450	Advantage- Premium Discount	Employee + Child(ren)	75078
F	1/21/1985	29301.000	Advantage- Premium Discount	Employee + Child(ren)	75071
F	6/11/1985	29301.000	Advantage- Premium Discount	Employee + Child(ren)	75069
F	3/8/1987	29301.000	Advantage- Premium Discount	Employee + Child(ren)	75173
F	6/20/1988	31689.000	Advantage- Premium Discount	Employee + Child(ren)	75069
F	7/8/1988	35800.750	Advantage- Premium Discount	Employee + Child(ren)	75069
M	12/12/1960	60541.280	Advantage- Premium Discount	Employee + Child(ren)	75092
M	7/3/1961	66638.000	Advantage- Premium Discount	Employee + Child(ren)	75173
M	9/17/1963	42026.300	Advantage- Premium Discount	Employee + Child(ren)	75485
M	9/19/1963	41831.380	Advantage- Premium Discount	Employee + Child(ren)	75058
M	2/3/1966	53201.852	Advantage- Premium Discount	Employee + Child(ren)	75407
M	4/23/1966	50697.060	Advantage- Premium Discount	Employee + Child(ren)	75048
M	6/19/1966	83237.463	Advantage- Premium Discount	Employee + Child(ren)	75024
M	10/21/1966	115332.000	Advantage- Premium Discount	Employee + Child(ren)	75070
M	6/6/1967	28236.340	Advantage- Premium Discount	Employee + Child(ren)	75424
M	10/28/1967	44996.790	Advantage- Premium Discount	Employee + Child(ren)	75407
M	3/7/1970	50583.920	Advantage- Premium Discount	Employee + Child(ren)	75070
M	2/7/1971	55105.720	Advantage- Premium Discount	Employee + Child(ren)	75069
M	11/19/1971	71032.000	Advantage- Premium Discount	Employee + Child(ren)	75087
M	12/10/1972	54557.990	Advantage- Premium Discount	Employee + Child(ren)	75409
M	9/23/1974	33291.250	Advantage- Premium Discount	Employee + Child(ren)	75002
M	2/24/1975	43745.430	Advantage- Premium Discount	Employee + Child(ren)	75409
M	5/2/1975	49174.110	Advantage- Premium Discount	Employee + Child(ren)	75418
M	12/8/1976	33928.410	Advantage- Premium Discount	Employee + Child(ren)	75070
M	9/12/1977	43688.750	Advantage- Premium Discount	Employee + Child(ren)	75409
M	4/10/1978	37500.970	Advantage- Premium Discount	Employee + Child(ren)	75034
M	4/2/1979	35239.210	Advantage- Premium Discount	Employee + Child(ren)	75071
M	7/2/1982	50729.900	Advantage- Premium Discount	Employee + Child(ren)	75092
M	7/20/1984	37868.010	Advantage- Premium Discount	Employee + Child(ren)	75071
M	3/23/1989	33343.860	Advantage- Premium Discount	Employee + Child(ren)	76227
F	9/19/1946	46845.710	Advantage- Premium Discount	Employee + Spouse	75002
F	12/31/1947	56024.000	Advantage- Premium Discount	Employee + Spouse	75495
F	11/25/1955	29301.000	Advantage- Premium Discount	Employee + Spouse	75035
F	4/8/1959	41955.180	Advantage- Premium Discount	Employee + Spouse	75495
F	11/24/1964	29301.000	Advantage- Premium Discount	Employee + Spouse	75023
F	3/16/1967	46556.200	Advantage- Premium Discount	Employee + Spouse	75069
F	3/12/1969	93590.330	Advantage- Premium Discount	Employee + Spouse	75070
M	12/27/1950	35492.290	Advantage- Premium Discount	Employee + Spouse	75070
M	1/24/1951	46455.000	Advantage- Premium Discount	Employee + Spouse	75442
M	5/19/1951	154693.000	Advantage- Premium Discount	Employee + Spouse	75069
M	3/18/1956	38137.040	Advantage- Premium Discount	Employee + Spouse	75070
M	3/19/1959	31689.000	Advantage- Premium Discount	Employee + Spouse	75069
M	9/20/1960	43031.530	Advantage- Premium Discount	Employee + Spouse	75442
M	8/5/1962	45850.820	Advantage- Premium Discount	Employee + Spouse	75035
M	12/5/1963	66149.500	Advantage- Premium Discount	Employee + Spouse	75070
M	1/9/1966	31689.000	Advantage- Premium Discount	Employee + Spouse	75442
M	1/6/1972	56692.682	Advantage- Premium Discount	Employee + Spouse	75076
M	4/2/1978	33695.670	Advantage- Premium Discount	Employee + Spouse	75071
M	12/16/1983	69634.000	Advantage- Premium Discount	Employee + Spouse	75206
F	5/11/1947	41346.760	Advantage- Premium Discount	Employee Only	75490
F	6/5/1947	41948.950	Advantage- Premium Discount	Employee Only	75071

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F	8/11/1948	46455.000	Advantage- Premium Discount	Employee Only	76273
F	10/16/1948	29301.000	Advantage- Premium Discount	Employee Only	75071
F	10/28/1950	61293.980	Advantage- Premium Discount	Employee Only	75082
F	4/23/1952	47411.630	Advantage- Premium Discount	Employee Only	75002
F	8/1/1952	42163.480	Advantage- Premium Discount	Employee Only	75069
F	4/17/1953	27879.890	Advantage- Premium Discount	Employee Only	75069
F	7/12/1953	37291.430	Advantage- Premium Discount	Employee Only	75407
F	7/28/1953	43359.570	Advantage- Premium Discount	Employee Only	75043
F	1/8/1954	43026.430	Advantage- Premium Discount	Employee Only	75409
F	7/28/1956	39523.040	Advantage- Premium Discount	Employee Only	75452
F	12/25/1957	52259.520	Advantage- Premium Discount	Employee Only	75035
F	7/11/1959	34034.480	Advantage- Premium Discount	Employee Only	75070
F	8/27/1959	47819.000	Advantage- Premium Discount	Employee Only	75070
F	9/5/1960	39907.260	Advantage- Premium Discount	Employee Only	75070
F	12/23/1962	31725.460	Advantage- Premium Discount	Employee Only	75070
F	1/22/1963	46455.000	Advantage- Premium Discount	Employee Only	75407
F	3/14/1963	26731.410	Advantage- Premium Discount	Employee Only	75069
F	5/18/1963	66139.000	Advantage- Premium Discount	Employee Only	75407
F	5/29/1963	25638.730	Advantage- Premium Discount	Employee Only	75071
F	8/21/1963	65510.810	Advantage- Premium Discount	Employee Only	75098
F	10/31/1963	34846.750	Advantage- Premium Discount	Employee Only	75495
F	9/13/1968	34311.310	Advantage- Premium Discount	Employee Only	75013
F	12/21/1968	40935.240	Advantage- Premium Discount	Employee Only	75069
F	3/9/1971	55275.550	Advantage- Premium Discount	Employee Only	75071
F	4/11/1972	37033.930	Advantage- Premium Discount	Employee Only	75424
F	11/11/1973	37326.000	Advantage- Premium Discount	Employee Only	75035
F	2/17/1974	34348.000	Advantage- Premium Discount	Employee Only	75069
F	3/23/1977	62167.174	Advantage- Premium Discount	Employee Only	75024
F	9/25/1977	58045.850	Advantage- Premium Discount	Employee Only	75495
F	4/8/1978	39500.810	Advantage- Premium Discount	Employee Only	75071
F	4/16/1981	31689.000	Advantage- Premium Discount	Employee Only	75069
F	7/12/1981	25324.000	Advantage- Premium Discount	Employee Only	75034
F	5/21/1982	71438.150	Advantage- Premium Discount	Employee Only	75244
F	9/14/1982	37326.000	Advantage- Premium Discount	Employee Only	75070
F	11/8/1982	37549.930	Advantage- Premium Discount	Employee Only	75070
F	11/24/1982	52963.630	Advantage- Premium Discount	Employee Only	75409
F	3/10/1983	64290.000	Advantage- Premium Discount	Employee Only	75077
F	8/31/1983	31689.000	Advantage- Premium Discount	Employee Only	75409
F	9/28/1983	64290.000	Advantage- Premium Discount	Employee Only	75080
F	11/25/1983	69634.000	Advantage- Premium Discount	Employee Only	75214
F	12/22/1983	31689.000	Advantage- Premium Discount	Employee Only	75087
F	2/7/1984	31689.000	Advantage- Premium Discount	Employee Only	75070
F	5/11/1984	55371.590	Advantage- Premium Discount	Employee Only	75205
F	10/29/1984	64290.000	Advantage- Premium Discount	Employee Only	75219
F	11/13/1984	69634.000	Advantage- Premium Discount	Employee Only	75204
F	11/30/1987	33291.250	Advantage- Premium Discount	Employee Only	75070
F	3/18/1988	27312.680	Advantage- Premium Discount	Employee Only	75071
F	6/30/1988	33291.250	Advantage- Premium Discount	Employee Only	75071
F	9/1/1988	29301.000	Advantage- Premium Discount	Employee Only	75069
F	9/4/1990	27188.000	Advantage- Premium Discount	Employee Only	75442
M	8/12/1946	46455.000	Advantage- Premium Discount	Employee Only	75407
M	2/9/1953	113933.110	Advantage- Premium Discount	Employee Only	75069
M	10/23/1958	50677.780	Advantage- Premium Discount	Employee Only	75069
M	8/30/1961	55261.200	Advantage- Premium Discount	Employee Only	75771
M	8/1/1963	41083.340	Advantage- Premium Discount	Employee Only	75414
M	4/20/1965	31689.000	Advantage- Premium Discount	Employee Only	75007

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M	6/14/1965	41923.690	Advantage- Premium Discount	Employee Only	75002
M	4/19/1967	77432.100	Advantage- Premium Discount	Employee Only	75025
M	7/13/1967	68487.890	Advantage- Premium Discount	Employee Only	75068
M	7/27/1968	29556.470	Advantage- Premium Discount	Employee Only	75220
M	5/17/1969	38035.870	Advantage- Premium Discount	Employee Only	75090
M	3/31/1970	40690.000	Advantage- Premium Discount	Employee Only	75002
M	8/1/1970	43067.470	Advantage- Premium Discount	Employee Only	75069
M	9/15/1970	41931.300	Advantage- Premium Discount	Employee Only	75076
M	1/19/1971	27188.000	Advantage- Premium Discount	Employee Only	75409
M	6/26/1971	50675.000	Advantage- Premium Discount	Employee Only	75454
M	10/28/1971	46455.000	Advantage- Premium Discount	Employee Only	75409
M	10/17/1972	53216.268	Advantage- Premium Discount	Employee Only	76227
M	3/24/1973	59840.530	Advantage- Premium Discount	Employee Only	75002
M	6/12/1973	50642.410	Advantage- Premium Discount	Employee Only	75043
M	10/22/1973	39397.550	Advantage- Premium Discount	Employee Only	75442
M	7/30/1976	34424.260	Advantage- Premium Discount	Employee Only	75453
M	8/11/1977	31689.000	Advantage- Premium Discount	Employee Only	75424
M	12/12/1977	37326.000	Advantage- Premium Discount	Employee Only	75020
M	6/20/1978	53463.590	Advantage- Premium Discount	Employee Only	75001
M	4/28/1979	36235.350	Advantage- Premium Discount	Employee Only	75071
M	6/23/1980	45850.820	Advantage- Premium Discount	Employee Only	75092
M	7/14/1980	38919.310	Advantage- Premium Discount	Employee Only	75068
M	8/26/1980	72194.184	Advantage- Premium Discount	Employee Only	75071
M	12/14/1980	43106.000	Advantage- Premium Discount	Employee Only	75074
M	3/3/1981	50729.900	Advantage- Premium Discount	Employee Only	75407
M	9/8/1981	72569.838	Advantage- Premium Discount	Employee Only	75206
M	8/18/1982	35548.280	Advantage- Premium Discount	Employee Only	76240
M	5/6/1984	38496.350	Advantage- Premium Discount	Employee Only	75119
M	9/4/1985	31689.000	Advantage- Premium Discount	Employee Only	75070
M	9/2/1988	35010.300	Advantage- Premium Discount	Employee Only	75070
M	1/28/1990	33455.680	Advantage- Premium Discount	Employee Only	75069
M	8/23/1991	29301.000	Advantage- Premium Discount	Employee Only	75442
M	5/13/1993	33291.250	Advantage- Premium Discount	Employee Only	75121
F	8/26/1948	43688.750	Advantage- Premium Discount	Family	75409
F	7/13/1954	37374.290	Advantage- Premium Discount	Family	75009
F	9/3/1958	40690.000	Advantage- Premium Discount	Family	75442
F	12/7/1959	99348.630	Advantage- Premium Discount	Family	75002
F	6/11/1963	61179.070	Advantage- Premium Discount	Family	75424
F	8/8/1963	31689.000	Advantage- Premium Discount	Family	75070
F	8/12/1963	94306.910	Advantage- Premium Discount	Family	75074
F	11/25/1963	155309.890	Advantage- Premium Discount	Family	75132
F	7/21/1966	92799.690	Advantage- Premium Discount	Family	75078
F	10/30/1966	44463.000	Advantage- Premium Discount	Family	75495
F	1/3/1968	38159.646	Advantage- Premium Discount	Family	75098
F	2/18/1968	32015.450	Advantage- Premium Discount	Family	75495
F	12/16/1971	46564.690	Advantage- Premium Discount	Family	75458
F	6/24/1973	37159.200	Advantage- Premium Discount	Family	75090
F	3/17/1975	66727.970	Advantage- Premium Discount	Family	75208
F	2/20/1978	64290.000	Advantage- Premium Discount	Family	75070
F	1/23/1979	31689.000	Advantage- Premium Discount	Family	75407
F	3/7/1980	34348.000	Advantage- Premium Discount	Family	75135
F	11/20/1980	31689.000	Advantage- Premium Discount	Family	75485
F	11/7/1982	39789.700	Advantage- Premium Discount	Family	75409
F	12/4/1983	31689.000	Advantage- Premium Discount	Family	75442
F	5/5/1985	25324.000	Advantage- Premium Discount	Family	75407
F	7/27/1989	27188.000	Advantage- Premium Discount	Family	75424

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M	6/24/1953	71097.000	Advantage- Premium Discount	Family	75070
M	9/5/1955	50677.780	Advantage- Premium Discount	Family	75071
M	6/6/1957	33672.730	Advantage- Premium Discount	Family	75056
M	12/22/1958	32329.120	Advantage- Premium Discount	Family	75442
M	8/13/1960	42661.890	Advantage- Premium Discount	Family	75092
M	8/21/1960	45622.310	Advantage- Premium Discount	Family	75407
M	9/8/1960	34510.560	Advantage- Premium Discount	Family	75490
M	6/14/1961	58752.590	Advantage- Premium Discount	Family	75069
M	10/25/1961	63286.850	Advantage- Premium Discount	Family	75020
M	10/13/1962	38227.350	Advantage- Premium Discount	Family	75424
M	1/22/1963	64749.830	Advantage- Premium Discount	Family	76209
M	2/8/1963	50885.850	Advantage- Premium Discount	Family	75009
M	4/12/1963	47170.440	Advantage- Premium Discount	Family	75070
M	2/5/1964	40690.000	Advantage- Premium Discount	Family	75071
M	7/9/1964	64261.630	Advantage- Premium Discount	Family	75043
M	10/10/1965	101952.149	Advantage- Premium Discount	Family	75071
M	8/5/1966	66638.000	Advantage- Premium Discount	Family	75407
M	8/24/1970	71992.900	Advantage- Premium Discount	Family	75070
M	11/11/1970	81362.000	Advantage- Premium Discount	Family	75423
M	10/31/1971	55418.318	Advantage- Premium Discount	Family	75092
M	1/1/1972	53647.800	Advantage- Premium Discount	Family	75009
M	1/30/1972	38414.030	Advantage- Premium Discount	Family	75070
M	7/14/1972	91237.230	Advantage- Premium Discount	Family	75002
M	10/19/1972	59840.530	Advantage- Premium Discount	Family	75409
M	11/2/1972	59887.460	Advantage- Premium Discount	Family	75071
M	12/25/1972	41601.250	Advantage- Premium Discount	Family	75090
M	1/20/1973	63405.106	Advantage- Premium Discount	Family	75002
M	4/13/1973	44463.000	Advantage- Premium Discount	Family	75002
M	5/8/1973	83290.920	Advantage- Premium Discount	Family	75071
M	3/25/1974	50675.000	Advantage- Premium Discount	Family	75438
M	4/2/1976	47492.350	Advantage- Premium Discount	Family	75002
M	5/12/1976	40690.000	Advantage- Premium Discount	Family	75074
M	9/15/1976	47582.980	Advantage- Premium Discount	Family	75070
M	10/17/1976	47412.060	Advantage- Premium Discount	Family	75002
M	12/7/1976	37041.520	Advantage- Premium Discount	Family	75407
M	8/1/1977	39046.110	Advantage- Premium Discount	Family	75020
M	4/24/1979	45774.850	Advantage- Premium Discount	Family	75021
M	8/30/1980	40523.280	Advantage- Premium Discount	Family	75056
M	6/28/1981	37557.380	Advantage- Premium Discount	Family	75407
M	8/13/1981	35723.180	Advantage- Premium Discount	Family	75013
M	10/1/1981	33291.250	Advantage- Premium Discount	Family	75159
M	11/11/1981	35587.420	Advantage- Premium Discount	Family	75013
M	3/22/1983	31689.000	Advantage- Premium Discount	Family	75407
M	4/19/1984	37724.220	Advantage- Premium Discount	Family	75409
M	9/9/1985	34323.390	Advantage- Premium Discount	Family	75409
M	2/24/1987	36032.500	Advantage- Premium Discount	Family	75491
M	10/28/1987	29301.000	Advantage- Premium Discount	Family	75070
M	12/21/1990	27188.000	Advantage- Premium Discount	Family	75069
F	9/17/1967	46069.140	Advantage- Premium Surcharge	Employee + Child(ren)	75093
F	8/4/1970	27188.000	Advantage- Premium Surcharge	Employee + Child(ren)	75034
F	2/22/1973	49065.850	Advantage- Premium Surcharge	Employee + Child(ren)	75009
F	6/15/1982	49580.840	Advantage- Premium Surcharge	Employee + Child(ren)	75069
M	1/3/1961	45362.950	Advantage- Premium Surcharge	Employee + Child(ren)	75424
M	7/30/1962	99222.900	Advantage- Premium Surcharge	Employee + Child(ren)	75409
M	2/9/1971	74983.880	Advantage- Premium Surcharge	Employee + Child(ren)	75087
M	5/25/1971	65672.490	Advantage- Premium Surcharge	Employee + Child(ren)	75409

Attachment J - Active Employees Medical Plan Census

M	1/14/1972	39336.980	Advantage- Premium Surcharge	Employee + Child(ren)	75002
M	5/13/1972	66638.000	Advantage- Premium Surcharge	Employee + Child(ren)	75033
M	9/5/1979	33672.730	Advantage- Premium Surcharge	Employee + Child(ren)	75070
F	9/18/1961	30037.460	Advantage- Premium Surcharge	Employee + Spouse	75452
F	10/17/1970	91968.140	Advantage- Premium Surcharge	Employee + Spouse	75071
F	10/4/1982	31689.000	Advantage- Premium Surcharge	Employee + Spouse	75407
M	12/27/1954	39449.150	Advantage- Premium Surcharge	Employee + Spouse	75490
M	7/9/1960	96118.920	Advantage- Premium Surcharge	Employee + Spouse	75496
M	9/18/1960	37147.160	Advantage- Premium Surcharge	Employee + Spouse	75442
M	2/2/1961	57722.000	Advantage- Premium Surcharge	Employee + Spouse	75454
M	12/25/1961	42747.810	Advantage- Premium Surcharge	Employee + Spouse	75442
M	8/22/1963	46455.000	Advantage- Premium Surcharge	Employee + Spouse	76227
M	2/13/1966	43374.680	Advantage- Premium Surcharge	Employee + Spouse	75490
M	5/13/1966	46455.000	Advantage- Premium Surcharge	Employee + Spouse	75424
M	4/17/1970	25796.940	Advantage- Premium Surcharge	Employee + Spouse	75135
F	3/16/1959	39514.770	Advantage- Premium Surcharge	Employee Only	75495
F	6/24/1976	53579.000	Advantage- Premium Surcharge	Employee Only	75409
F	9/9/1980	72267.930	Advantage- Premium Surcharge	Employee Only	75246
F	6/14/1985	27365.330	Advantage- Premium Surcharge	Employee Only	75044
F	2/28/1987	37326.000	Advantage- Premium Surcharge	Employee Only	75070
F	12/29/1990	29301.000	Advantage- Premium Surcharge	Employee Only	75069
M	11/1/1965	46455.000	Advantage- Premium Surcharge	Employee Only	75069
M	12/19/1967	66638.000	Advantage- Premium Surcharge	Employee Only	75452
M	6/23/1968	53417.354	Advantage- Premium Surcharge	Employee Only	75002
M	6/29/1968	61648.640	Advantage- Premium Surcharge	Employee Only	75454
M	12/17/1973	47412.060	Advantage- Premium Surcharge	Employee Only	75091
M	2/25/1975	47412.060	Advantage- Premium Surcharge	Employee Only	76227
M	9/10/1976	46455.000	Advantage- Premium Surcharge	Employee Only	75002
M	9/11/1979	75245.660	Advantage- Premium Surcharge	Employee Only	75206
M	11/10/1979	55713.250	Advantage- Premium Surcharge	Employee Only	75071
M	11/10/1980	46455.000	Advantage- Premium Surcharge	Employee Only	75092
M	9/8/1981	39735.450	Advantage- Premium Surcharge	Employee Only	75071
M	3/15/1984	35492.290	Advantage- Premium Surcharge	Employee Only	75409
M	8/23/1984	35239.210	Advantage- Premium Surcharge	Employee Only	75075
M	12/28/1984	37854.520	Advantage- Premium Surcharge	Employee Only	75034
M	3/13/1988	33510.770	Advantage- Premium Surcharge	Employee Only	75442
M	5/20/1989	35145.630	Advantage- Premium Surcharge	Employee Only	75409
M	8/7/1991	33396.480	Advantage- Premium Surcharge	Employee Only	75002
F	8/21/1954	84648.450	Advantage- Premium Surcharge	Family	75234
F	6/21/1958	66638.000	Advantage- Premium Surcharge	Family	75070
F	2/14/1963	92799.690	Advantage- Premium Surcharge	Family	75495
F	10/30/1967	102117.230	Advantage- Premium Surcharge	Family	75070
F	10/28/1972	60411.860	Advantage- Premium Surcharge	Family	75407
F	5/29/1974	34348.000	Advantage- Premium Surcharge	Family	75070
M	8/6/1958	46455.000	Advantage- Premium Surcharge	Family	75454
M	12/21/1962	48048.480	Advantage- Premium Surcharge	Family	75070
M	3/17/1964	57525.630	Advantage- Premium Surcharge	Family	75495
M	11/13/1966	37326.000	Advantage- Premium Surcharge	Family	75068
M	3/6/1971	46455.000	Advantage- Premium Surcharge	Family	75495
M	6/19/1973	46455.000	Advantage- Premium Surcharge	Family	75409
M	2/7/1974	53119.730	Advantage- Premium Surcharge	Family	75071
M	9/30/1975	37808.850	Advantage- Premium Surcharge	Family	75069
M	10/15/1975	34453.820	Advantage- Premium Surcharge	Family	75488
M	1/9/1976	56628.210	Advantage- Premium Surcharge	Family	75069
M	6/24/1976	50533.110	Advantage- Premium Surcharge	Family	75173
M	8/26/1977	57053.580	Advantage- Premium Surcharge	Family	75071

Attachment J - Active Employees Medical Plan Census

M	1/10/1979	31689.000	Advantage- Premium Surcharge	Family	75098
M	2/5/1979	35083.360	Advantage- Premium Surcharge	Family	75454
M	3/26/1980	56992.110	Advantage- Premium Surcharge	Family	75424
M	6/24/1980	32650.640	Advantage- Premium Surcharge	Family	75409
M	7/8/1981	53292.810	Advantage- Premium Surcharge	Family	75409
M	10/10/1982	56992.110	Advantage- Premium Surcharge	Family	75479
M	10/15/1984	43681.300	Advantage- Premium Surcharge	Family	75069
M	9/15/1986	33343.860	Advantage- Premium Surcharge	Family	75409
M	5/9/1989	35723.180	Advantage- Premium Surcharge	Family	75409
F	10/13/1966	31689.000	Advantage- Standard FT	Employee + Child(ren)	75459
F	8/17/1968	29301.000	Advantage- Standard FT	Employee + Child(ren)	75074
F	6/1/1977	31689.000	Advantage- Standard FT	Employee + Child(ren)	75407
F	8/27/1978	31689.000	Advantage- Standard FT	Employee + Child(ren)	75070
F	11/8/1978	40690.000	Advantage- Standard FT	Employee + Child(ren)	75069
F	11/2/1983	29301.000	Advantage- Standard FT	Employee + Child(ren)	75070
F	4/10/1987	33015.000	Advantage- Standard FT	Employee + Child(ren)	75495
F	10/15/1987	29301.000	Advantage- Standard FT	Employee + Child(ren)	75013
F	8/10/1989	25324.000	Advantage- Standard FT	Employee + Child(ren)	75442
F	1/22/1990	27188.000	Advantage- Standard FT	Employee + Child(ren)	75070
F	3/8/1991	33015.000	Advantage- Standard FT	Employee + Child(ren)	75002
F	3/26/1991	31689.000	Advantage- Standard FT	Employee + Child(ren)	75013
M	8/11/1968	52226.000	Advantage- Standard FT	Employee + Child(ren)	75459
M	4/22/1971	48733.000	Advantage- Standard FT	Employee + Child(ren)	75032
M	1/12/1982	29301.000	Advantage- Standard FT	Employee + Child(ren)	75424
M	12/23/1982	52226.000	Advantage- Standard FT	Employee + Child(ren)	75459
F	11/24/1972	25324.000	Advantage- Standard FT	Employee + Spouse	75071
F	11/11/1985	29301.000	Advantage- Standard FT	Employee + Spouse	75069
F	12/6/1985	53579.000	Advantage- Standard FT	Employee + Spouse	75074
M	3/3/1955	97000.000	Advantage- Standard FT	Employee + Spouse	75424
M	5/9/1959	29301.000	Advantage- Standard FT	Employee + Spouse	75452
M	9/25/1961	40690.000	Advantage- Standard FT	Employee + Spouse	75491
M	4/18/1963	29301.000	Advantage- Standard FT	Employee + Spouse	75173
M	7/9/1970	29301.000	Advantage- Standard FT	Employee + Spouse	75490
M	12/19/1975	31689.000	Advantage- Standard FT	Employee + Spouse	75407
M	1/6/1981	57000.000	Advantage- Standard FT	Employee + Spouse	76051
M	4/8/1981	29301.000	Advantage- Standard FT	Employee + Spouse	75454
M	8/27/1982	39192.000	Advantage- Standard FT	Employee + Spouse	75088
M	8/23/1985	34666.000	Advantage- Standard FT	Employee + Spouse	75409
M	10/13/1986	54959.000	Advantage- Standard FT	Employee + Spouse	76133
M	9/30/1987	33015.000	Advantage- Standard FT	Employee + Spouse	75068
M	2/9/1989	33015.000	Advantage- Standard FT	Employee + Spouse	75495
M	8/16/1992	33015.000	Advantage- Standard FT	Employee + Spouse	75475
F	11/30/1953	27188.000	Advantage- Standard FT	Employee Only	75002
F	12/13/1958	31689.000	Advantage- Standard FT	Employee Only	75070
F	8/31/1970	31689.000	Advantage- Standard FT	Employee Only	75070
F	10/26/1978	27188.000	Advantage- Standard FT	Employee Only	75009
F	4/13/1982	37326.000	Advantage- Standard FT	Employee Only	75216
F	1/2/1987	54959.000	Advantage- Standard FT	Employee Only	75013
F	4/28/1988	48760.000	Advantage- Standard FT	Employee Only	75244
F	5/28/1988	52226.000	Advantage- Standard FT	Employee Only	75401
F	11/27/1989	37326.000	Advantage- Standard FT	Employee Only	75067
F	3/17/1990	31689.000	Advantage- Standard FT	Employee Only	75407
F	9/11/1990	31689.000	Advantage- Standard FT	Employee Only	75035
F	1/3/1991	27188.000	Advantage- Standard FT	Employee Only	75491
M	10/8/1964	52226.000	Advantage- Standard FT	Employee Only	75173
M	6/28/1975	48733.000	Advantage- Standard FT	Employee Only	75074

Attachment J - Active Employees Medical Plan Census

M	7/31/1978	34666.000	Advantage- Standard	FT	Employee Only	75090
M	8/25/1980	34666.000	Advantage- Standard	FT	Employee Only	75010
M	4/26/1982	33015.000	Advantage- Standard	FT	Employee Only	75056
M	2/14/1983	33015.000	Advantage- Standard	FT	Employee Only	75423
M	8/12/1983	33015.000	Advantage- Standard	FT	Employee Only	75001
M	8/28/1984	33015.000	Advantage- Standard	FT	Employee Only	75150
M	1/27/1985	38445.000	Advantage- Standard	FT	Employee Only	75034
M	9/9/1985	25324.000	Advantage- Standard	FT	Employee Only	75074
M	5/12/1986	50063.000	Advantage- Standard	FT	Employee Only	75454
M	5/20/1988	33015.000	Advantage- Standard	FT	Employee Only	75070
M	4/20/1989	33015.000	Advantage- Standard	FT	Employee Only	76209
M	12/9/1990	33015.000	Advantage- Standard	FT	Employee Only	75166
M	4/3/1991	33015.000	Advantage- Standard	FT	Employee Only	75402
M	3/5/1992	33015.000	Advantage- Standard	FT	Employee Only	75252
F	7/28/1971	34348.000	Advantage- Standard	FT	Family	75009
F	11/19/1974	27188.000	Advantage- Standard	FT	Family	75002
F	8/17/1975	39192.000	Advantage- Standard	FT	Family	75074
F	4/27/1979	44463.000	Advantage- Standard	FT	Family	75071
F	3/2/1983	31689.000	Advantage- Standard	FT	Family	75002
M	1/2/1958	31689.000	Advantage- Standard	FT	Family	75409
M	11/30/1964	29301.000	Advantage- Standard	FT	Family	75007
M	9/1/1968	125000.000	Advantage- Standard	FT	Family	75023
M	2/25/1972	29301.000	Advantage- Standard	FT	Family	75495
M	2/6/1975	107812.000	Advantage- Standard	FT	Family	75070
M	1/5/1981	34666.000	Advantage- Standard	FT	Family	75070
M	1/19/1984	29301.000	Advantage- Standard	FT	Family	75409
F	10/1/1981	37326.000	Advantage- Standard	FT	Employee + Spouse	75070
M	11/29/1985	29301.000	Advantage- Standard	FT	Employee + Spouse	75409
F	10/15/1964	40000.000	Advantage- Standard	FT	Employee Only	75453
F	7/29/1960	29301.000	Advantage- Standard	FT	Family	75069
F	2/6/1989	29301.000	Advantage- Standard	FT	Family	75495
F	4/24/1950	12662.000	Advantage- Standard	PT	Employee Only	75035

Attachment K - 2011 Large Claim Loss with Diagnosis

(Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
1	Subscriber	Active	Non-Medicare	\$464,641.01	Disc Disorder	Not Covered
			Medicare	\$1,540.23		
	Total			\$466,181.24		
2	Retired Subscriber	Retired	Non-Medicare	\$372.88	Injury to head	Not Covered
			Medicare	\$247,437.59		
	Total			\$247,810.47		
3	Subscriber	Active	Non-Medicare	\$113,094.61	Open wound to knee	Not Covered
			Medicare	\$94,680.04		
	Total			\$207,774.65		
4	Spouse	Active	Non-Medicare	\$93.80	Cancer	Not Covered
			Medicare	\$198,208.44		
	Total			\$202,256.17		
5	Spouse	Active	Non-Medicare	\$193,847.90	Metabolic Disorder	Not Covered
		Retired	Medicare	\$3,523.50		
	Total			\$197,371.40		
6	Spouse	Active	Non-Medicare	\$86,419.94	Leukemia	Covered
			Medicare	\$94,473.91		
	Total			\$180,893.85		
7	Spouse	Active	Non-Medicare	\$178,515.82	Hemorrhaging	Covered
			Medicare	\$2,105.69		
	Total			\$180,621.51		
8	Subscriber	Active	Non-Medicare	\$177,034.64	Brain Disorder	Covered
	Total			\$177,034.64		
9	Subscriber	Active	Non-Medicare	\$174,729.53	Disc Disorder	Covered
	Total			\$174,729.53		
10	Subscriber	Active	Non-Medicare	\$170,189.86	Atrial Fibrillation	Covered
	Total			\$170,189.86		

Attachment K - 2011 Large Claim Loss with Diagnosis (Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
11	Spouse	Active	Non-Medicare	\$160,718.51	Kidney Infection	Not Covered
	Total			\$160,718.51		
12	Spouse	Active	Non-Medicare	\$128,320.50	Lung Cancer	Not Covered
			Medicare	\$3,057.25		
	Total			\$131,377.75		
13	Child	Active	Non-Medicare	\$405.03	Immune Deficiency	Covered
	Student	Active	Non-Medicare	\$128,888.59		
	Total			\$129,293.62		
14	Spouse	Active	Non-Medicare	\$13,973.19	Lung Cancer	Not Covered
		Retired	Non-Medicare	\$111,584.02		
			Medicare	\$3,613.27		
	Total			\$129,170.48		
15	Subscriber	Active	Non-Medicare	\$123,383.58	Disc Disorder	Not Covered
	Total			\$123,383.58		
16	Subscriber	Active	Non-Medicare	\$118,581.12	Osteoporosis	Covered
			Medicare	\$609.17		
	Total			\$119,190.29		
17	Subscriber	Active	Non-Medicare	\$117,486.79	Congestive Heart Failure	Covered
	Total			\$117,486.79		
18	Subscriber	Active	Non-Medicare	\$116,108.30	Dysrhythmia	Covered
	Total			\$116,108.30		
19	Subscriber	Active	Non-Medicare	\$110,249.18	Chronic Kidney Disease	Covered
	Total			\$110,249.18		
20	Subscriber	Active	Non-Medicare	\$108,380.76	Mitral Valve Disorder	Covered
			Medicare	\$42.40		
	Total			\$108,423.16		
21	Spouse	Active	Non-Medicare	\$107,858.12	Breast Cancer	Covered

Attachment K - 2011 Large Claim Loss with Diagnosis

(Larger than \$50,000)

	Total			\$107,858.12		
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Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
22	Subscriber	Active	Non-Medicare	\$107,527.97	Cancer	Covered
	Total			\$107,527.97		
23	Subscriber	Active	Non-Medicare	\$100,119.18	Cancer	Not Covered
	Total			\$100,119.18		
24	Subscriber	Active	Non-Medicare	\$100,036.25	Breast Cancer	Covered
	Total			\$100,036.25		
25	Subscriber	Active	Non-Medicare	\$96,289.95	Aortic Valve Disorder	Not Covered
	Total			\$96,289.95		
26	Subscriber	Active	Non-Medicare	\$84,423.19	Breast Cancer	Covered
	Total			\$84,423.19		
27	Spouse	Active	Non-Medicare	\$84,127.29	Systolic Heart Failure	Covered
	Total			\$84,127.29		
28	Spouse	Active	Non-Medicare	\$77,045.96	Disc Disorder	Not Covered
			Medicare	\$5,696.47		
	Total			\$82,742.43		
29	Spouse	Active	Non-Medicare	\$79,702.97	Dysrhythmia	Covered
	Total			\$79,702.97		
30	Spouse	Active	Non-Medicare	\$78,297.23	Ulcerative Colitis	Covered
	Total			\$78,297.23		
31	Spouse	Active	Non-Medicare	\$76,335.62	Breast Cancer	Not Covered
	Total			\$76,335.62		
32	Subscriber	Active	Non-Medicare	(\$91.35)	Fractured Vertebrae	Not Covered
				\$94,146.71		
				(\$22,576.45)		
				\$3,893.82		
			Total			\$75,372.73

Attachment K - 2011 Large Claim Loss with Diagnosis

(Larger than \$50,000)

33	Subscriber	Active	Non-Medicare	\$75,192.62	Spine Disorder	Covered
	Total			\$75,192.62		

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
34	Retired Subscriber	Active	Non-Medicare	\$10,375.41	Breast Cancer	Covered
		Retired	Non-Medicare	\$63,487.05		
	Total			\$73,862.46		
35	Subscriber	Active	Non-Medicare	\$66,142.98	Lung Cancer	Not Covered
			Medicare	\$4,315.41		
	Total			\$70,458.39		
36	Spouse	Active	Non-Medicare	\$69,795.56	Coronary Atherosclerosis	Covered
	Total			\$69,795.56		
37	Subscriber	Active	Non-Medicare	\$69,508.58	Heart Disorder	Not Covered
	Total			\$69,508.58		
38	Subscriber	Active	Non-Medicare	\$68,382.65	Kidney Stones	Covered
	Total			\$68,382.65		
39	Subscriber	Active	Non-Medicare	\$67,866.91	Poisoning	Covered
			Medicare	\$41.39		
	Total			\$67,908.30		
40	Spouse	Active	Non-Medicare	\$1,322.56	Osteoarthritis	Not Covered
				\$61,457.94		
	Total			\$62,780.50		
41	Subscriber	Active	Non-Medicare	\$61,155.57	Dysrhythmia	Not Covered
	Total			\$61,155.57		
42	Subscriber	Active	Non-Medicare	\$58,533.25	Heart Disorder	Not Covered
		Retired	Non-Medicare	\$760.00		
	Retired Subscriber	Active	Non-Medicare	\$463.76		
		Retired	Non-Medicare	\$235.66		
	Total			\$59,992.67		
43	Subscriber	Active	Non-Medicare	\$59,259.78	Breast Cancer	Covered

Attachment K - 2011 Large Claim Loss with Diagnosis

(Larger than \$50,000)

	Total			\$59,259.78		
44	Subscriber	Active	Non-Medicare	\$55,996.48	Hearing Loss	Covered
	Total			\$55,996.48		

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
45	Subscriber	Active	Non-Medicare	\$55,222.74	End Stage Renal Disease	Covered
	Retired Subscriber	Active	Non-Medicare	\$121.95		
		Retired	Non-Medicare	\$429.39		
	Total			\$55,774.08		
46	Child	Active	Non-Medicare	\$51,628.53	Heart Disorder	Not Covered
	Newborn	Active	Non-Medicare	\$1,361.50		
	Total			\$52,990.03		
47	Subscriber	Active	Non-Medicare	\$50,882.55	Osteoarthritis	Covered
	Total			\$50,882.55		
48	Retired Subscriber	Retired	Non-Medicare	\$50,785.96	Coronary Atherosclerosis	Not Covered
	Total			\$50,785.96		
49	Spouse	Active	Non-Medicare	\$3,148.34	Osteoarthritis	Not Covered
		Retired	Non-Medicare	\$47,285.57		
	Total			\$50,433.91		
50	Subscriber	Active	Non-Medicare	\$50,193.85	Multiple Sclerosis	Not Covered
	Total			\$50,193.85		

Attachment L - 2012 Large Claim Loss with Diagnosis

(Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
51	Subscriber	Active	Non-Medicare	\$330,720.39	Chronic Kidney Disease	Covered
	Total			\$330,720.39		
52	Spouse	Active	Non-Medicare	\$257,657.67	Broken Fibula and Tibula	Covered
	Total			\$257,657.67		
53	Subscriber	Active	Non-Medicare	\$3,077.63	Leukemia	Covered
	Retired Subscriber	Retired	Non-Medicare	\$227,841.47		
	Total			\$230,919.10		
3	Subscriber	Active	Non-Medicare	\$184,823.95	Open wound to Knee	Not Covered
	Total			\$184,823.95		
54	Subscriber	Active	Non-Medicare	\$145,291.40	Degeneration of disc	Not Covered
				\$3,374.66		
	Total			\$148,666.06		
55	Subscriber	Active	Non-Medicare	\$144,469.49	Breast Cancer	Covered
	Total			\$144,469.49		
56	Subscriber	Active	Non-Medicare	\$135,806.14	Cardiac Dysrhythmias	Covered
	Total			\$135,806.14		
6	Spouse	Active	Non-Medicare	\$77,150.90	Coronary Atherosclerosis	Covered
			Medicare	\$57,678.78		
	Total			\$134,829.68		
35	Subscriber	Active	Non-Medicare	\$123,175.38	Lung Cancer	Not Covered
			Medicare	\$6,720.59		
	Total			\$129,895.97		
57	Subscriber	Active	Non-Medicare	\$121,731.14	Coronary Atherosclerosis	Not Covered
	Total			\$121,731.14		
58	Subscriber	Active	Non-Medicare	\$120,021.20	Cerebral Embolism	Covered
	Total			\$120,021.20		
59	Subscriber	Active	Non-Medicare	\$118,745.22	Disc Disorder	Covered

Attachment L - 2012 Large Claim Loss with Diagnosis

(Larger than \$50,000)

33	Total			\$118,745.22		
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Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
60	Subscriber	Active	Non-Medicare	\$112,463.01	Cerebral Occlusion	Covered
			Medicare	\$4,457.97		
	Total			\$116,920.98		
8	Subscriber	Active	Non-Medicare	\$113,682.19	Brain Disorder	Covered
	Total			\$113,682.19		
61	Spouse	Active	Non-Medicare	\$107,161.89	Disc Disorder	Covered
	Total			\$107,161.89		
62	Subscriber	Active	Non-Medicare	\$103,746.55	Cancer	Covered
	Total			\$103,746.55		
63	Spouse	Active	Non-Medicare	\$96,437.22	Heart Disease	Covered
	Total			\$96,437.22		
64	Spouse	Active	Non-Medicare	\$96,285.39	Coronary Atherosclerosis	Covered
	Total			\$96,285.39		
65	Spouse	Active	Non-Medicare	\$94,642.99	Senile Cataract	Covered
	Total			\$94,642.99		
45	Retired Subscriber	Retired	Non-Medicare	\$55,381.98	End Stage Renal Disease	Covered
			Medicare	\$38,650.19		
			Total		\$94,032.17	
26	Subscriber	Active	Non-Medicare	\$81,956.40	Breast Cancer	Covered
	Total			\$81,956.40		
66	Child	Active	Non-Medicare	\$80,931.45	Premature Birth	Not Covered
	Total			\$80,931.45		
67	Subscriber	Active	Non-Medicare	\$77,312.42	Coronary Atherosclerosis	Not Covered
			Medicare	\$802.81		
			Total		\$78,115.23	
	Subscriber	Active	Non-Medicare	\$75,142.47	Dysrhythmia	Not Covered

Attachment L - 2012 Large Claim Loss with Diagnosis

(Larger than \$50,000)

68	Subscriber	Active	Medicare	\$1,655.47		
	Total			\$76,797.94		

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
69	Spouse	Active	Non-Medicare	\$75,136.65	Dysrhythmia	Covered
			Medicare	\$183.01		
	Total			\$75,319.66		
70	Subscriber	Active	Non-Medicare	\$75,138.46	Disc Disorder	Covered
	Total			\$75,138.46		
71	Subscriber	Active	Non-Medicare	\$74,658.85	Angina Pectoris	Covered
	Total			\$74,658.85		
72	Spouse	Active	Non-Medicare	\$74,483.31	Valve Disorder	Covered
	Total			\$74,483.31		
73	Spouse	Active	Non-Medicare	\$74,269.56	Carotid Artery	Covered
	Total			\$74,269.56		
74	Subscriber	Active	Non-Medicare	\$73,933.86	Prostate Cancer	Covered
	Total			\$73,933.86		
75	Spouse	Active	Non-Medicare	\$72,884.97	Kidney Stones	Covered
	Total			\$72,884.97		
76	Subscriber	Active	Non-Medicare	\$70,121.19	Diverticula of Colon	Covered
	Total			\$70,121.19		
77	Subscriber	Active	Non-Medicare	\$66,440.72	Coronary Atherosclerosis	Covered
	Total			\$66,440.72		
78	Spouse	Active	Non-Medicare	\$59,311.90	Sickle Cell Disorder	Covered
			Medicare	\$4,075.07		
			Total		\$63,386.97	
79	Child	Active	Non-Medicare	\$60,177.69	Epilepsy	Covered
	Total			\$60,177.69		
80	Subscriber	Active	Non-Medicare	\$56,075.94	Coronary Atherosclerosis	Covered

Attachment L - 2012 Large Claim Loss with Diagnosis

(Larger than \$50,000)

	Total			\$56,075.94	
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Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/2013
81	Child	Active	Non-Medicare	\$53,757.99	Poisoning	Covered
	Total			\$53,757.99		

Attachment M - 2013 Large Claim Loss with Diagnosis

(Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/13
82	Subscriber	Active	Non-Medicare	\$432,611.42	Heart Disorder	Covered
	Total			\$432,611.42		
53	Retired Subscriber	Retired	Non-Medicare	\$348,267.84	Leukemia	Covered
	Total			\$348,267.84		
83	Spouse	Active	Non-Medicare	\$289,014.61	Lupus	Covered
	Total			\$289,014.61		
52	Spouse	Active	Non-Medicare	\$249,610.68	Broken Fibula and Tibia	Covered
	Total			\$249,610.68		
84	Subscriber	Active	Non-Medicare	\$170,475.24	Spinal Stenosis	Covered
			Medicare	\$16,752.54		
	Total			\$187,227.78		
85	Child	Active	Non-Medicare	\$148,890.49	Cancer	Covered
	Total			\$148,890.49		
86	Spouse	Active	Non-Medicare	\$140,531.84	Cancer	Covered
	Total			\$140,531.84		
87	Spouse	Active	Non-Medicare	\$133,766.09	Coronary Syndrome	Covered
	Total			\$133,766.09		
88	Child	Active	Non-Medicare	\$4,678.14	Premature Newborn	Covered
	Newborn	Active	Non-Medicare	\$126,904.43		
	Total			\$131,582.57		
89	Subscriber	Active	Non-Medicare	\$114,369.40	Premature Labor	Covered
	Total			\$114,369.40		
45	Retired Subscriber	Retired	Non-Medicare	\$1,008.04	End Stage Renal Disease	Covered
			Medicare	\$105,213.64		
	Total			\$106,221.68		
90	Subscriber	Active	Non-Medicare	\$95,628.69	Disc Disorder	Covered
	Total			\$95,628.69		

Attachment M - 2013 Large Claim Loss with Diagnosis

(Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/13
91	Subscriber	Active	Non-Medicare	\$94,720.75	Pleurisy	Not Covered
	Total			\$94,720.75		
92	Subscriber	Active	Non-Medicare	\$92,189.26	Osteoarthritis	Covered
			Medicare	\$635.54		
	Total			\$92,824.80		
93	Retired Subscriber	Retired	Non-Medicare	\$80,521.08	Lung Cancer	Not Covered
	Total			\$80,521.08		
78	Spouse	Active	Non-Medicare	\$71,086.33	Sickle Cell Disorder	Covered
			Medicare	\$9,020.96		
	Total			\$80,107.29		
94	Spouse	Active	Non-Medicare	\$71,476.02	Kidney Stone	Covered
			Medicare	\$7,725.57		
	Total			\$79,201.59		
3	Subscriber	Active	Non-Medicare	\$75,849.28	Wound to Leg	Not Covered
			Medicare	\$631.89		
	Total			\$76,481.17		
95	Spouse	Active	Non-Medicare	\$68,086.25	Lung Cancer	Covered
			Medicare	\$5,721.40		
	Total			\$73,807.65		
96	Spouse	Active	Non-Medicare	\$70,650.32	Cerebral Artery Occlusion	Covered
	Total			\$70,650.32		
97	Spouse	Active	Non-Medicare	\$66,968.81	Pregnancy Complications	Covered
	Total			\$66,968.81		
98	Retired Subscriber	Retired	Non-Medicare	\$65,310.08	Gastritis	Covered
	Total			\$65,310.08		
99	Spouse	Active	Non-Medicare	\$64,117.56	Embolism	Covered
	Total			\$64,117.56		

Attachment M - 2013 Large Claim Loss with Diagnosis

(Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/13
9	Subscriber	Active	Non-Medicare	\$62,234.92	Disc Disorder	Covered
	Total			\$62,234.92		
100	Spouse	Active	Non-Medicare	\$58,376.27	Benign Neoplasm of Lower Jaw Bone	Covered
	Total			\$58,376.27		
26	Subscriber	Active	Non-Medicare	\$57,364.06	Breast Cancer	Covered
	Total			\$57,364.06		
101	Subscriber	Active	Non-Medicare	\$56,755.71	Cancer	Covered
	Total			\$56,755.71		
102	Subscriber	Active	Non-Medicare	\$55,222.71	Osteoarthritis	Covered
	Total			\$55,222.71		
103	Subscriber	Active	Non-Medicare	\$54,963.10	Osteoarthritis	Covered
	Total			\$54,963.10		
104	Subscriber	Active	Non-Medicare	\$53,395.39	Osteoporosis	Not Covered
	Total			\$53,395.39		
51	Subscriber	Active	Non-Medicare	\$50,900.92	Cardiomyopathies	Covered
	Total			\$50,900.92		

Attachment N - 2011-2013 Rolling Large Claim Loss with Diagnosis

(Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/13
53	Subscriber	Retired	Non-Medicare	\$348,267.84	Leukemia	Covered
	2013 Total			\$348,267.84		
		Active	Non-Medicare	\$3,077.63	Leukemia	
		Retired	Non-Medicare	\$227,841.47		
	2012 Total			\$230,919.10		
52	Spouse	Active	Non-Medicare	\$249,610.68	Broken Fibula and Tibula	Covered
	2013 Total			\$249,610.68		
		Active	Non-Medicare	\$257,657.67	Broken Fibula and Tibula	
	2012 Total			\$257,657.67		
45	Subscriber	Retired	Non-Medicare	\$1,008.04	End Stage Renal Disease	Covered
			Medicare	\$105,213.64		
	2013 Total			\$106,221.68		
	Subscriber	Retired	Non-Medicare	\$55,381.98	End Stage Renal Disease	
			Medicare	\$38,650.19		
	2012 Total			\$94,032.17		
	Subscriber	Active	Non-Medicare	\$55,222.74	End Stage Renal Disease	
		Active	Non-Medicare	\$121.95		
	Retired	Non-Medicare	\$429.39			
	2011 Total			\$55,774.08		
78	Spouse	Active	Non-Medicare	\$71,086.33	Sickle Cell Disorder	Covered
			Medicare	\$9,020.96		
	2013 Total			\$80,107.29		
	Spouse	Active	Non-Medicare	\$59,311.90	Sickle Cell Disorder	
		Medicare	\$4,075.07			
	2012 Total			\$63,386.97		
3	Subscriber	Active	Non-Medicare	\$75,849.28	Wound to Leg	Not Covered
			Medicare	\$631.89		
	2013 Total			\$76,481.17		
	Subscriber	Active	Non-Medicare	\$184,823.95	Open wound to knee	
	2012 Total			\$184,823.95		
	Subscriber	Active	Non-Medicare	\$113,094.61	Open wound to knee	
			\$94,680.04			
	2011 Total			\$207,774.65		

Attachment N - 2011-2013 Rolling Large Claim Loss with Diagnosis

(Larger than \$50,000)

Claimant	Relationship	Employment Status	Medicare Status	Payments	Diagnosis	Status as of 9/30/13
9	Subscriber	Active	Non-Medicare	\$62,234.92	Disc Disorder	Covered
	2013 Total			\$62,234.92		
	Subscriber	Active	Non-Medicare	\$174,729.53	Disc Disorder	
	2011 Total			\$174,729.53		
26	Subscriber	Active	Non-Medicare	\$57,364.06	Breast Cancer	Covered
	2013 Total			\$57,364.06		
	Subscriber	Active	Non-Medicare	\$81,956.40	Breast Cancer	
	2012 Total			\$81,956.40		
	Subscriber	Active	Non-Medicare	\$84,423.19	Breast Cancer	
2011 Total			\$84,423.19			
51	Subscriber	Active	Non-Medicare	\$50,900.92	Cardiomyopathies	Covered
	2013 Total			\$50,900.92		
	Subscriber	Active	Non-Medicare	\$330,720.39	Chronic Kidney Disease	
	2012 Total			\$330,720.39		
6	Spouse	Active	Non-Medicare	\$77,150.90	Leukemia	Covered
			Medicare	\$57,678.78		
	2012 Total			\$134,829.68		
		Active	Non-Medicare	\$86,419.94	Coronary Atherosclerosis	
			Medicare	\$94,473.91		
2011 Total			\$180,893.85			
35	Subscriber	Active	Non-Medicare	\$123,175.38	Lung Cancer	Not Covered
			Medicare	\$6,720.59		
	2012 Total			\$129,895.97		
	Subscriber	Active	Non-Medicare	\$66,142.98	Lung Cancer	
			Medicare	\$4,315.41		
2011 Total			\$70,458.39			
8	Subscriber	Active	Non-Medicare	\$113,682.19	Brain Disorder	Covered
	2012 Total			\$113,682.19		
		Active	Non-Medicare	\$177,034.64	Brain Disorder	
	2011 Total			\$177,034.64		

AFFIDAVIT OF COMPLIANCE

I, the undersigned, declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America.

I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable.

Name of Company

Title of Officer

Name of Officer

Date:

CONFLICT OF INTEREST QUESTIONNAIRE FORM CIQ For vendor or other person doing business with local governmental entity	
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY Date Received
1	<p>Name of person doing business with local governmental entity.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2	<p><input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</p> <p>(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>
3	<p>Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
4	<p>Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

Adopted 11/02/2005

CONFLICT OF INTEREST QUESTIONNAIRE

Page 2

For vendor or other person doing business with local governmental entity

5 **Name of local government officer with whom filer has affiliation or business relationship.
(Complete this section only if the answer to A, B, or C is YES.**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? Yes No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?
 Yes No

D. Describe each affiliation or business relationship.

6

Signature of person doing business with the governmental entity Date

Adopted 11/02/2005

In order to better serve our bidders, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Please take a moment to complete the below. Should you have any questions or require more information please call (972) 548-4165.

HOW DID YOU RECEIVE NOTICE OF THIS REQUEST FOR BID OR PROPOSALS?

McKinney Courier-Gazette? Yes No

Plan Room? Yes No

Collin County Web-Site? Yes No

Facsimile or email from BidSync? Yes No

Other

HOW DID YOU RECEIVE THE BID DOCUMENTS?

Downloaded from Home Computer? Yes No

Downloaded from Company Computer? Yes No

Requested a Copy from Collin County? Yes No

Other

Thank You,

Collin County Purchasing Department

Question and Answers for Bid #2014-101 - INSURANCE, MEDICAL STOP LOSS

OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.