



REQUEST FOR PROPOSALS ("RFP") & RESPONDENT'S ACKNOWLEDGEMENT

RFP TITLE:  
Group Health Insurance for Okaloosa County

RFP NUMBER:  
RFP RM 28-20

ISSUE DATE:	March 2, 2020	
LAST DAY FOR QUESTIONS:	March 12, 2020	3:00 P.M. CST
RFP OPENING DATE & TIME:	March 26, 2020	3:00 P.M. CST

NOTE: PROPOSALS RECEIVED AFTER THE PROPOSAL OPENING DATE & TIME WILL NOT BE CONSIDERED.

Okaloosa County, Florida solicits interested parties to submit a proposal on the above referenced Parks Master Plan for Okaloosa County Facility Maintenance Department proposal. All terms, specifications and conditions set forth in this RFP must be incorporated into your response. A proposal will not be accepted unless all conditions have been met. All proposals must have an authorized signature in the space provided below. All envelopes containing sealed proposals must reference the "RFP Title," "RFP Number," and the "RFP Due Date & Time." Okaloosa County is not responsible for lost or late delivery of proposals by the U.S. Postal Service or other delivery services used by the Respondent. Neither faxed nor electronically submitted proposals will be accepted. Proposals may not be withdrawn for a period of ninety (90) days after the proposal opening unless otherwise specified.

RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE RESPONDENT.

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EXT: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I CERTIFY THAT THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A PROPOSAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS PROPOSAL AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS PROPOSAL FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TYPED OR \_\_\_\_\_  
PRINTED NAME

TITLE: \_\_\_\_\_ DATE \_\_\_\_\_

NOTICE TO RESPONDENTS  
RFP RM 28-20

Notice is hereby given that the Board of County Commissioners of Okaloosa County, FL, will accept sealed proposals until 3:00 p.m. (CST) March 26, 2020, for Group Health Insurance for Okaloosa County.

Interested Respondents desiring consideration shall provide one (1) original and one (1) thumb drive of their Request for Proposals (RFP) response with the Respondent's proposal. Submissions shall be portrait orientation, unbound, and 8 ½" x 11" where practical. Font shall be 12 point and Respondents are limited to forty (40) pages, excluding the required forms.

All originals must have original signatures in blue ink.

Proposal documents are available for download by accessing the following sites:

<http://www.myokaloosa.com/purchasing/hom>

<https://www.bidnetdirect.com/florida>

[https://www.demandstar.com/supplier/bids/agency\\_inc/bid\\_list.asp?f=search&mi=2442519](https://www.demandstar.com/supplier/bids/agency_inc/bid_list.asp?f=search&mi=2442519)

Submittals must be delivered to the Okaloosa County Purchasing Department at the address listed below no later than March 26, 2020 at 3:00 P.M. in order to be considered. All proposals received after the stated time and date will be returned unopened and will not be considered. All submittals must be in sealed envelopes reflecting on the outside thereof "Group Health Insurance for Okaloosa County". Failure to clearly mark the outside of the envelope as set forth herein shall result in the submittal not being considered.

The County reserves the right to award to the firm submitting a responsive proposal with a resulting negotiated agreement that is most advantageous and in the best interest of Okaloosa County, and to waive any irregularity or technicality in proposals received. Okaloosa County shall be the sole judge of the resulting negotiated agreement that is in its best interest and its decision will be final.

NOTE: Crestview, FL is not a next day guaranteed delivery location by most delivery services. Respondents using mail or delivery service assume all risk of late or non-delivery.

All submittals should be addressed as follows:

Group Health Insurance for Okaloosa County

RFP RM 28-20

Okaloosa County Purchasing Department

5479A Old Bethel Road

Crestview, FL 32536

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Jeffrey Hyde  
Purchasing Manager

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Date

OKALOOSA COUNTY  
BOARD OF COUNTY COMMISSIONERS

Robert A. "Trey" Goodwin, III  
Chairman

**REQUEST FOR PROPOSAL RFP RM 28-20**  
**GROUP HEALTH INSURANCE FOR OKALOOSA COUNTY**

The Okaloosa County Board of County Commissioners is requesting competitive bids from carriers licensed to conduct business in the State of Florida. Enrollment includes the Supervisor of Elections, Clerk of Court, Property Appraiser and County Staff.

Okaloosa County has been enrolled with Florida Blue since October 1, 2000. The current plans are fully insured, non-grandfathered options: Base Plan, Florida Blue BlueOptions HSA (\$1,500 Employer Contribution) Plans 05192(single) and 05193 (family), employees have the option to buy-up at an added expense to BlueOptions Plan 05781 or BlueOptions Plan 05770. (see Appendix A). The most recent and last three years of paid-claim reports, enrollment, high-cost claims report and complete census are attached (see Appendix B). The rate history and employer contributions are listed below. Please provide Medicare Carve out rates and Split Dependent rates for retirees who are either on disability or have met requirements of retirement age of 65 and older (refer to rate history). Additionally, retirees have the option to enroll in a Group BlueMedicare Plan (see Appendix C) The plan year is October 1 through September 30. The plan deductible is calendar year. Current average enrollment is 723 contracts and 1,341 members. Current rating is two (2) tiered.

There is currently a very active wellness program in place provided at no cost by Florida Blue. The current program provides onsite Florida Blue Wellness representatives leading meetings, classes and annual health fairs. Respondents are encouraged to include meaningful, creative wellness programs for consideration.

Respondents should give detailed descriptions of proposed plan designs, ACA compliance practices, HIPAA compliance practices, case management programs, disease management programs, pharmacy management programs, organ transplant services and coverage, wellness program including incentives, cost containment programs, customer service hours of operation, online customer service options and funding options including share of profit features. Carriers are required to have an AM Best rating of A or better.

Proposers will be required to work closely with Risk Management to provide renewal pricing projections during the budget process beginning in April of each year. Proposers will be required to deliver the renewal as requested to meet Board approval and enrollment deadlines.

Barnes Insurance and Financial Services is the current agent of record and will be assisting County Staff in this review. Bid responses naming or including any other agent or consultant will be excluded and considered non-responsive. Proposal pricing should include an agent annual remuneration of \$59,800.00.

**PROPOSAL REQUEST**

1. Fully Insured and Self-Funded quote - Similar or like plan designs. Include an option that mirrors the enforce plan design.
2. HMO and or other plan designs and options will be considered.
3. Include a retiree over age 65 Group Medicare option.
4. Quote two (2), three (3) and four (4) tier rates.
5. Alternate funding arrangements will be considered.
6. Include embedded deductibles and embedded out of pocket maximums in proposed HSA plans.

7. Respondent agrees to provide monthly paid claims reports, large claim report over \$50,000, provider utilization report and pharmacy utilization report.
8. Quarterly claim report – Confirm quarterly reports will be available for: Top 5 diagnosis, High Cost Claims > 50K, Top 5 Hospital utilization for both Inpatient and Outpatient, Top 10 PCP and Specialist utilization, ER utilization, Urgent Care utilization, Top 25 Pharmacy utilization (by tier, brand, specialty), Adult Wellness Screening utilization,
9. Please provide examples of available monthly reports.

## **STOP LOSS/SELF-FUNDED REQUIREMENTS**

For Stop-Loss Insurance (specific), an initial contract from October 1, 2020 through and including September 30, 2021 (12 months) is required, incurred in 15 months (12/15 specific quotes).

## **RATE GUARANTEE PERIOD**

1. Regardless of actual enrollment, the initial rates shall be guaranteed for 12 months. Changes after the initial 12-month period shall be subject to the Rerating Endorsement. (Non-lasered, stop-loss only)

## **OWNERSHIP OF CLAIM DATA**

2. The Board shall have all right, title, interest and ownership to all loss statistics created as a result of the services to be provided by the successful Proposer. Further, at the sole option of the Board, and upon fourteen (14) calendar days' written notice, the successful Proposer shall provide such data to the Board.

## **ELIGIBILITY & ENROLLMENT**

1. Proposers must honor the Board's current eligibility requirements, as outlined in the Board's current plan documents, and applicable employee handbook and manuals.
2. Proposers should be aware that it is impossible to predict how many employees will elect each plan design and monthly premiums/rates for each plan design must be honored as proposed even if there is a substantial change in plan design choices at enrollment.

## **NO LOSS/NO GAIN PROVISION**

1. Notwithstanding any actively at work, waiting period, pre-existing condition, or other provision or limitation in the proposed plan to the contrary, if, but for the replacement of the current plan with the proposed plan, an insured would have been covered by the current plan, the insured shall be entitled to the lesser of:
  - a. The benefits which would have been payable had the current plan been continued; or
  - b. The benefits which would be payable under the proposed plan without the application of any actively at work, waiting period, or other provision in the proposed plan.
2. Proposals for specific and aggregate coverage is being requested and should include both medical and prescription coverage.

3. Stop-loss proposals should be on a paid 12/15 contract basis with unlimited specific limit and specific retention of \$75,000 or \$100,000. Additional specific deductible retentions will be considered.
4. Proposals with enhancements to the contract basis, aggregate coverage, attachment point or others will be considered. Lasers for renewals will not be permitted.
5. If your proposal is contingent upon use of a specific provider network or administrator, please make sure this is clearly stated.
6. All proposals should include copies of any contract which the Board will be required to execute.
7. The Board reserves the right to negotiate with Proposer finalist(s) on alternative plan designs, coverage terms and provisions.

## **GENERAL PLAN DESIGN/QUESTIONS**

**Note: Responses should be listed with corresponding numbers**

1. Describe in detail required referral, approval and authorization procedures including a list of services that require referrals, approvals and authorizations and member responsibilities.
2. Outline timelines requesting and processing referrals, approvals and authorizations.
3. Describe appeals process for declined benefits and or referrals and authorizations, i.e. peer to peer review process.
4. Name and describe responsibilities and or services for all third party vendors provide related to referrals, approvals and authorizations including mental health benefits.
5. Describe organ transplant coverage.
6. Describe ambulance coverage and network availability including land, air and water ambulance.
7. Explain in detail durable medical equipment coverage, including any third-party vendor involvement.
8. Does the proposed plan cover hearing aids? If so, describe coverage and limitations?
9. Describe proposed physical therapy benefits. What therapies are covered and what are the limitations, if any?
10. Describe coverage and providers for routine lab work.
11. Describe coverage and required approvals for x-ray, CAT scan, PET scan, MRI and mammogram, etc.
12. Provide names and duties of third-party administrators that will be involved in the administration of the proposed contract, i.e. claims processing, billing and payment processing, service, network management, authorizations and pharmacy management.
13. Provide a detailed description of your Case Management Program.
14. Provide a detailed description of your Disease Management Program.
15. Describe any patient outreach/follow-up programs at time of inpatient discharge.
16. Describe telemedicine benefit and cost, if included in proposed plan.

## **PRICING**

1. Quote two (2), three (3) and four (4) tier rating.
2. Provide Medicare carve out rates for over age 65 retirees enrolled Medicare primary, group plan secondary.
3. Provide fully insured rates with no cancelation penalties.
4. Describe pooling levels and cost, if any.
5. Multiple year guaranteed administration fees are encouraged.
6. Provide alternate funding alternatives and share of profits programs if possible. This is encouraged.
7. Self-insured quotes including reinsurance will be considered.
8. Note: Please provide two plan period quotes.
  - a. Option 1 – Current plan year period October 1 – September 30. Option 2 - October 1, 2020 effective date with renewal date to be January 1, 2021 (15-month initial contract)
  - b. After the January 1, 2021 plan year period, Option 2 future plan year period would be January 1 to December 31.

## **PHARMACY PROGRAM**

1. Describe plan and structure of co-pays for both mail-order and local pharmacy.
2. Describe mail-order program including a list of prescriptions not available via mail-order.
3. Describe how diabetic supplies are covered/obtained, i.e. insulin, lancets and chem. strips.
4. Describe insulin pump and supply coverage.
5. Describe how members refill prescriptions for vacations and or travel prior to refill deadline.
6. List customer service procedures, i.e. general pharmacy claims inquiries and mail-order inquiries.
7. How often are medications reviewed for tier placement?
8. Describe the frequency medications are reviewed and added/deleted from the formulary.
9. List any medications not covered by the pharmacy plan, including exclusions.
10. How are prescription rebates captured? Are rebates applied to plan experience?
11. Describe safe dosage limitations and other pharmacy management programs to monitor excessive dosage.
12. Describe coverage and process to obtain self-injectable medications.
13. Outline pharmacy programs that ensure smooth transition at enrollment for members to obtain medications that have been reviewed and approved by the current carrier.
14. List any medications and supplies excluded in the pharmacy benefit but covered under the health plan, i.e. durable medical and specialty pharmacy.
15. Please include comprehensive Conditional Care Pharmacy list.

## **WELLNESS**

1. Describe wellness programs available and cost, if any. Meaningful, creative wellness proposals are encouraged.
2. Will a dedicated wellness representative be assigned to this account? Provide a detailed description of names of personnel that will be assigned and their respective duties.
3. Describe administrative requirements of county staff.

4. Onsite wellness representative participation in meetings, planning and events will be required.
5. Provide names and description of involvement of third-party vendors, if any.
6. Please include wellness plan certifications and or endorsements.

## **NETWORK**

1. Describe carrier negotiated network discounts in Okaloosa County and surrounding service areas, including Walton, Santa Rosa, Bay and Escambia County.
2. Please provide a network disruption report. Current network is Florida Blue, BlueOptions.
3. Describe balance billing protections.
4. Please describe coverage while working or traveling out of state and abroad.
5. List specialty hospital network participation and or programs at hospitals such as UAB, Emory, Mayo Clinic, MD Anderson, Shands, Moffitt, etc.

## **ADMINISTRATION**

1. Will a dedicated service representative be assigned to this account? Provide resumes of personnel that will be assigned and their respective duties.
2. Provide organizational chart for account team.
3. List customer service hours and toll-free number.
4. Provide customer service statistics, i.e. average call wait times, abandoned call rates.
5. Provide claims processing statistics, i.e. process times, accuracy of processing.
6. Please provide address of location that claims will be processed.
7. List web site address. List available services via the web site.
8. List discount programs in detail. Describe how members access discounts.
9. Please describe membership and billing procedures, i.e. dedicated billing staff contact, hours of operation, etc.
10. Provide names and duties of third-party administrators that will be involved in the administration of the proposed contract, i.e. claims processing, billing and payment processing, ETF process, service, network management, cost containment programs and pharmacy management.
11. Onsite enrollment meeting attendance including separate retiree meetings will be required as directed by County staff. Confirm attendance and disclose if any third-party vendor including name of vendor will be utilized.
12. Describe onboarding process including implementation deadlines including description of enrollment process.
13. Describe performance guarantees for new group installation, timely enrollment processing, ID delivery, claims processing, service resolution and reporting.
14. Currently the County does not utilize an online third-party benefit administration system. Do you provide a benefits administration system? Describe any subsidy and/or available assistance if a Benefit Administration System is implemented in the future.
15. Confirm waving of actively at work provision.
16. Please provide references of similar size enrollment as Okaloosa County BOCC. Provide three (3) currently enrolled groups and three (3) terminated groups located in Florida.

17. Please provide details of COBRA administration and invoicing. If COBRA service is provided, can administration be expanded to ancillary coverage?

**Rate History**

**\*Employer contribution is 100% of base plan employee cost**

**Plan Year – October 1, 2017 to September 30, 2018**

**BlueOptions Plan (Base Plan) 05770**

Single \$876.45

Family \$1,337.76

**BlueOptions Plan 03769**

Single \$929.04

Family \$1,418.03

**BlueOptions Plan 03559**

Single \$992.90

Family \$1,515.47

**Plan Year – October 1, 2018 to September 30, 2019**

**BlueOptions Plan (Base Plan) 05770**

Single \$876.45

Family \$1,337.76

**BlueOptions Plan 03769**

Single \$929.04

Family \$1,418.03

**BlueOptions Plan 03559**

Single \$992.90

Family \$1,515.47

**Plan Year – October 1, 2019 to September 30, 2020**

**BlueOptions Plan (Base Plan) 05192 (single)/05193(family)**

Single \$774.15

Family \$1,181.61

**BlueOptions Plan 05781**

Single \$1,036.20

Family \$1,581.60

**BlueOptions Plan 05770**

Single \$1,201.88

Family \$1,834.45



## PROPOSAL FORMAT

Proposals must be submitted in the following format:

1. **Cost – Competitive Pricing. 20 points**
2. **Plan Design- Similar or like plan design 20 points**
3. **Provider Network – Provider access, network disruption report results. 20 points**
4. **Network Discounts – Cost saving results and projected savings. 20 points**
5. **Wellness/Utilization Management – Proposed wellness programs and utilization management programs. 10 points**
6. **Service Reputation/Capability – Current and former client reference results and competitive capabilities. 5 points**
7. **Responsiveness to proposal- Submittal of required information in requested format 5 points**

**Please see attached last three (3) years paid and high cost claim reports.**

### **I. SELETION CRITERIA:**

The following selection criteria will be used to evaluate responses to this RFP:

- |                                     |           |
|-------------------------------------|-----------|
| 1. Cost/Plan Design:                | 20 points |
| 2. Plan Design:                     | 20 points |
| 3. Provider Network:                | 20 point  |
| 4. Network Discounts:               | 20 points |
| 5. Wellness/Utilization Management: | 10 points |
| 6. Service Reputation/Capability:   | 5 points  |
| 7. Responsiveness to proposal:      | 5 points  |

### **TERM OF CONTRACT:**

The Contract will be begin October 1, 2020 and continue through September 30, 2021. The contract may be renewed for an additional four (4) one (1) year renewals upon mutual agreement of both parties.

**IV. TIME SCHEDULE (ALL TIMES ARE TENTATIVE)**

ACTIVITY	DATE (subject to change)
Issue RFP	02 March 2020
Questions from potential proposers due	12 March 2020
Issue Addendum (if necessary)	17 March 2020
Proposal Response Due	26 March 2020
Review Committee Meeting	Week of April 6
Intent to Award	10 April 2020
Board Approval by	05 May 2020

## **GENERAL SERVICES INSURANCE REQUIREMENTS – w/CYBER LIABILITY**

### **CONTRACTORS INSURANCE**

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers authorized to do business in the State of Florida and having a minimum rating of A, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. All insurance shall include the interest of all entities named and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. With the exception of Workers' Compensation policies, the County shall be shown as an Additional Insured with a Waiver of Subrogation on the Certificate of Insurance.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the Contractor.
6. The County reserves the right at any time to require the Contractor to provide copies of any insurance policies to document the insurance coverage specified in this Agreement.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor.
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered a breach of contract.

### **WORKERS' COMPENSATION INSURANCE**

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.

2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.
4. A Waiver of Subrogation is required to be shown on all Workers Compensation Certificates of Insurance.

### **BUSINESS AUTOMOBILE LIABILITY**

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage in an amount not less than \$1,000,000 (One Million Dollars) combined single limit each accident. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

### **COMMERCIAL GENERAL LIABILITY INSURANCE**

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury caused by the Contractor.
2. Commercial General Liability coverage shall include the following:
  - 1.) Premises & Operations Liability
  - 2.) Bodily Injury and Property Damage Liability
  - 3.) Independent Contractors Liability
  - 4.) Contractual Liability
  - 5.) Products and Completed Operations Liability
3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

### **CYBER LIABILITY**

The Contractor shall carry Cyber Liability insurance coverage for third party liability. Coverage will include ID Theft Monitoring, Credit Monitoring (if necessary) & Notification. Coverage must be afforded for negligent retention of data as well as notification and related costs for actual or alleged breaches of data.

### **INSURANCE LIMITS OF LIABILITY**

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<b><u>LIMIT</u></b>
1. Workers' Compensation	
1.) State	Statutory
2.) Employer's Liability	\$500,000 each accident
2. Business Automobile	\$1,000,000 each accident (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence Bodily Injury & Property Damage \$1,000,000 each occurrence Products and completed operations
4. Personal and Advertising Injury	\$1,000,000 each occurrence
5. Cyber Liability	\$1,000,000 per claim

**NOTICE OF CLAIMS OR LITIGATION**

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

**INDEMNIFICATION & HOLD HARMLESS**

To the fullest extent permitted by law, Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

**CERTIFICATE OF INSURANCE**

1. Certificates of insurance indicating the project name and number and evidencing all required coverage must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.
2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10) days' prior written notice if cancellation is for nonpayment of premium.
3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice to the County. Such notification shall be in writing by registered mail, return receipt requested, and

addressed to the Okaloosa County Purchasing Department at 5479-A Old Bethel Road, Crestview, FL 32536.

4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection.
7. All deductibles or self-insured retentions (SIRs), whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.

## **GENERAL TERMS**

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its employees under all the foregoing policies of insurance.

## **EXCESS/UMBRELLA INSURANCE**

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement. An Excess liability policy must be submitted indicating which policy it applies to.

## GENERAL PROPOSAL CONDITIONS

### I. PRE-PROPOSAL ACTIVITY -

Except as provided in this section, Respondents are prohibited from contacting or lobbying the County, County Administrator, Commissioners, County staff, and Selection Committee members, or any other person authorized on behalf of the County related or involved with the solicitation. All inquiries on the scope of work, specifications, additional requirements, attachments, terms and general conditions or instructions, or any issue must be directed in writing, by US mail or email to:

Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, FL 32536  
Email: [dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)  
(850) 689-5960

All questions or inquiries must be received no later than the last day for questions (reference RFP & Respondent's Acknowledgement form). Any addenda or other modification to the RFP documents will be issued by the County five (5) days prior to the date and time of closing, as a written addenda distributed to all prospective Respondents by posting to the Florida Online Bid System (Florida Purchasing Group) and the Okaloosa County Web Site.

To access the Florida Online Bid System go to: <https://www.bidnetdirect.com/florida> to access the Okaloosa County Web Site go to: <http://www.co.okaloosa.fl.us/purchasing/current-solicitations>.

Such written addenda or modification shall be part of the proposal documents and shall be binding upon each Respondent. Each Respondent is required to acknowledge receipt of any and all addenda in writing and submit with their proposal. No Respondent may rely upon any verbal modification or interpretation.

### II. PREPARATION OF PROPOSAL

The proposal form is included with the proposal documents. Additional copies may be obtained from the County. The Respondent shall submit originals and bid forms in accordance with the public notice.

All blanks in the proposal documents shall be completed by printing in ink or by typewriter in both words and numbers with the amounts extended, totaled and the proposal signed. A proposal price shall be indicated for each section, proposal item, alternative, adjustment unit price item, and unit price item listed therein, or the words "No Proposal," "No Change," or "Not Applicable" entered. No changes shall be made to the phraseology of the form or in the items mentioned therein. In case of any discrepancy between the written amount and the numeric figures, the written amount shall govern. Any proposal which contains any omissions, erasures, alterations, additions, irregularities of any kind, or items not called for which shall in any manner fail to conform to the conditions of public notice inviting proposals may be rejected.

A proposal submitted by a corporation shall be executed in the corporate name by the president or a vice president or other corporate officer who has legal authority to sign.

A proposal submitted by a partnership shall be executed in the partnership name and signed by a partner (whose title must appear under the signature). The official address of the partnership shall be shown below the signature.

A proposal submitted by a limited liability company shall be executed in the name of the firm by a member and accompanied by evidence of authority to sign. The state of formation of the firm and the official address of the firm must be shown below the signature.

A proposal submitted by an individual shall show the Respondent's name and official address.

A proposal submitted by a joint venture shall be executed by each joint venture in the manner indicated on the proposal form. The official address of the joint venture must be shown below the signature.

All signatures shall be in blue ink. All names shall be typed or printed below the signature.

The proposal shall contain an acknowledgement of receipt of all Addenda, the numbers of which shall be filled in on the form. The address and telephone # for communications regarding the proposal shall be shown.

If the Respondent is an out-of-state corporation, the proposal shall contain evidence of Respondent's authority and qualification to do business as an out-of-state corporation in the State of Florida.

### III. INTEGRITY OF PROPOSAL DOCUMENTS

Respondents shall use the original Proposal documents provided by the Purchasing Department and enter information only in the spaces where a response is requested. Respondents may use an attachment as an addendum to the Proposal documents if sufficient space is not available. Any modifications or alterations to the original proposal documents by the Respondent, whether intentional or otherwise, will constitute grounds for rejection of a proposal. Any such modifications or alterations that a Respondent wishes to propose must be clearly stated in the Respondent's response in the form of an addendum to the original proposal documents.

### IV. SUBMITTAL OF PROPOSAL

A proposal shall be submitted no later than the date and time prescribed and at the place indicated in the advertisement or invitation to proposal and shall be enclosed in an opaque sealed envelope plainly marked with the project title (and, if applicable, the designated portion of the project for which the proposal is submitted), the name and address of the Respondent, and shall be accompanied by the proposal security and other required documents. It is the Respondent's responsibility to assure that its proposal is delivered at the proper time and place. Offers by telegram, facsimile, or telephone will NOT be accepted.

Note: Crestview is not a next day delivery site for overnight carriers.



## V. MODIFICATION & WITHDRAWAL OF PROPOSAL

A proposal may be modified or withdrawn by an appropriate document duly executed in the manner that a proposal must be executed and delivered to the place where proposals are to be submitted prior to the date and time for the opening of proposals.

If within 24 hours after proposals are opened any Respondent files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material substantial mistake in the preparation of its proposal, that Respondent may withdraw its proposal, and the proposal security may be returned. Thereafter, if the work is re-proposal, that Respondent will be disqualified from 1) further purposing on the work, and 2) doing any work on the contract, either as a subcontractor or in any other capacity.

## VI. PROPOSALS TO REMAIN SUBJECT TO ACCEPTANCE

All proposals will remain subject to acceptance or rejection for ninety (90) calendar days after the day of the proposal opening, but the County may, in its sole discretion, release any proposal and return the proposal security prior to the end of this period.

## VII. CONDITIONAL & INCOMPLETE PROPOSALS

Okaloosa County specifically reserves the right to reject any conditional proposal and proposals which make it impossible to determine the true amount of the proposal.

## VIII. APPLICABLE LAWS & REGULATIONS

All applicable Federal and State laws, County and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the project shall apply to the proposal throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.

## IX. DISQUALIFICATION OF RESPONDENTS

Any of the following reasons may be considered as sufficient for the disqualification of a Respondent and the rejection of its proposal:

- a. Submission of more than one proposal for the same work from an individual, firm or corporation under the same or different name.
- b. Evidence that the Respondent has a financial interest in the firm of another Respondent for the same work.
- c. Evidence of collusion among Respondents. Participants in such collusion will receive no recognition as Respondents for any future work of the County until such participant has been reinstated as a qualified Respondent.
- d. Uncompleted work which in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.
- e. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.

- f. Default under previous contract.
- g. Listing of the Respondent by Local, State or Federal Government on its barred/suspended vendor list.

## X. AWARD OF CONTRACT

Okaloosa County Review - A selection committee will review all proposals and will participate in the Recommendation to Award.

The contract shall be awarded to the responsible and responsive Respondent whose proposal is determined to be the most advantageous to the County, taking into consideration the price and other criteria set forth in the request for proposals. The County reserves the right to reject any and all proposals or to waive any irregularity or technicality in proposals received. The County shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.

Okaloosa County reserves the right to waive any informalities or reject any and all proposals, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this proposal and to accept the proposal that in its judgment will best serve the interest of the County.

Okaloosa County specifically reserves the right to reject any conditional proposals and proposals which make it impossible to determine the true amount of the proposal. Each item must be proposal separately and no attempt is to be made to tie any item or items to any other item or items.

## XI. DISCRIMINATION

An entity or affiliate who has been placed on the discriminatory vendor list may not submit a proposal on a contract to provide goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

## XII. PUBLIC ENTITY CRIME INFORMATION

Pursuant to Florida Statute 287.133, a Respondent may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

## XIII. CONFLICT OF INTEREST

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All Respondents must disclose with their proposals the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its agencies. Furthermore, all Respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

Note: For Respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

#### XIV. REORGANIZATION OR BANKRUPTCY PROCEEDINGS

Proposals will not be considered from Respondents who are currently involved in official financial reorganization or bankruptcy proceedings.

#### XV. INVESTIGATION OF RESPONDENT

The County may make such investigations, as it deems necessary to determine the stability of the Respondent to perform the work and that there is no conflict of interest as it relates to the project. The Respondent shall furnish to the Owner any additional information and financial data for this purpose as the County may request.

#### XVI. CONE OF SILENCE

The Okaloosa County Board of County Commissioners has established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal proposals, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department. The period commences from the date of advertisement until award of contract.

Note: For Respondent's convenience, this certification form is enclosed and is made a part of the proposal package.

#### XVII. REVIEW OF PROCUREMENT DOCUMENTS

Per Florida Statute 119.071(1)(b)2. sealed bids, proposals, or replies received by the County pursuant to a competitive solicitation are exempt from public disclosure until such time as the County provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier.

#### XVIII. COMPLIANCE WITH FLORIDA STATUTE 119.0701

The Respondent shall comply with all the provisions of section 119.0701, Florida Statutes relating to the public records which requires, among other things, that the Respondent: (a) Keep and maintain public records; (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and (d) Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the Respondent upon termination of the contract.

#### XIX. PROTECTION OF RESIDENT WORKERS –

The Okaloosa County Board of County Commissioners actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verifications, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired,

which includes completing the Employment Eligibility Verifications. The Respondent shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirements.

Respondents doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility Verifications System to confirm eligibility of all employees to work in the United States.

## XX. AUDIT

If requested, Respondent shall permit the County or an authorized, independent audit agency to inspect all data and records of Respondent relating to its performance and its subcontracts under this contract from the date of the contract through and until three (3) years after the expiration of contract.

## XXI. EQUAL EMPLOYMENT OPPORTUNITY; NON-DISCRIMINATION

Respondent shall not discriminate against any employee or an applicant for employment because of race, color, religion, gender, sexual orientation, national origin, age, familial status or handicap.

## XXII. NON-COLLUSION

Respondent certifies that it has entered into no agreement to commit a fraudulent, deceitful, unlawful or wrongful act, or any act which may result in an unfair advantage over other Respondents. See Florida Statute 838.22.

## XXIII. UNAUTHORIZED ALIENS/PATRIOT'S ACT

The knowing employment by Respondent or its subcontractors of any alien not authorized to work by the immigration laws is prohibited and shall be a default of the contract. In the event that the Respondent is notified or becomes aware of such default, the Respondent shall take steps as are necessary to terminate said employment with 24 hours of notification or actual knowledge that an alien is being employed. Respondent's failure to take such steps as are necessary to terminate the employment of any said alien within 24 hours of notification or actual knowledge that an alien is being employed shall be grounds for immediate termination of the contract. Respondent shall take all commercially reasonable precautions to ensure that it and its subcontractors do not employ persons who are not authorized to work by the immigration laws.

#### XXIV: ADDITIONAL REQUIRED DOCUMENTS

THE FOLLOWING DOCUMENTS SHALL BE SUBMITTED WITH THE BID PACKET. FAILURE TO SUBMIT ALL REQUIRED FORMS MIGHT RESULT IN YOUR SUBMITTAL BEING DEEMED NON-RESPONSIVE:

- A. Drug-Free Workplace Certification Form
- B. Conflict of Interest
- C. Federal E-Verify
- D. Cone of Silence
- E. Indemnification and Hold Harmless
- F. Company Data
- G. System of Awards Management
- H. Addendum Acknowledgement
- I. Certification Regarding Lobbying
- J. Governmental Debarment & Suspension
- K. Vendors on Scrutinized Companies List
- L. List of References

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DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_
(Typed or Printed)

ADDRESS: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all Respondents, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either “yes” (a county employee, elected official, or agency is also associated with your business), or “no.” If yes, give person(s) name(s) and position(s) with your business.

YES: \_\_\_\_\_

NO: \_\_\_\_\_

NAME(S)

POSITION(S)

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FIRM NAME: \_\_\_\_\_

BY (PRINTED): \_\_\_\_\_

BY  
(SIGNATURE): \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

E-MAIL : \_\_\_\_\_

DATE: \_\_\_\_\_

FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Respondent hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the Respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

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As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_



CONE OF SILENCE

The Board of County Commissioners have established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (ITB, RFP, ITQ, ITN, and RFQ) or other competitive solicitation between the bidder (or its agents or representatives) or other entity with the potential for a financial interest in the award (or their respective agents or representatives) regarding such competitive solicitation, and any County Commissioner or County employee, selection committee member or other persons authorized to act on behalf of the Board including the County’s Architect, Engineer or their sub-consultants, or anyone designated to provide a recommendation to award a particular contract, other than the Purchasing Department Staff.

The period commences from the time of advertisement until contract award.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Manager or an appointed representative. It shall be the Purchasing Manager’s decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the Respondent from consideration during the selection process.

All Respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

I \_\_\_\_\_ representing \_\_\_\_\_  
Signature Company Name

On this \_\_\_\_\_ day of \_\_\_\_\_ 2020 hereby agree to abide by the County’s “Cone of Silence Clause” and understand violation of this policy shall result in disqualification of my proposal/submittal.

INDEMNIFICATION AND HOLD HARMLESS

Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this Agreement.

\_\_\_\_\_  
Respondent's Company Name

\_\_\_\_\_  
Authorized Signature – Manual

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Authorized Signature – Typed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
Cellular Number

\_\_\_\_\_  
After-Hours Number(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

COMPANY DATA

Respondent's Company Name: \_\_\_\_\_

Physical Address & Phone #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person (Typed-Printed): \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Federal ID or SS #: \_\_\_\_\_

Respondent's License #: \_\_\_\_\_

Respondent's DUNS #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Emergency #'s After Hours,  
Weekends & Holidays: \_\_\_\_\_

SYSTEM FOR AWARD MANAGEMENT (OCT 2016)

(a) Definitions. As used in this provision.

“Electronic Funds Transfer (EFT) indicator” means a four-character suffix to the unique entity identifier. The suffix is assigned at the discretion of the commercial, nonprofit, or Government entity to establish additional System for Award Management records for identifying alternative EFT accounts (see [subpart 32.11](#)) for the same entity.

“Registered in the System for Award Management (SAM) database” means that.

(1) The Offeror has entered all mandatory information, including the unique entity identifier and the EFT indicator, if applicable, the Commercial and Government Entity (CAGE) code, as well as data required by the Federal Funding Accountability and Transparency Act of 2006 (see [subpart 4.14](#)) into the SAM database;

(2) The offeror has completed the Core, Assertions, and Representations and Certifications, and Points of Contact sections of the registration in the SAM database;

(3) The Government has validated all mandatory data fields, to include validation of the Taxpayer Identification Number (TIN) with the Internal Revenue Service (IRS). The offeror will be required to provide consent for TIN validation to the Government as a part of the SAM registration process; and

(4) The Government has marked the record “Active”.

“Unique entity identifier” means a number or other identifier used to identify a specific commercial, nonprofit, or Government entity. See [www.sam.gov](http://www.sam.gov) for the designated entity for establishing unique entity identifiers.

(b)(1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the SAM database prior to award, during performance, and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The Offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation “Unique Entity Identifier” followed by the unique entity identifier that identifies the Offeror’s name and address exactly as stated in the offer. The Offeror also shall enter its EFT indicator, if applicable. The unique entity identifier will be used by the Contracting Officer to verify that the Offeror is registered in the SAM database.

(c) If the Offeror does not have a unique entity identifier, it should contact the entity designated at [www.sam.gov](http://www.sam.gov) for establishment of the unique entity identifier directly to obtain one. The Offeror should be prepared to provide the following information:

- (1) Company legal business name.
- (2) Tradestyle, doing business, or other name by which your entity is commonly recognized.
- (3) Company Physical Street Address, City, State, and Zip Code.
- (4) Company Mailing Address, City, State and Zip Code (if separate from physical).
- (5) Company telephone number.
- (6) Date the company was started.
- (7) Number of employees at your location.
- (8) Chief executive officer/key manager.
- (9) Line of business (industry).
- (10) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the SAM database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) Offerors may obtain information on registration at <https://www.acquisition.gov> .

Offerors SAM information:

Entity Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_

Duns Number: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

ADDENDUM ACKNOWLEDGEMENT  
RFP RM 28-20

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

ADDENDUM NO.

DATE

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NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the Respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.

**LOBBYING - 31 U.S.C. 1352, 49 CFR Part 19, 49 CFR Part 20**

APPENDIX A, 49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

*(To be submitted with each bid or offer exceeding \$100,000)*

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1) -(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, \_\_\_\_\_, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

\_\_\_\_\_  
Signature of Contractor's Authorized Official

\_\_\_\_\_  
Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Date

## Government Debarment & Suspension

### Instructions

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Orders 12549, at Subpart C of OMB 2 C.F.R. Part 180 and 3000.332. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.



9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Orders 12549, Debarment and Suspension, and OMB 2 C.F.R. Part 180, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880.

**[READ INSTRUCTIONS ON PREVIOUS PAGE BEFORE COMPLETING  
CERTIFICATION]**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency;
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal

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Printed Name and Title of Authorized Representative

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Signature

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Date

**VENDORS ON SCRUTINIZED COMPANIES LISTS**

By executing this Certificate, the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County’s determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County’s determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County’s determination of false certification by bid proposer.

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Typed or Printed)

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**LIST OF REFERENCES**

1. Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

2. Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

3. Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

4. Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

5. Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Contract Person: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**PARKS MASTER PLAN FOR OKALOOSA COUNTY FACILITY MAINTENANCE DEPARTMENT  
RFP RM 28-20  
RANKING SHEET**

<b>RANKING CRITERIA</b>			
Cost 20 points			
Plan Design 20 points			
Provider network 20 points			
Network Discounts 20 points			
Wellness/Utilization Management 10 points			
Service Reputation/Capability 5 points			
Responsiveness to proposal 5 points			
<b>TOTAL POSSIBLE – 100 PTS</b>			

**COMMITTEE MEMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

## Exhibit "B"

### Title VI Clauses for Compliance with Nondiscrimination Requirements

#### Compliance with Nondiscrimination Requirements

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor (hereinafter includes consultants) will comply with the Title VI List of Pertinent Nondiscrimination Acts And Authorities, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.
2. **Non-discrimination:** The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.
3. **Solicitations for Subcontracts, Including Procurements of Materials and Equipment:** In all solicitations, either by competitive bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor's obligations under this contract and the Nondiscrimination Acts And Authorities on the grounds of race, color, or national origin.
4. **Information and Reports:** The contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the sponsor or the Federal Aviation Administration to be pertinent to ascertain compliance with such Nondiscrimination Acts And Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the sponsor or the Federal Aviation Administration, as appropriate, and will set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event of a contractor's noncompliance with the Non-discrimination provisions of this contract, the sponsor will impose such contract sanctions as it or the Federal Aviation Administration may determine to be appropriate, including, but not limited to:
  - a. Withholding payments to the contractor under the contract until the contractor complies; and/or
  - b. Cancelling, terminating, or suspending a contract, in whole or in part.
6. **Incorporation of Provisions:** The contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless

exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the sponsor or the Federal Aviation Administration may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the sponsor to enter into any litigation to protect the interests of the sponsor. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

## Title VI List of Pertinent Nondiscrimination Acts and Authorities

### Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor”) agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*, 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination In Federally-Assisted Programs of The Department of Transportation—Effectuation of Title VI of The Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 *et seq.*), as amended, (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 *et seq.*), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 – 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration’s Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;

- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq).

#### FEDERAL FAIR LABOR STANDARDS ACT (FEDERAL MINIMUM WAGE)

All contracts and subcontracts that result from this solicitation incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers.

The [*contractor* | *consultant*] has full responsibility to monitor compliance to the referenced statute or regulation. The [*contractor* | *consultant*] must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division

#### OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970

All contracts and subcontracts that result from this solicitation incorporate by reference the requirements of 29 CFR Part 1910 with the same force and effect as if given in full text. Contractor must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. The Contractor retains full responsibility to monitor its compliance and their subcontractor’s compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Contractor must address any claims or disputes that pertain to a referenced requirement directly with the U.S. Department of Labor – Occupational Safety and Health Administration.

#### E-VERIFY

Enrollment and verification requirements.

- (1) If the Contractor is not enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall-
  - a. Enroll. Enroll as a Federal Contractor in the E-Verify Program within thirty (30) calendar days of contract award;
  - b. Verify all new employees. Within ninety (90) calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility of all new hires of the Contractor, who are working in the United States,

whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); and,

- c. Verify employees assigned to the contract. For each employee assigned to the contract, initiate verification within ninety (90) calendar days after date of enrollment or within thirty (30) calendar days of the employee's assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

(2) If the Contractor is enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall use E-Verify to initiate verification of employment eligibility of

a. All new employees.

- i. Enrolled ninety (90) calendar days or more. The Contractor shall initiate verification of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or

b. Enrolled less than ninety (90) calendar days. Within ninety (90) calendar days after enrollment as a Federal Contractor in E-Verify, the Contractor shall initiate verification of all new hires of the contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or

- ii. Employees assigned to the contract. For each employee assigned to the contract, the Contractor shall initiate verification within ninety (90) calendar days after date of contract award or within thirty (30) days after assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

(3) If the Contractor is an institution of higher education (as defined at 20 U.S.C. 1001(a)); a State of local government or the government of a Federally recognized Indian tribe, or a surety performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond, the Contractor may choose to verify only employees assigned to the contract, whether existing employees or new hires. The Contractor shall follow the applicable verification requirements of (b)(1) or (b)(2), respectively, except that any requirement for verification of new employees applies only to new employees assigned to the contract.

(4) Option to verify employment eligibility of all employees. The Contractor may elect to verify all existing employees hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), rather than just those employees assigned to the contract. The Contractor shall initiate verification for each existing employee working in the United States who was hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), within one hundred eighty (180) calendar days of-

- i. Enrollment in the E-Verify program; or



- ii. Notification to E-Verify Operations of the Contractor's decision to exercise this option, using the contract information provided in the E-Verify program Memorandum of Understanding (MOU)
- (5) The Contractor shall comply, for the period of performance of this contract, with the requirements of the E-Verify program MOU.

i. The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the Contractor's MOU and deny access to the E-Verify system in accordance with the terms of the MOU. In such case, the Contractor, will be referred to a suspension or debarment official.

ii. During the period between termination of the MOU and a decision by the suspension or debarment official whether to suspend or debar, the contractor is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the Contractor, then the Contractor must reenroll in E-Verify.


iii. Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.

Individuals previously verified. The Contractor is not required by this clause to perform additional employment verification using E-Verify for any employee-

- (a) Whose employment eligibility was previously verified by the Contractor through the E-Verify program;
- (b) Who has been granted and holds an active U.S. Government security clearance for access to confidential, secret, or top secret information in accordance with the National Industrial Security Program Operating Manual; or
- (c) Who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12. Policy for a Common Identification Standard for Federal Employees and Contractors.

Subcontracts. The Contractor shall include the requirements of this clause, including this paragraph € (appropriately modified for identification of the parties in each subcontract that-

- (1) Is for-(i) Commercial and noncommercial services (except for commercial services that are part of the purchase of a COTS item (or an item that would be a COTS item, but for minor modifications), performed by the COTS provider, and are normally provided for that COTS item); or
- (ii) Construction;
- (2) Has a value of more than \$3,500; and
- (3) Includes work performed in the United States.

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group) or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	<u>In-Network: \$2,500</u> Per Person. <u>Out-of-Network: \$5,000</u> Per Person.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	Yes. <u>\$500 Out-of-Network Per Admission Deductible</u> . There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the out-of-pocket limit for this plan?</b>	Yes. <u>In-Network: \$5,800</u> Per Person. <u>Out-Of-Network: \$11,600</u> Per Person.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: <u>Deductible</u> / Independent Diagnostic Testing Center: <u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Tests performed in hospitals may have higher cost-share.
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="http://www.floridablue.com/tols-resources/pharmacy/medication-guide">www.floridablue.com/tols-resources/pharmacy/medication-guide</a>	Generic drugs	<u>Deductible</u> + \$15 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$40 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	<u>Deductible</u> + \$60 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$150 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	<u>Deductible</u> + \$100 <u>Copay</u> per Prescription at retail, <u>Deductible</u> +	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
		\$250 Copay per Prescription by mail		
	Specialty drugs	Specialty drugs are subject to the cost share based on applicable drug tier.	Specialty drugs are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	Deductible + 20% Coinsurance	Ambulatory Surgical Center: Deductible + 40% Coinsurance/ Hospital: In-Network Deductible + 20% Coinsurance	—————none—————
If you need immediate medical attention	Emergency room care	Deductible + 20% Coinsurance	Deductible + 20% Coinsurance	—————none—————
	Emergency medical transportation	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	—————none—————
	Urgent care	Deductible + 20% Coinsurance	Deductible + 20% Coinsurance	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	Hospital Option 1: Deductible + 20% Coinsurance	Per Admission Deductible + Deductible + 40% Coinsurance	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	—————none—————
	Inpatient services	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	—————none—————

For more information about limitations and exceptions, see the [plan](#) or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible</u> + 20% <u>Coinsurance</u>	Per Admission <u>Deductible</u> + <u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• <u>Habilitation services</u></li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Pediatric dental check-up</li> <li>• Pediatric eye exam</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric glasses</li> <li>• Private-duty nursing</li> <li>• Routine eye care (Adult)</li> <li>• Routine foot care unless for treatment of diabetes</li> <li>• Weight loss programs</li> </ul>

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care - Limited to 35 visits
- Most coverage provided outside the United States. See [www.floridablue.com](http://www.floridablue.com).
- Non-emergency care when traveling outside the U.S.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in network pre natal care and a hospital delivery)

- **The plan's overall deductible** \$2,500
- **Specialist Coinsurance** 20%
- **Hospital (facility) Coinsurance** 20%
- **Other No Charge** \$0

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,400</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in network care of a well controlled condition)

- **The plan's overall deductible** \$2,500
- **Specialist Coinsurance** 20%
- **Hospital (facility) Coinsurance** 20%
- **Other Coinsurance** 20%

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$1,700
<u>Coinsurance</u>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$4,360</b>

**Mia's Simple Fracture**  
(in network emergency room visit and follow up care)

- **The plan's overall deductible** \$2,500
- **Specialist Coinsurance** 20%
- **Hospital (facility) Coinsurance** 20%
- **Other Coinsurance** 20%

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,900</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).



## Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Florida Blue (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Florida Combined Life:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.



You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

**ATTENZIONE:** Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

**ફોન ક્રમે** [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન ક્રમે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

**توجه:** اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره (1-800-955-8770) TTY: 1-800-352-2583 تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

**Baa ákonínzin:** Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíik'eh, ná hóló. Kojj' hodiíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiíłnih 1-800-333-2227.

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Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group) or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<u>In-Network</u> : <b>\$2,700</b> Per Person/ <b>\$5,000</b> Family. <u>Out-of-Network</u> : <b>\$10,000</b> Per Person/ <b>\$10,000</b> Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	Yes. <b>\$500</b> <u>Out-of-Network</u> Per Admission <u>Deductible</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	Yes. <u>In-Network</u> : <b>\$6,850</b> Per Person/ <b>\$11,600</b> Family. <u>Out-Of-Network</u> : <b>\$23,200</b> Per Person/ <b>\$23,200</b> Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: <u>Deductible</u> / Independent Diagnostic Testing Center: <u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Tests performed in hospitals may have higher cost-share.
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="http://www.floridablue.com/tols-resources/pharmacy/medication-guide">www.floridablue.com/tols-resources/pharmacy/medication-guide</a>	Generic drugs	<u>Deductible</u> + \$15 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$40 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	<u>Deductible</u> + \$60 <u>Copay</u> per Prescription at retail, <u>Deductible</u> + \$150 <u>Copay</u> per Prescription by mail	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	<u>Deductible</u> + \$100 <u>Copay</u> per Prescription at retail, <u>Deductible</u> +	In-Network <u>Deductible</u> + 50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
		\$250 <u>Copay</u> per Prescription by mail		
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Urgent care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Hospital Option 1: <u>Deductible</u> + 20% <u>Coinsurance</u>	Per Admission <u>Deductible</u> + <u>Deductible</u> + 40% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days. Option 2 hospitals may have a higher cost-share.
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
	Inpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
<b>If you are pregnant</b>	Office visits	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Childbirth/delivery facility services	Hospital Option 1: <u>Deductible</u> + 20% <u>Coinsurance</u>	Per Admission <u>Deductible</u> + <u>Deductible</u> + 40% <u>Coinsurance</u>	Option 2 hospitals may have a higher cost-share.
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• <u>Habilitation services</u></li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Pediatric dental check-up</li> <li>• Pediatric eye exam</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric glasses</li> <li>• Private-duty nursing</li> <li>• Routine eye care (Adult)</li> <li>• Routine foot care unless for treatment of diabetes</li> <li>• Weight loss programs</li> </ul>

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care - Limited to 35 visits
- Most coverage provided outside the United States. See [www.floridablue.com](http://www.floridablue.com).
- Non-emergency care when traveling outside the U.S.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

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For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in network pre natal care and a hospital delivery)

- **The plan's overall deductible** \$2,700
- **Specialist Coinsurance** 20%
- **Hospital (facility) Coinsurance** 20%
- **Other No Charge** \$0

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,700
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$1,800
<u>What isn't covered</u>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,600</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in network care of a well controlled condition)

- **The plan's overall deductible** \$2,700
- **Specialist Coinsurance** 20%
- **Hospital (facility) Coinsurance** 20%
- **Other Coinsurance** 20%

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,700
<u>Copayments</u>	\$1,700
<u>Coinsurance</u>	\$80
<u>What isn't covered</u>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$4,540</b>

**Mia's Simple Fracture**  
(in network emergency room visit and follow up care)

- **The plan's overall deductible** \$2,700
- **Specialist Coinsurance** 20%
- **Hospital (facility) Coinsurance** 20%
- **Other Coinsurance** 20%

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,900</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).



## Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Florida Blue (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Florida Combined Life:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

**ATTENZIONE:** Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

**ફોન ક્રમે** [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન ક્રમે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

**توجه:** اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره (1-800-955-8770) TTY: 1-800-352-2583 تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

**Baa ákonínzin:** Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíik'eh, ná hóló. Kojj' hodiíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiíłnih 1-800-333-2227.

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**Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services**


**Coverage for:** Individual and/or Family | **Plan Type:** PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group) or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	In-Network: <b>\$750</b> Per Person/ <b>\$2,250</b> Family. Out-of-Network: <b>\$1,500</b> Per Person/ <b>\$4,500</b> Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	Yes. In-Network: <b>\$5,000</b> Per Person/ <b>\$10,000</b> Family. Out-Of-Network: <b>\$6,000</b> Per Person/ <b>\$12,000</b> Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a <b>referral</b> to see a <b>specialist</b> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	\$70 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="http://www.floridablue.com/tols-">www.floridablue.com/tols-</a>	Generic drugs	\$15 <u>Copay</u> per Prescription at retail, \$40 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$50 <u>Copay</u> per Prescription at retail, \$125 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$80 <u>Copay</u> per Prescription at retail,	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
<a href="#">resources/pharmacy/medication-guide</a>		\$200 <u>Copay</u> per Prescription by mail		
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$250 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	————none————
	Physician/surgeon fees	Ambulatory Surgical Center: \$70 <u>Copay</u> per Visit/ Hospital: \$100 <u>Copay</u> per Visit	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: \$100 <u>Copay</u> per Visit	————none————
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$300 <u>Copay</u> per Visit	\$300 <u>Copay</u> per Visit	————none————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	————none————
	<u>Urgent care</u>	\$65 <u>Copay</u> per Visit	<u>Deductible</u> + \$65 <u>Copay</u> per Visit	————none————
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days.
	Physician/surgeon fees	\$100 <u>Copay</u> per Visit	\$100 <u>Copay</u> per Visit	————none————
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No Charge	50% <u>Coinsurance</u>	————none————
	Inpatient services	No Charge	<u>Physician Services</u> : No Charge/ Hospital: 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
<b>If you are pregnant</b>	Office visits	\$70 <u>Copay</u> on initial Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	\$100 <u>Copay</u> per Visit	\$100 <u>Copay</u> per Visit	————none————

For more information about limitations and exceptions, see the [plan](#) or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Childbirth/delivery facility services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	Physician Office: \$70 <u>Copay</u> per Visit/ Outpatient Rehab Center: \$60 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

**Excluded Services & Other Covered Services:**

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• <u>Habilitation services</u></li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Pediatric dental check-up</li> <li>• Pediatric eye exam</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric glasses</li> <li>• Private-duty nursing</li> <li>• Routine eye care (Adult)</li> <li>• Routine foot care unless for treatment of diabetes</li> <li>• Weight loss programs</li> </ul>

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care - Limited to 35 visits
- Most coverage provided outside the United States. See [www.floridablue.com](http://www.floridablue.com).
- Non-emergency care when traveling outside the U.S.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in network pre natal care and a hospital delivery)

- **The plan's overall deductible** \$750
- **Specialist Copayment** \$70
- **Hospital (facility) Coinsurance** 20%
- **Other No Charge** \$0

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
<b>In this example, Peg would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$750
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$1,600
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,510</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in network care of a well controlled condition)

- **The plan's overall deductible** \$750
- **Specialist Copayment** \$70
- **Hospital (facility) Coinsurance** 20%
- **Other Coinsurance** 20%

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
<b>In this example, Joe would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$2,700
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$2,760</b>

**Mia's Simple Fracture**  
(in network emergency room visit and follow up care)

- **The plan's overall deductible** \$750
- **Specialist Copayment** \$70
- **Hospital (facility) Coinsurance** 20%
- **Other Copayment** \$300

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
<b>In this example, Mia would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$600
<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,200</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).

## Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Florida Blue (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Florida Combined Life:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

**ATTENZIONE:** Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

**सूचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

**ફોન ક્રમે** [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન ક્રમે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

**توجه:** اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره (1-800-955-8770) TTY: 1-800-352-2583 تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

**Baa ákonínzin:** Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodiíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiíłnih 1-800-333-2227.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

**Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services**

**Coverage for:** Individual and/or Family | **Plan Type:** PPO




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group) or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In-Network: <b>\$1,500</b> Per Person/ <b>\$4,500</b> Family. Out-of-Network: <b>\$4,500</b> Per Person/ <b>\$13,500</b> Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	Yes. <b>\$500</b> <u>Out-of-Network</u> Per Admission <u>Deductible</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the out-of-pocket limit for this plan?</b>	Yes. In-Network: <b>\$5,500</b> Per Person/ <b>\$11,000</b> Family. Out-Of-Network: <b>\$11,000</b> Per Person/ <b>\$22,000</b> Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.



Important Questions	Answers	Why This Matters:
Do you need a <b>referral</b> to see a <b>specialist</b> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Specialist</u> visit	\$55 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares.
	<u>Preventive care/screening/immunization</u>	No Charge	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost shares. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost-share.
	Imaging (CT/PET scans, MRIs)	\$250 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied. Tests performed in hospitals may have higher cost-share.
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.floridablue.com/tols-">www.floridablue.com/tols-</a>	Generic drugs	\$15 <u>Copay</u> per Prescription at retail, \$40 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$150 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$80 <u>Copay</u> per Prescription at retail,	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
<a href="#">resources/pharmacy/medication-guide</a>		\$200 <u>Copay</u> per Prescription by mail		
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$200 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	————none————
	Physician/surgeon fees	Ambulatory Surgical Center: \$55 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	————none————
If you need immediate medical attention	<u>Emergency room care</u>	\$500 <u>Copay</u> per Visit	\$500 <u>Copay</u> per Visit	————none————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	————none————
	<u>Urgent care</u>	\$60 <u>Copay</u> per Visit	<u>Deductible</u> + \$60 <u>Copay</u> per Visit	————none————
If you have a hospital stay	Facility fee (e.g., hospital room)	<u>Deductible</u> + 30% <u>Coinsurance</u>	Per Admission <u>Deductible</u> + <u>Deductible</u> + 50% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days.
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	————none————

For more information about limitations and exceptions, see the [plan](#) or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No Charge	50% <u>Coinsurance</u>	—————none—————
	Inpatient services	No Charge	<u>Physician Services: No Charge/ Hospital: 50% Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
<b>If you are pregnant</b>	Office visits	\$55 <u>Copay</u> on initial Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Per Admission Deductible</u> + <u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 20 visits.
	<u>Rehabilitation services</u>	\$55 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).



## Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li><li>• <u>Habilitation services</u></li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment</li><li>• Long-term care</li><li>• Pediatric dental check-up</li><li>• Pediatric eye exam</li></ul>	<ul style="list-style-type: none"><li>• Pediatric glasses</li><li>• Private-duty nursing</li><li>• Routine eye care (Adult)</li><li>• Routine foot care unless for treatment of diabetes</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"><li>• Chiropractic care - Limited to 35 visits</li></ul>	<ul style="list-style-type: none"><li>• Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a>.</li></ul>	<ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html).

### Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

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About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in network pre natal care and a hospital delivery)

- **The plan's overall deductible** \$1,500
- **Specialist Copayment** \$55
- **Hospital (facility) Coinsurance** 30%
- **Other No Charge** \$0

This EXAMPLE event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
---------------------------	-----------------

In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$3,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,600</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in network care of a well controlled condition)

- **The plan's overall deductible** \$1,500
- **Specialist Copayment** \$55
- **Hospital (facility) Coinsurance** 30%
- **Other Coinsurance** 30%

This EXAMPLE event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$2,900
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$2,960</b>

**Mia's Simple Fracture**  
(in network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,500
- **Specialist Copayment** \$55
- **Hospital (facility) Coinsurance** 30%
- **Other Copayment** \$500

This EXAMPLE event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
---------------------------	----------------

In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,100
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,600</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.floridablue.com](http://www.floridablue.com).

## Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Florida Blue (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Florida Combined Life:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP：請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

**ATTENZIONE:** Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

**सूचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

**ફોન ક્રમે** [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન ક્રમે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

**توجه:** اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره (1-800-955-8770) TTY: 1-800-352-2583 تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

**Baa ákonínzin:** Diné bizaad bee yánítí'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiílnih 1-800-333-2227.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.



# APPENDIX "B"

## Monitoring by Utilization and Enrollment

Company: OKALOOSA CO BD OF CO COMM  
 Group: 41954  
 Current Service Period: From 02/2017 to 01/2020  
 Current Paid Period: From 02/2017 to 01/2020

Paid Year Month	Enrollment		Premium	Capitation			Value Based Programs	Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation		Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201702	722	1,382	\$691,237.62	\$0.00	\$1,485.67	\$1,485.67	\$0.00	\$6,484.80	\$150,788.89	\$96,905.16	\$25,757.11	\$279,935.96	\$97,709.22	\$379,130.85	54.85%
201703	720	1,382	\$689,041.99	\$0.00	\$1,475.86	\$1,475.86	\$0.00	\$66,690.50	\$174,948.62	\$109,694.15	\$39,909.13	\$391,242.40	\$160,693.80	\$553,412.06	80.32%
201704	711	1,364	\$675,801.20	\$0.00	\$1,447.52	\$1,447.52	\$0.00	\$58,729.59	\$171,962.44	\$92,852.48	\$37,314.92	\$360,859.43	\$141,890.25	\$504,197.20	74.61%
201705	719	1,367	\$677,649.76	\$0.00	\$1,463.87	\$1,463.87	\$0.00	\$154,777.35	\$180,564.91	\$117,729.90	\$66,935.05	\$520,007.21	\$151,769.17	\$673,240.25	99.35%
201706	718	1,358	\$675,982.16	\$0.00	\$1,446.43	\$1,446.43	\$0.00	\$157,628.79	\$167,014.02	\$115,866.43	\$35,952.80	\$476,462.04	\$142,614.44	\$620,522.91	91.80%
201707	719	1,367	\$680,022.12	\$0.00	\$1,472.59	\$1,472.59	\$0.00	\$203,457.08	\$212,326.90	\$112,281.36	\$45,242.38	\$573,307.72	\$142,068.99	\$716,849.30	105.42%
201708	721	1,364	\$687,200.57	\$0.00	\$1,455.15	\$1,455.15	\$0.00	\$148,371.95	\$104,919.82	\$132,905.92	\$62,469.54	\$448,667.23	\$162,844.30	\$612,966.68	89.20%
201709	721	1,365	\$684,150.25	\$0.00	\$1,471.43	\$1,471.43	\$0.00	\$31,486.62	\$133,650.65	\$101,244.74	\$40,678.81	\$307,060.82	\$140,368.37	\$448,900.62	65.61%
201710	725	1,351	\$782,068.91	\$0.00	\$1,453.04	\$1,453.04	\$0.00	\$65,766.63	\$164,132.46	\$82,226.65	\$34,067.26	\$346,193.00	\$151,748.59	\$499,394.63	63.86%
201711	720	1,339	\$786,121.74	\$0.00	\$1,435.53	\$1,435.53	\$0.00	\$12,282.37	\$186,537.18	\$135,124.42	\$84,858.10	\$418,802.07	\$166,886.58	\$587,124.18	74.69%
201712	730	1,351	\$777,399.68	\$0.00	\$1,446.10	\$1,446.10	\$0.00	\$206,107.82	\$110,086.95	\$129,258.59	\$65,167.98	\$510,621.34	\$175,477.74	\$687,545.18	88.44%
201801	734	1,356	\$799,954.60	\$0.00	\$1,698.68	\$1,698.68	\$0.00	\$25,498.73	\$109,815.45	\$125,149.89	\$48,636.36	\$309,100.43	\$169,571.01	\$480,370.12	60.05%
201802	738	1,364	\$805,087.48	\$0.00	\$1,713.47	\$1,713.47	\$0.00	\$22,279.38	\$139,307.32	\$113,607.88	\$51,250.21	\$326,444.79	\$151,248.32	\$479,406.58	59.55%
201803	736	1,364	\$799,636.16	\$0.00	\$1,719.94	\$1,719.94	\$0.00	\$64,841.25	\$137,755.15	\$115,545.19	\$48,028.05	\$366,169.64	\$153,673.51	\$521,563.09	65.23%
201804	742	1,374	\$790,351.11	\$0.00	\$1,726.72	\$1,726.72	\$0.00	\$196,616.35	\$169,262.05	\$133,963.11	\$56,278.76	\$556,120.27	\$147,010.89	\$704,857.88	89.18%
201805	747	1,378	\$807,413.24	\$0.00	\$1,720.32	\$1,720.32	\$0.00	\$201,868.02	\$244,814.03	\$150,163.96	\$58,612.22	\$655,458.23	\$197,232.38	\$854,410.93	105.82%
201806	746	1,393	\$808,392.72	\$0.00	\$1,761.28	\$1,761.28	\$0.00	\$129,927.40	\$182,539.09	\$158,214.21	\$55,165.33	\$525,846.03	\$143,662.98	\$671,270.29	83.04%
201807	754	1,404	\$816,272.98	\$0.00	\$1,768.96	\$1,768.96	\$0.00	\$139,743.65	\$275,751.97	\$164,078.91	\$43,485.73	\$623,060.26	\$169,494.56	\$794,323.78	97.31%
201808	758	1,412	\$833,688.03	\$0.00	\$1,774.08	\$1,774.08	\$0.00	\$15,148.82	\$151,543.95	\$151,093.24	\$68,160.89	\$385,946.90	\$179,060.50	\$566,781.48	67.98%
201809	756	1,406	\$810,827.34	\$0.00	\$1,766.40	\$1,766.40	\$0.00	\$84,567.45	\$242,766.20	\$94,589.41	\$46,310.62	\$468,233.68	\$161,213.70	\$631,213.78	77.85%
201810	755	1,397	\$821,025.41	\$0.00	\$1,745.92	\$1,745.92	\$0.00	\$434,968.01	\$263,396.20	\$174,907.19	\$71,316.24	\$944,587.64	\$198,810.44	\$1,145,144.00	139.48%
201811	747	1,396	\$815,538.30	\$0.00	\$1,743.36	\$1,743.36	\$0.00	\$168,567.95	\$215,854.34	\$121,392.33	\$61,824.16	\$567,638.78	\$152,117.47	\$721,499.61	88.47%
201812	741	1,389	\$806,080.74	\$0.00	\$1,753.60	\$1,753.60	\$0.00	\$120,661.01	\$252,395.16	\$137,312.57	\$60,871.89	\$571,240.63	\$192,516.93	\$765,511.16	94.97%
201901	734	1,370	\$802,511.25	\$0.00	\$1,794.92	\$1,794.92	\$0.00	\$11,742.55	\$211,968.91	\$139,309.47	\$50,272.01	\$413,292.94	\$177,643.90	\$592,731.76	73.86%
201902	723	1,341	\$789,625.64	\$0.00	\$1,723.92	\$1,723.92	\$0.00	\$314,691.95	\$226,309.61	\$119,234.00	\$43,943.40	\$704,178.96	\$176,035.48	\$881,938.36	111.69%
201903	721	1,343	\$769,063.03	\$0.00	\$1,734.68	\$1,734.68	\$0.00	\$60,742.74	\$164,033.75	\$152,021.76	\$55,027.90	\$431,826.15	\$183,181.13	\$616,741.96	80.19%
201904	720	1,346	\$781,128.78	\$0.00	\$1,724.37	\$1,724.37	\$0.00	\$356,114.29	\$144,431.91	\$131,681.96	\$51,782.29	\$684,010.45	\$95,064.49	\$780,799.31	99.96%
201905	722	1,355	\$774,654.55	\$0.00	\$1,747.23	\$1,747.23	\$0.00	\$193,746.80	\$193,377.45	\$131,570.60	\$72,818.28	\$591,512.93	\$137,877.51	\$731,137.67	94.38%
201906	711	1,324	\$793,431.05	\$0.00	\$1,768.80	\$1,768.80	\$7.30	\$319,940.14	\$134,797.14	\$134,696.22	\$72,187.11	\$661,620.61	\$145,720.51	\$809,117.22	101.98%
201907	714	1,336	\$780,121.71	\$0.00	\$1,741.08	\$1,741.08	\$3.65	\$272,211.08	\$684,201.90	\$177,941.19	\$55,555.17	\$1,189,909.34	\$246,415.10	\$1,438,069.17	184.34%
201908	717	1,337	\$782,106.82	\$0.00	\$1,735.80	\$1,735.80	\$3.65	\$103,791.46	\$283,065.07	\$145,151.67	\$91,738.84	\$623,747.04	\$188,469.07	\$813,955.56	104.07%

201909	728	1,353	\$761,038.30	\$0.00	\$1,735.80	\$1,735.80	\$1,590.92	\$80,810.49	\$323,250.49	\$120,764.14	\$114,598.00	\$639,423.12	\$198,174.32	\$840,924.16	110.50%
201910	697	1,205	\$747,262.42	\$0.00	\$1,683.51	\$1,683.51	\$3.65	\$236,143.47	\$280,644.34	\$124,580.60	\$72,516.97	\$713,885.38	\$163,655.33	\$879,227.87	117.66%
201911	698	1,207	\$688,607.16	\$0.00	\$372.24	\$372.24	\$3,154.60	\$780,674.31	\$166,947.17	\$107,503.62	\$52,375.87	\$1,107,500.97	\$140,604.64	\$1,251,632.45	181.76%
201912	700	1,211	\$722,441.13	\$0.00	\$1,076.82	\$1,076.82	\$3,286.81	\$191,958.85	\$202,962.37	\$127,369.04	\$64,412.42	\$586,702.68	\$148,413.58	\$739,479.89	102.36%
202001	692	1,199	\$740,628.34	\$0.00	\$1,076.25	\$1,076.25	\$769.60	\$164,660.08	\$128,788.69	\$63,915.04	\$31,904.94	\$389,268.75	\$193,094.80	\$584,209.40	78.88%
<b>Total</b>	<b>26,157</b>	<b>48,550</b>	<b>\$27,453,564.29</b>	<b>\$0.00</b>	<b>\$56,861.34</b>	<b>\$56,861.34</b>	<b>\$8,820.18</b>	<b>\$5,803,699.53</b>	<b>\$7,286,912.55</b>	<b>\$4,541,847.00</b>	<b>\$2,037,426.74</b>	<b>\$19,669,885.82</b>	<b>\$5,844,034.00</b>	<b>\$25,579,601.34</b>	<b>93.17%</b>
<b>Grouping Avg</b>	<b>727</b>	<b>1,349</b>	<b>\$762,599.01</b>	<b>\$0.00</b>	<b>\$1,579.48</b>	<b>\$1,579.48</b>	<b>\$245.01</b>	<b>\$161,213.88</b>	<b>\$202,414.24</b>	<b>\$126,162.42</b>	<b>\$56,595.19</b>	<b>\$546,385.72</b>	<b>\$162,334.28</b>	<b>\$710,544.48</b>	<b>93.17%</b>
<b>Monthly Avg</b>	<b>727</b>	<b>1,349</b>	<b>\$762,599.01</b>	<b>\$0.00</b>	<b>\$1,579.48</b>	<b>\$1,579.48</b>	<b>\$245.01</b>	<b>\$161,213.88</b>	<b>\$202,414.24</b>	<b>\$126,162.42</b>	<b>\$56,595.19</b>	<b>\$546,385.72</b>	<b>\$162,334.28</b>	<b>\$710,544.48</b>	<b>93.17%</b>

**Notes:**

- Grand Total includes Medical FFS, Pharmacy FFS, Incentives and Capitation.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.
- Enrollment is recast to reflect retroactive adjustments.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.







## Monitoring by Utilization and Enrollment

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
201702	454	1	0	267	0	0	0	722	1,382
201703	450	2	0	268	0	0	0	720	1,382
201704	447	3	0	261	0	0	0	711	1,364
201705	457	3	0	259	0	0	0	719	1,367
201706	460	3	0	255	0	0	0	718	1,358
201707	457	3	0	259	0	0	0	719	1,367
201708	459	3	0	259	0	0	0	721	1,364
201709	458	3	0	260	0	0	0	721	1,365
201710	468	2	0	255	0	0	0	725	1,351
201711	466	2	0	252	0	0	0	720	1,339
201712	473	2	0	255	0	0	0	730	1,351
201801	479	2	0	253	0	0	0	734	1,356
201802	481	2	0	255	0	0	0	738	1,364
201803	480	2	0	254	0	0	0	736	1,364
201804	485	2	0	255	0	0	0	742	1,374
201805	490	2	0	255	0	0	0	747	1,378
201806	485	2	0	259	0	0	0	746	1,393
201807	491	2	0	261	0	0	0	754	1,404
201808	494	2	0	262	0	0	0	758	1,412
201809	494	2	0	260	0	0	0	756	1,406
201810	495	2	0	258	0	0	0	755	1,397
201811	485	2	0	260	0	0	0	747	1,396
201812	480	2	0	259	0	0	0	741	1,389
201901	477	1	0	256	0	0	0	734	1,370
201902	473	1	0	249	0	0	0	723	1,341
201903	470	1	0	250	0	0	0	721	1,343
201904	467	1	0	252	0	0	0	720	1,346
201905	467	1	0	254	0	0	0	722	1,355
201906	465	1	0	245	0	0	0	711	1,324
201907	466	1	0	247	0	0	0	714	1,336
201908	471	1	0	245	0	0	0	717	1,337
201909	480	1	0	247	0	0	0	728	1,353
201910	479	0	0	218	0	0	0	697	1,205
201911	480	0	0	218	0	0	0	698	1,207
201912	481	0	0	219	0	0	0	700	1,211
202001	478	0	0	214	0	0	0	692	1,199

<b>Total</b>	<b>17,042</b>	<b>60</b>	<b>0</b>	<b>9,055</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26,157</b>	<b>48,550</b>
<b>Grouping Avg</b>	<b>473</b>	<b>2</b>	<b>0</b>	<b>252</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>727</b>	<b>1,349</b>
<b>Monthly Avg</b>	<b>473</b>	<b>2</b>	<b>0</b>	<b>252</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>727</b>	<b>1,349</b>

**Notes:**

- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.

## High Cost Claims Summary

Company: OKALOOSA CO BD OF CO COMM

Group: 41954

High Cost Claims Threshold: 50000

Current Service Period: From 02/2017 to 01/2020

Current Paid Period: From 02/2017 to 01/2020

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	013	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; POSTMENOPAUSAL BLEEDING; NAUSEA WITH VOMITING	0	0	\$0.00	8	\$17,948.95	50	\$7,359.64	178	\$1,502,253.74	\$1,527,562.33	\$1,675,666.13
2	C26	DEPENDENT	HEMORRHAGE COMPLICATING A PROCEDURE; CRITICAL ILLNESS MYOPATHY; HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE	103	4	\$784,398.52	107	\$149,721.18	875	\$153,885.91	65	\$5,510.04	\$1,093,515.65	\$6,102,969.97
3	002	SUBSCRIBER	OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; END STAGE RENAL DISEASE; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT	22	6	\$154,679.67	207	\$279,380.82	356	\$66,525.74	109	\$25,771.09	\$526,357.32	\$5,941,531.05
4	026	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	0	0	\$0.00	6	\$4,744.87	235	\$38,780.20	198	\$382,168.93	\$425,694.00	\$673,486.46
5	025	SPOUSE	UNSPECIFIED SEPTICEMIA; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT; ACUTE KIDNEY FAILURE, UNSPECIFIED	54	6	\$210,972.06	69	\$91,781.27	598	\$34,614.79	122	\$17,424.85	\$354,792.97	\$1,752,524.98
6	025	SUBSCRIBER	OTHER GENERAL SYMPTOMS; INTRASPINAL ABSCESS; PARAPLEGIA	137	5	\$261,394.57	13	\$13,169.43	374	\$46,346.45	64	\$1,902.28	\$322,812.73	\$3,235,520.19
7	002	SPOUSE	PRESSURE ULCER, BUTTOCK; PRESSURE ULCER, LOWER BACK; CHRONIC OSTEOMYELITIS, OTHER SPECIFIED SITES	34	2	\$81,065.34	76	\$93,870.43	431	\$131,432.50	236	\$11,611.49	\$317,979.76	\$760,715.13
8	002	SUBSCRIBER	CERVICAL SPONDYLOSIS WITH MYELOPATHY; PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; UNSPECIFIED SEPTICEMIA	5	3	\$227,872.67	17	\$8,609.63	470	\$46,054.63	185	\$4,038.67	\$286,575.60	\$713,486.78
9	C23	SUBSCRIBER	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM; MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED; WEGENER'S GRANULOMATOSIS	53	6	\$191,438.56	19	\$42,637.03	352	\$49,070.41	58	\$2,634.69	\$285,780.69	\$1,150,140.55

10	002	SPOUSE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; RADIOTHERAPY; MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED SITE	0	0	\$0.00	85	\$254,317.10	190	\$27,225.43	63	\$1,995.27	\$283,537.80	\$1,156,469.33
11	002	SUBSCRIBER	MULTIPLE SCLEROSIS; MISSING OR UNKNOWN DIAGNOSIS CODE; ROUTINE GENERAL MEDICAL EXAMINATION AT HEALTH CARE FACILITY	0	0	\$0.00	0	\$0.00	130	\$227,073.80	67	\$28,942.95	\$256,016.75	\$388,265.89
12	025	SPOUSE	MALIGNANT NEOPLASM OF RECTUM; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; BENIGN NEOPLASM OF THYROID GLANDS	5	1	\$70,354.00	42	\$117,365.24	158	\$50,544.27	37	\$3,717.89	\$241,981.40	\$685,686.94
13	R02	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	7	1	\$7,338.37	54	\$201,556.91	79	\$20,858.06	52	\$887.23	\$230,640.57	\$665,021.63
14	013	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF CORPUS UTERI, EXCEPT ISTHMUS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	32	\$176,256.04	79	\$13,434.72	22	\$20,137.73	\$209,828.49	\$682,681.24
15	R02	SUBSCRIBER	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; UNSPECIFIED SEPTICEMIA; *****	35	5	\$93,881.79	15	\$46,392.99	383	\$54,031.26	148	\$4,499.21	\$198,805.25	\$1,132,648.78
16	002	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF TRANSVERSE COLON	8	2	\$84,391.65	12	\$103,494.64	61	\$9,438.11	20	\$1,407.63	\$198,732.03	\$324,985.32
17	026	SUBSCRIBER	PATHOLOGIC FRACTURE OF VERTEBRAE; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	13	4	\$114,010.55	9	\$5,750.53	228	\$73,247.70	74	\$457.34	\$193,466.12	\$725,865.54
18	015	SUBSCRIBER	CLOSED FRACTURE OF ACETABULUM; CLOSED POSTERIOR DISLOCATION OF HIP; OBSERVATION FOLLOWING OTHER ACCIDENT	6	1	\$179,337.83	0	\$0.00	43	\$6,583.56	10	\$147.72	\$186,069.11	\$570,768.45
19	021	SUBSCRIBER	HYDRONEPHROSIS; MALIGNANT NEOPLASM OF EXOCERVIX; DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE	2	1	\$42,060.44	25	\$67,986.06	320	\$72,808.15	47	\$152.72	\$183,007.37	\$760,818.80
20	025	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	0	0	\$0.00	13	\$16,035.01	189	\$31,445.63	301	\$135,440.62	\$182,921.26	\$337,476.02

21	002	SPOUSE	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE; MISSING OR UNKNOWN DIAGNOSIS CODE; ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	0	0	\$0.00	13	\$31,396.79	322	\$111,738.89	402	\$38,245.08	\$181,380.76	\$615,682.83
22	002	SPOUSE	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED; CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	21	\$118,310.68	182	\$39,495.72	171	\$20,061.04	\$177,867.44	\$602,615.30
23	024	DEPENDENT	CLOSED FRACTURE OF FIFTH CERVICAL VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY; HEADACHE; UNSPECIFIED BACKACHE	7	1	\$162,134.51	0	\$0.00	22	\$10,571.86	13	\$398.87	\$173,105.24	\$1,604,867.67
24	002	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; SYNCOPE AND COLLAPSE; DIARRHEA	0	0	\$0.00	11	\$16,445.98	180	\$9,773.26	105	\$143,855.94	\$170,075.18	\$372,731.41
25	025	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; ATROPHIC GASTRITIS WITHOUT MENTION OF HEMORRHAGE; SOLITARY PULMONARY NODULE	0	0	\$0.00	6	\$5,405.60	108	\$5,541.50	110	\$141,784.80	\$152,731.90	\$465,223.62
26	002	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; OTHER AND COMBINED FORMS OF SENILE CATARACT	0	0	\$0.00	5	\$8,587.00	86	\$22,906.65	249	\$120,683.33	\$152,176.98	\$257,125.63
27	025	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ISSUE OF REPEAT PRESCRIPTIONS	10	1	\$102,621.66	27	\$24,781.60	113	\$20,267.34	25	\$2,457.30	\$150,127.90	\$360,921.71
28	R45	SUBSCRIBER	ARTHRODESIS STATUS; MALIGNANT NEOPLASM OF PROSTATE; ACUTE KIDNEY FAILURE, UNSPECIFIED	7	3	\$81,674.70	5	\$8,139.99	138	\$57,088.01	97	\$2,422.99	\$149,325.69	\$398,296.24
29	R25	SPOUSE	FEMALE STRESS INCONTINENCE; MALIGNANT NEOPLASM OF PROSTATE; BLADDER NECK OBSTRUCTION	1	1	\$37,808.17	11	\$84,224.65	94	\$24,552.73	37	\$564.82	\$147,150.37	\$538,426.82
30	002	SUBSCRIBER	OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT; PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; MALIGNANT NEOPLASM OF PROSTATE	3	3	\$99,103.00	17	(\$6,005.43)	297	\$44,350.97	141	\$6,364.12	\$143,812.66	\$529,679.78
31	025	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; UNSPECIFIED ARTHROPATHY, SITE UNSPECIFIED	0	0	\$0.00	0	\$0.00	24	\$503.06	37	\$131,864.79	\$132,367.85	\$653,561.96
32	021	SUBSCRIBER	UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; MALIGNANT NEOPLASM OF HEAD OF PANCREAS; PORTAL VEIN THROMBOSIS	27	4	\$67,054.92	15	\$31,497.62	152	\$24,313.95	50	\$2,025.58	\$124,892.07	\$728,094.37

33	002	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; POSTPROCEDURAL PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY STATUS; INTERMEDIATE CORONARY SYNDROME	10	1	\$89,148.22	33	\$17,092.73	112	\$16,668.22	41	\$1,078.82	\$123,987.99	\$694,207.34
34	002	SPOUSE	ASEPTIC NECROSIS OF HEAD AND NECK OF FEMUR; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN JOINT, PELVIC REGION AND THIGH	6	2	\$98,044.94	0	\$0.00	40	\$2,611.66	173	\$21,688.96	\$122,345.56	\$905,739.60
35	002	SUBSCRIBER	HYDRONEPHROSIS; ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL, INITIAL EPISODE OF CARE; ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL, INITIAL EPISODE OF CARE	8	3	\$44,738.38	8	\$49,052.10	133	\$16,292.65	164	\$10,934.81	\$121,017.94	\$562,858.00
36	025	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MALIGNANT NEOPLASM OF TONSILLAR FOSSA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	3	1	\$46,584.00	31	\$28,766.32	239	\$44,260.58	59	\$718.41	\$120,329.31	\$340,720.18
37	025	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INTERMEDIATE CORONARY SYNDROME	0	0	\$0.00	9	\$96,118.90	75	\$17,195.37	72	\$4,825.99	\$118,140.26	\$596,822.61
38	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	2	1	\$24,696.98	114	\$48,296.65	149	\$16,659.10	91	\$27,539.68	\$117,192.41	\$294,512.99
39	R45	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; INGUINAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT)	3	1	\$35,464.54	13	\$18,038.00	50	\$9,205.06	20	\$52,278.37	\$114,985.97	\$627,680.92
40	002	DEPENDENT	MULTIPLE SCLEROSIS; ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE; *****	0	0	\$0.00	0	\$0.00	76	\$112,207.20	24	\$28.03	\$112,235.23	\$231,032.03
41	002	DEPENDENT	*****; DELAYED MILESTONES; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	20	\$5,500.00	1,076	\$101,662.53	28	\$1,637.74	\$108,800.27	\$124,492.88
42	R27	SUBSCRIBER	MITRAL VALVE DISORDERS; MISSING OR UNKNOWN DIAGNOSIS CODE; PRE-OPERATIVE CARDIOVASCULAR EXAMINATION	6	1	\$63,656.23	24	\$21,714.91	98	\$18,091.38	148	\$4,060.78	\$107,523.30	\$404,119.05
43	002	SPOUSE	UNSPECIFIED ULCERATIVE COLITIS; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	8	1	\$6,039.21	3	\$2,337.50	111	\$93,697.36	50	\$976.71	\$103,050.78	\$311,927.87



44	002	SUBSCRIBER	OTHER GENERAL SYMPTOMS; MISSING OR UNKNOWN DIAGNOSIS CODE; BENIGN NEOPLASM OF BONES OF SKULL AND FACE	0	0	\$0.00	10	\$26,942.75	280	\$53,247.52	159	\$22,395.82	\$102,586.09	\$348,300.89
45	R02	SUBSCRIBER	MALIGNANT NEOPLASM OF RETROPERITONEUM; LATERAL EPICONDYLITIS OF ELBOW; CHEST PAIN, OTHER	6	1	\$26,459.92	39	\$57,267.14	129	\$18,585.62	61	\$255.38	\$102,568.06	\$679,190.78
46	025	SPOUSE	EXCESSIVE OR FREQUENT MENSTRUATION; OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT; HALLUX VALGUS (ACQUIRED)	0	0	\$0.00	12	\$86,453.61	81	\$15,472.24	40	\$206.75	\$102,132.60	\$524,979.26
47	021	SUBSCRIBER	RHEUMATOID ARTHRITIS; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	1	\$6,641.00	68	\$93,675.38	50	\$655.46	\$100,971.84	\$282,123.38
48	029	SPOUSE	SPINAL STENOSIS IN CERVICAL REGION; PRIMARY LOCALIZED OSTEOARTHROSIS, LOWER LEG; KNEE JOINT REPLACEMENT BY OTHER MEANS	1	1	\$24,962.05	26	\$52,154.28	71	\$21,297.81	70	\$1,050.03	\$99,464.17	\$307,760.66
49	025	SUBSCRIBER	ATRIAL FIBRILLATION; UNSPECIFIED SEPTICEMIA; MISSING OR UNKNOWN DIAGNOSIS CODE	5	1	\$32,891.89	8	\$37,488.69	121	\$19,945.92	281	\$8,025.97	\$98,352.47	\$538,950.14
50	021	DEPENDENT	PSORIATIC ARTHROPATHY; CELLULITIS AND ABSCESS OF UPPER ARM AND FOREARM; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	127	\$97,365.91	27	\$138.01	\$97,503.92	\$202,423.69
51	002	SPOUSE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST	0	0	\$0.00	29	\$72,783.33	105	\$22,849.43	8	\$57.66	\$95,690.42	\$330,993.07
52	002	SUBSCRIBER	SPRAIN AND STRAIN OF OTHER SPECIFIED SITES OF SHOULDER AND UPPER ARM; INGUINAL HERNIA WITH OBSTRUCTION, WITHOUT MENTION OF GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT); PAIN IN JOINT, SHOULDER REGION	0	0	\$0.00	30	\$65,959.33	143	\$21,206.86	195	\$1,470.02	\$88,636.21	\$560,624.27
53	002	SUBSCRIBER	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	4	1	\$73,943.70	0	\$0.00	59	\$4,250.84	144	\$6,991.03	\$85,185.57	\$150,726.17
54	021	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED EPILEPSY WITH INTRACTABLE EPILEPSY; LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY	8	2	\$44,082.02	0	\$0.00	43	\$13,799.01	17	\$26,827.60	\$84,708.63	\$174,852.19

55	C25	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; UNSPECIFIED ESSENTIAL HYPERTENSION	0	0	\$0.00	1	\$716.49	30	\$2,918.05	71	\$80,745.86	\$84,380.40	\$165,318.53
56	023	DEPENDENT	****; CONGENITAL HYPOTHYROIDISM; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	1	\$473.00	433	\$82,926.39	41	\$789.80	\$84,189.19	\$101,763.54
57	015	SPOUSE	ACUTE RESPIRATORY FAILURE; MISSING OR UNKNOWN DIAGNOSIS CODE; INTERNAL HEMORRHOIDS WITHOUT MENTION OF COMPLICATION	9	2	\$63,978.65	2	\$1,822.99	83	\$12,589.18	51	\$5,209.81	\$83,600.63	\$634,750.28
58	031	SUBSCRIBER	OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION; CHRONIC MAXILLARY SINUSITIS; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	0	0	\$0.00	6	\$63,618.71	126	\$14,047.82	80	\$4,170.98	\$81,837.51	\$356,887.75
59	002	SPOUSE	METRRORRHAGIA; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER GENERAL SYMPTOMS	0	0	\$0.00	25	\$34,607.50	259	\$35,465.37	248	\$11,455.20	\$81,528.07	\$324,023.42
60	024	SUBSCRIBER	RHEUMATOID ARTHRITIS; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN SOFT TISSUES OF LIMB	0	0	\$0.00	0	\$0.00	85	\$80,405.97	11	\$450.08	\$80,856.05	\$167,767.95
61	013	SUBSCRIBER	OTHER GENERAL SYMPTOMS; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; CHALAZION	0	0	\$0.00	4	\$6,065.00	216	\$71,965.05	121	\$784.71	\$78,814.76	\$232,583.22
62	025	SPOUSE	PATHOLOGIC FRACTURE OF VERTEBRAE; ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH INTERMITTENT CLAUDICATION; ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH REST PAIN	0	0	\$0.00	3	\$28,786.22	83	\$40,052.52	48	\$7,300.06	\$76,138.80	\$207,306.43
63	002	SPOUSE	OTHER GENERAL SYMPTOMS; POSTLAMINECTOMY SYNDROME, UNSPECIFIED REGION; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	4	1	\$62,584.93	0	\$0.00	47	\$13,369.66	29	\$78.15	\$76,032.74	\$181,747.16
64	021	DEPENDENT	****; DELAYED MILESTONES; FAILURE TO THRIVE	22	1	\$44,513.58	60	\$13,741.18	209	\$15,437.43	38	\$985.82	\$74,678.01	\$391,743.67
65	002	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; POSTLAMINECTOMY SYNDROME, UNSPECIFIED REGION; MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS	0	0	\$0.00	13	\$65,065.10	101	\$8,487.79	85	\$294.90	\$73,847.79	\$299,816.76
66	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; OTHER CONVULSIONS; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$40,789.15	8	\$15,724.60	101	\$12,611.78	172	\$3,381.38	\$72,506.91	\$257,036.90
67	029	SPOUSE	CHEST PAIN, OTHER; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; MACULAR PUCKERING OF RETINA	0	0	\$0.00	2	\$67,395.33	66	\$4,866.07	11	\$174.82	\$72,436.22	\$251,023.57

68	021	DEPENDENT	UNSPECIFIED CLOSED FRACTURE OF ANKLE; CLOSED FRACTURE OF SHAFT OF TIBIA; CONTUSION OF CHEST WALL	0	0	\$0.00	2	\$66,993.43	23	\$4,481.69	1	\$0.00	\$71,475.12	\$460,273.38
69	002	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; TOXIC EFFECT OF UNSPECIFIED NOXIOUS SUBSTANCE	6	2	\$28,112.18	2	\$1,613.00	72	\$8,847.43	120	\$32,779.96	\$71,352.57	\$433,296.89
70	015	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; URINARY TRACT INFECTION, SITE NOT SPECIFIED; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	4	\$3,535.00	70	\$2,873.05	88	\$63,237.94	\$69,645.99	\$201,554.79
71	002	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; MISSING OR UNKNOWN DIAGNOSIS CODE	2	2	\$38,059.10	32	\$9,619.68	106	\$18,051.16	32	\$3,446.75	\$69,176.69	\$234,799.31
72	002	SUBSCRIBER	DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); CALCULUS OF KIDNEY; OTHER GENERAL SYMPTOMS	8	2	\$27,023.59	14	\$25,101.43	134	\$15,221.38	61	\$1,556.21	\$68,902.61	\$401,936.21
73	002	SUBSCRIBER	SINOATRIAL NODE DYSFUNCTION; SYNCOPE AND COLLAPSE; OTHER SPEECH DISTURBANCE	2	2	\$0.00	14	\$59,882.07	78	\$6,051.06	17	\$1,538.13	\$67,471.26	\$299,220.98
74	002	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; ALLERGIC RHINITIS DUE TO POLLEN; CHEST PAIN, OTHER	0	0	\$0.00	1	\$0.00	160	\$6,131.01	70	\$60,807.30	\$66,938.31	\$102,770.70
75	029	DEPENDENT	SCOLIOSIS (AND KYPHOSCOLIOSIS), IDIOPATHIC; ACUTE LYMPHOID LEUKEMIA IN REMISSION; ROUTINE INFANT OR CHILD HEALTH CHECK	6	1	\$44,597.68	4	\$787.79	55	\$21,429.65	4	\$94.37	\$66,909.49	\$256,719.88
76	021	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN JOINT, PELVIC REGION AND THIGH; PSORIATIC ARTHROPATHY	0	0	\$0.00	9	\$547.56	25	\$1,132.69	14	\$64,546.73	\$66,226.98	\$99,592.37
77	024	SUBSCRIBER	ATRIAL FIBRILLATION; MISSING OR UNKNOWN DIAGNOSIS CODE; PALPITATIONS	0	0	\$0.00	5	\$54,189.57	79	\$8,432.60	46	\$3,351.78	\$65,973.95	\$188,048.54
78	024	SUBSCRIBER	OTHER GENERAL SYMPTOMS; KELOID SCAR; NEOPLASM OF UNCERTAIN BEHAVIOR OF PLEURA, THYMUS, AND MEDIASTINUM	1	1	\$54,925.67	4	\$2,269.92	30	\$8,119.42	6	\$4.64	\$65,319.65	\$200,203.55
79	002	SPOUSE	OTHER PNEUMOTHORAX; PRIMARY SPONTANEOUS PNEUMOTHORAX; PEPTIC ULCER, UNSPECIFIED SITE, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT MENTION OF HEMORRHAGE, PERFORATION, OR OBSTRUCTION	10	1	\$58,424.21	1	\$206.00	20	\$5,895.92	3	\$0.00	\$64,526.13	\$259,765.35
80	021	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, PELVIC REGION AND THIGH; *****; ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	4	2	\$58,246.93	5	\$892.85	28	\$4,409.00	17	\$7.14	\$63,555.92	\$291,119.24

81	021	SPOUSE	ENDOMETRIOSIS OF UTERUS; UNSPECIFIED ADVERSE EFFECT OF ANESTHESIA; ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	2	1	\$11,450.25	6	\$35,770.78	128	\$14,693.64	111	\$576.22	\$62,490.89	\$276,251.63
82	002	SUBSCRIBER	ACQUIRED SPONDYLOLISTHESIS; MISSING OR UNKNOWN DIAGNOSIS CODE; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION	0	0	\$0.00	5	\$40,967.88	69	\$10,601.20	162	\$10,864.78	\$62,433.86	\$235,665.82
83	025	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON	2	1	\$2,865.68	15	\$6,830.24	112	\$21,202.22	203	\$30,812.63	\$61,710.77	\$299,977.78
84	021	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	32	\$40,544.72	148	\$17,264.34	97	\$2,734.93	\$60,543.99	\$339,499.35
85	002	SUBSCRIBER	AFTERCARE FOR HEALING TRAUMATIC FRACTURE OF HIP; CLOSED FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT MENTION OF SPINAL CORD INJURY; MULTIPLE CLOSED PELVIC FRACTURES WITH DISRUPTION OF PELVIC CIRCLE	19	2	\$40,784.12	18	\$15,436.80	32	\$3,389.90	5	\$23.00	\$59,633.82	\$437,748.29
86	002	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SPECIFIED CARDIAC DYSRHYTHMIAS; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF DEEP VESSELS OF DISTAL LOWER EXTREMITY	1	1	\$12,871.26	1	\$1,505.00	129	\$8,426.29	185	\$36,772.87	\$59,575.42	\$161,098.44
87	025	DEPENDENT	HYDRONEPHROSIS; OTHER SPECIFIED CONGENITAL ANOMALIES OF URETER; OTHER OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER	2	1	\$20,556.11	15	\$23,441.99	75	\$14,720.19	35	\$707.20	\$59,425.49	\$252,304.28
88	021	SPOUSE	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; POSTMENOPAUSAL BLEEDING; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$43,249.00	8	\$6,654.35	76	\$5,932.46	23	\$3,160.17	\$58,995.98	\$160,944.27
89	002	DEPENDENT	*****, *****, *****	32	6	\$23,914.80	13	\$17,344.55	145	\$13,322.55	262	\$4,064.56	\$58,646.46	\$344,298.12
90	002	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; ACUTE KIDNEY FAILURE, UNSPECIFIED; HYDRONEPHROSIS	7	2	\$45,443.86	2	\$3,202.00	53	\$8,419.50	69	\$720.80	\$57,786.16	\$281,799.79
91	002	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN JOINT, LOWER LEG	1	1	\$42,649.00	23	\$2,079.10	48	\$5,878.79	135	\$5,562.53	\$56,169.42	\$139,388.23
92	021	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; PAIN IN SOFT TISSUES OF LIMB	2	1	\$43,399.29	4	\$2,221.00	43	\$6,820.80	45	\$3,029.95	\$55,471.04	\$146,530.08
93	002	SPOUSE	MALIGNANT CARCINOID TUMOR OF THE DUODENUM; MISSING OR UNKNOWN DIAGNOSIS CODE; HEMORRHAGE COMPLICATING A PROCEDURE	0	0	\$0.00	14	\$34,577.62	84	\$8,057.69	110	\$12,686.60	\$55,321.91	\$188,206.15

94	002	SUBSCRIBER	OTHER GENERAL SYMPTOMS; BENIGN NEOPLASM OF OVARY; VARICOSE VEINS OF THE LOWER EXTREMITIES WITH OTHER COMPLICATIONS	0	0	\$0.00	4	\$37,636.47	80	\$17,160.28	35	\$354.77	\$55,151.52	\$311,584.83
95	025	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION; DIPLOPIA	1	1	\$8,537.22	13	\$20,200.76	112	\$8,288.21	145	\$18,124.99	\$55,151.18	\$243,339.70
96	002	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER GENERAL SYMPTOMS; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	0	0	\$0.00	0	\$0.00	38	\$5,222.93	106	\$49,815.40	\$55,038.33	\$82,238.38
97	029	SUBSCRIBER	OTHER GENERAL SYMPTOMS; OTHER AND UNSPECIFIED ANGINA PECTORIS; UNSPECIFIED ESSENTIAL HYPERTENSION	2	1	\$21,984.84	11	\$18,830.99	97	\$11,792.30	96	\$421.33	\$53,029.46	\$231,794.27
98	021	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED IRON DEFICIENCY ANEMIA; REGIONAL ENTERITIS OF UNSPECIFIED SITE	0	0	\$0.00	12	\$10,047.25	23	\$3,898.89	15	\$39,013.41	\$52,959.55	\$134,638.48
99	025	SUBSCRIBER	LEIOMYOMA OF UTERUS, UNSPECIFIED; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)	0	0	\$0.00	4	\$40,373.39	53	\$9,777.79	25	\$1,246.36	\$51,397.54	\$209,015.34
100	031	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; CARPAL TUNNEL SYNDROME; OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION	1	1	\$5,307.85	19	\$5,848.27	197	\$12,882.52	298	\$26,804.12	\$50,842.76	\$197,777.75
<b>Total</b>				<b>757</b>	<b>115</b>	<b>\$4,508,574.01</b>	<b>1,791</b>	<b>\$3,593,577.43</b>	<b>15,166</b>	<b>\$3,076,084.18</b>	<b>9,062</b>	<b>\$3,550,361.92</b>	<b>\$14,728,597.54</b>	<b>\$57,434,165.84</b>

Benefit Detail Report  
 OKALOOSA CO BD OF CO COMM  
 Group Number: 41954

Relationship	Date Of Birth	Gender	Hire Date	Work Status	Zip/Postal Code	Health Plan Name	Health Coverage Level
Subscriber	04/17/1969	Female	06/16/2014	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/09/1979	Female	05/15/2017	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/03/1966	Female	01/12/2016	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/27/1983	Female	09/06/2016	Active	32583	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/16/1993	Female	05/20/2019	Active	32505	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/31/1961	Male	09/03/2002	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/03/1974	Female	05/13/1999	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/23/1988	Male	04/30/2018	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/25/1952	Male	10/05/2010	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/06/1954	Male	02/02/2004	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/05/1992	Female	09/26/2017	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/03/1965	Male	12/16/2008	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/29/1967	Female	09/11/2017	Active	32465	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/16/1956	Female	09/22/1997	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/10/1958	Male	04/07/2015	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/04/1969	Male	08/23/2006	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/23/1974	Male	11/03/2015	Active	32579	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/04/1971	Female	10/04/2010	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/16/1955	Male	09/15/2009	Active	32541	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/10/1994	Female	06/21/2016	Active	32433	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/03/1984	Female	11/22/2016	Active	32563	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/30/1974	Female	05/14/2019	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/19/1972	Female	04/30/2019	Active	32541	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	03/07/1963	Male	12/04/2018	Active	32579	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/25/1989	Female	08/29/2019	Active	32569	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/13/1977	Male	01/09/2018	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/16/1990	Male	09/03/2019	Active	32563	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	10/30/1966	Male	10/11/2006	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	11/30/1962	Male	04/01/2008	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/30/1966	Male	06/11/2019	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/29/1969	Male	03/06/2012	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/28/1984	Female	06/26/2018	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/06/1971	Male	09/24/2013	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/09/1985	Female	04/13/2015	Active	32541	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/26/1988	Male	03/07/2017	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/19/1959	Male	03/04/1993	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/07/1966	Female	02/10/2020	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/19/1987	Female	02/11/2014	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/07/1974	Male	05/28/2019	Active	32569	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	06/25/1958	Female	11/06/1995	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/13/1970	Male	10/01/2001	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/27/1962	Female	03/15/2007	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/30/1962	Male	10/24/2017	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	12/05/1977	Female	09/13/2010	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/21/1955	Male	11/08/2006	Active	32433	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/18/1991	Female	10/15/2018	Active	32547	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	07/11/1979	Female	11/10/2003	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/27/1957	Female	05/16/2005	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/19/1958	Male	10/14/2014	Active	32566	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/22/1960	Male	08/07/2000	Retiree	32541	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	02/15/1981	Female	04/30/2012	Active	32439	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/21/1970	Male	11/04/2008	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/05/1999	Female	12/31/2018	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/07/1991	Female	06/20/2017	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/30/1978	Female	07/30/2018	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/26/1982	Female	04/03/2019	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/10/1964	Female	11/04/2019	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/15/1961	Female	06/09/2008	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/19/1966	Male	06/28/1994	Active	32536	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	06/21/1965	Male	04/24/2017	Active	32439	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/16/1971	Male	04/02/2019	Active	32580	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/09/1967	Female	05/29/2018	Active	34104	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/06/1964	Male	12/02/1996	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/21/1992	Male	06/04/2019	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/26/1976	Male	08/20/2019	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/27/1961	Male	08/15/2017	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/30/1955	Female	02/28/1999	Retiree	32570	BlueOptions HSA Compatible 05192	Employee Only

Subscriber	08/29/1975	Male	09/24/2019	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/24/1973	Male	02/07/2012	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/09/1980	Male	09/20/2016	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/26/1962	Male	08/09/2016	Active	32563	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/14/1988	Male	10/16/2007	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/21/1964	Female	07/12/1999	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	02/23/1965	Male	07/17/2000	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/12/1965	Female	04/02/2019	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/13/1968	Male	06/21/2004	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/22/1971	Female	03/28/2011	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/09/1961	Female	03/06/2007	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/02/1991	Male	05/22/2018	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/31/1972	Female	12/06/1999	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/17/1994	Female	04/02/2019	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/06/1959	Female		Retiree	99712	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/05/1974	Female	05/01/2014	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/12/1978	Female	02/27/2017	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/30/1969	Male	10/07/2008	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/24/1981	Male	01/31/2012	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/18/1988	Female	05/22/2018	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/29/1961	Male	01/13/2020	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/28/1958	Male	03/19/1999	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/09/1955	Female	03/11/2002	Retiree	32548	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	10/27/1993	Female	09/17/2019	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/13/1969	Male	01/02/2017	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/26/1987	Male	10/21/2019	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/01/1988	Male	09/03/2019	Active	32570	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/24/1989	Male	09/21/2010	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/28/1958	Female	04/30/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/21/1964	Male	07/26/2006	Active	32538	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/29/1991	Female	06/26/2018	Active	32580	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/11/1973	Male	11/08/2016	Active	32428	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/16/1984	Male	08/07/2018	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/14/1980	Male	12/29/2015	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/18/1994	Male	06/18/2019	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/02/1971	Male	04/01/1996	Active	32564	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/28/1971	Female	08/21/2017	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/07/1975	Female	09/19/2005	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/26/1978	Male	12/05/2017	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/21/1966	Male	10/30/2012	Active	36477	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/14/1952	Female	05/05/2015	Active	32459	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/28/1966	Female	08/20/1984	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/01/1969	Male	03/27/2018	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/02/1971	Male	10/04/1988	Active	32579	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	03/11/1957	Female	05/17/1975	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/20/1962	Male	11/16/1987	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/27/1959	Male	11/27/1984	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/05/1956	Female	09/05/1977	Retiree	32578	BlueOptions Predictable Cost 05770	Employee Only
Subscriber	04/10/1947	Male	08/09/2004	Active	32549	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/18/1962	Male	05/13/2015	Active	32567	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	05/22/1962	Male	11/10/2003	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/27/1975	Male	01/22/2001	Active	36483	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/25/1962	Male	01/07/1981	Retiree	32578	BlueOptions Predictable Cost 05770	Employee Only
Subscriber	10/13/1959	Male	08/08/2017	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/06/1975	Female	09/13/2016	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/02/1976	Male	03/27/1995	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/01/1972	Female	10/29/2001	Active	32583	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/25/1963	Male	06/05/1992	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/16/1969	Male	04/02/1990	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/04/1965	Male	06/12/2018	Active	32433	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/23/1971	Female	09/01/1998	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	07/10/1960	Male	10/11/1980	Active	32579	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/17/1954	Male	07/30/2019	Active	32541	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/20/1956	Male	09/20/2006	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/31/1956	Male	04/04/2005	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/03/1954	Male	08/29/1984	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/10/1971	Male	02/23/2010	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/17/1957	Female	04/12/2010	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/13/1962	Male	11/01/1999	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/14/1962	Male	11/09/2000	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/06/1957	Male	11/01/1999	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/03/1957	Male	03/20/2018	Active	32539	BlueOptions Predictable Cost 05770	Employee Only

Subscriber	05/14/1956	Female	04/18/2011	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/19/1959	Female	07/09/2002	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/11/1962	Male	01/22/1991	Active	32547	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	04/12/1962	Male	03/06/2018	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/18/1963	Male	06/17/1996	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	11/04/1963	Male	03/02/2006	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/19/1965	Female	10/07/1997	Retiree	32567	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/14/1961	Female	04/30/2013	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/21/1961	Female	04/12/2016	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	11/12/1965	Female	05/15/1989	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/05/1969	Male	05/01/2018	Active	32439	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	10/20/1959	Male	05/19/2003	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/16/1978	Female	08/09/2016	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/21/1965	Male	11/22/2016	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/18/1953	Female	09/27/2011	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/19/1955	Male	02/10/1986	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/29/1955	Male	10/04/2006	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/27/1954	Male	06/01/1993	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	02/11/1954	Male	08/31/1981	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/27/1955	Male	04/03/2006	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/24/1961	Male	04/16/2019	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/30/1954	Male	12/14/1993	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/21/1957	Male	07/01/1985	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/27/1965	Female	11/13/2017	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	10/28/1959	Male	05/10/2004	Active	32533	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/15/1957	Female	10/10/1975	Retiree	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/29/1959	Male	06/07/1999	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/27/1959	Female	04/17/1987	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/27/1959	Male	03/09/1987	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/19/1968	Female	03/25/1996	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/31/1963	Female	04/03/1987	Active	32547	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/17/1962	Male	01/28/2014	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/13/1972	Female	11/27/2006	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/16/1975	Female	06/26/2018	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/29/1971	Male	12/19/2006	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/15/1973	Male	10/05/2010	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	07/20/1964	Female	01/29/2018	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/17/1964	Male	08/26/1986	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/08/1961	Female	05/08/2018	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/17/1963	Female	12/02/2014	Active	32565	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	04/28/1968	Male	04/17/1989	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/08/1966	Male	12/08/1997	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/05/1950	Female	10/13/2009	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/16/1964	Male	05/02/2017	Active	32548	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	03/08/1956	Male	01/16/2018	Active	32579	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/17/1956	Male	04/07/2015	Active	32583	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/29/1953	Male	11/26/2013	Active	32548	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	10/24/1964	Male	01/06/2020	Active	32570	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/04/1961	Female	03/20/2000	Active	32549	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/29/1963	Male	06/10/1996	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/29/1961	Male	07/26/2016	Active	32588	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/27/1959	Male	07/16/1981	Retiree	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/23/1957	Male	06/07/2016	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/05/1972	Female	08/02/1999	Active	32579	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/15/1970	Female	03/06/2018	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/08/1959	Female	10/01/2013	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/23/1962	Male	04/26/2004	Active	32570	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/07/1960	Female	11/13/2018	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/07/1960	Male	09/13/1993	Active	32531	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	05/21/1977	Male	12/14/1999	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/31/1962	Male	07/05/2016	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/27/1963	Male	11/27/2007	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/10/1971	Male	09/24/2019	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/01/1964	Female	05/16/2011	Active	32579	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	04/06/1960	Male	11/21/2017	Active	32570	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/02/1965	Male	04/15/2002	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/21/1978	Male	11/26/2004	Active	32578	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	10/01/1969	Female	04/02/1996	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/15/1958	Male	08/20/1984	Active	32536	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	05/20/1958	Female	06/28/1993	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/02/1957	Male	04/19/2004	Active	32564	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	11/27/1959	Male	08/22/1978	Active	32564	BlueOptions HSA Compatible 05193	Employee + Family



Subscriber	03/19/1959	Male	05/17/1988	Active	32564	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/30/1958	Female	08/01/2017	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/11/1959	Female	06/30/2015	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/27/1959	Male	10/09/1986	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/30/1958	Male	03/15/1999	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/19/1968	Male	11/24/2004	Active	32583	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/01/1958	Male	01/04/1988	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/02/1965	Male	10/23/2006	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/26/1963	Female	03/21/2006	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	04/12/1957	Female	03/14/1977	Retiree	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/27/1962	Female	10/10/2005	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/26/1961	Male	02/06/2007	Active	32433	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/13/1963	Male	02/16/2010	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/09/1972	Female	10/31/2017	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/09/1961	Female	11/15/2004	Active	32564	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/06/1973	Female	12/29/2015	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/28/1964	Male	07/01/2019	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/17/1960	Male	06/18/2019	Active	32567	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/17/1958	Male	06/07/1999	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/02/1965	Male	02/28/2005	Active	32439	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/31/1969	Female	12/15/1990	Active	32567	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/01/1976	Male	09/29/2006	Active	32579	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/16/1955	Male	01/25/1993	Active	32541	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/11/1949	Male	01/06/1977	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/12/1968	Male	09/07/2010	Active	32433	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/10/1965	Male	07/17/2006	Active	32439	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	11/19/1959	Male	07/08/1981	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/06/1959	Male	08/11/2009	Active	32541	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	02/28/1963	Male	10/16/1989	Active	32564	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/28/1972	Male	03/15/1993	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	02/04/1965	Female	10/18/2011	Active	32564	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/16/1959	Female	04/05/1993	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/07/1975	Male	10/03/1994	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/28/1965	Male	11/20/1986	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/24/1966	Male	07/23/1985	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/16/1972	Female	05/26/2014	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/21/1956	Male	08/30/2011	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	05/23/1961	Male	10/28/1998	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	05/29/1961	Female	03/22/1999	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	11/26/1969	Female	06/25/2005	Active	32569	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/16/1960	Male	06/12/1989	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/23/1956	Female	08/15/2017	Cobra	32536	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	07/31/1961	Male	10/02/1995	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/04/1962	Female	05/27/2008	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/18/1962	Female	05/24/1982	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/28/1960	Male	11/03/2009	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/15/1958	Male	05/26/2015	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/01/1959	Male	11/13/2006	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/03/1975	Male	02/07/2017	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/13/1963	Male	05/30/2017	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/16/1960	Female	01/30/2018	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/17/1964	Male	10/22/2007	Active	32536	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	01/06/1964	Female	10/27/1997	Active	36442	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/29/1949	Male	02/07/2005	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/13/1964	Male	10/14/2013	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/31/1971	Male	06/29/2018	Active	32578	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	01/19/1967	Female	06/04/2019	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/14/1959	Male	02/02/2016	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/21/1967	Male	05/22/2018	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/12/1959	Female	01/04/1993	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/29/1976	Male	07/11/2017	Active	32439	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/28/1971	Female	03/01/2016	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/13/1969	Male	11/02/2015	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/31/1973	Female	11/13/2006	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/06/1968	Male	05/31/2006	Active	32571	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/03/1979	Male	05/15/2018	Active	32566	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/16/1968	Male	02/01/2002	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/06/1979	Male	03/11/2008	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/27/1972	Female	03/28/2017	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/18/1964	Female	01/27/2020	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/03/1976	Male	09/22/1999	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/22/1975	Female	09/18/2018	Active	32541	BlueOptions Predictable Cost 05781	Employee Only

Subscriber	01/03/1967	Male	03/13/2018	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/28/1988	Female	03/12/2019	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/17/1960	Female	08/23/1999	Active	32564	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	10/16/1961	Female	03/27/2006	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/22/1960	Female	10/08/2013	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/11/1966	Male	08/21/2018	Active	32566	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/19/1967	Female	04/22/2013	Active	32541	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/25/1967	Female	04/29/2014	Active	32578	BlueOptions Predictable Cost 05770	Employee Only
Subscriber	08/26/1974	Male	02/20/2018	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/05/1964	Male	12/16/2019	Active	32583	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/26/1970	Male	11/04/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/17/1990	Male	05/03/2016	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	11/12/1994	Female	10/03/2017	Active	32506	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/27/1983	Female	09/10/2019	Active	32571	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/22/1971	Male	10/17/2017	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/26/1962	Female	12/05/2017	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/25/1951	Female	03/17/2015	Active	32433	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/16/1966	Male	11/12/2019	Active	32578	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	12/22/1963	Male	06/15/1990	Retiree	36535	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	07/17/1988	Female	01/03/2017	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/24/1964	Female	10/03/2016	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/02/1956	Female	03/23/1999	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/09/1970	Female	04/18/2017	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/16/1986	Male	09/11/2012	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/17/1961	Female	01/25/2016	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	12/13/1978	Female	01/19/2016	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/01/1978	Female	10/08/2018	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/26/1956	Female	12/15/2003	Retiree	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/13/1970	Male	02/12/2008	Active	32570	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/05/1976	Male	10/06/2019	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/30/1958	Male	09/13/2016	Active	32541	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	06/27/1975	Female	06/13/2011	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/05/1957	Male	02/22/2006	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/28/1994	Female	07/23/2019	Active	32570	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/06/1960	Male	07/09/2001	Active	32547	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/12/1960	Female	08/10/2015	Active	32541	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/04/1958	Female	01/05/1998	Active	32570	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/06/1974	Female	01/26/2010	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/07/1969	Male	11/04/2019	Active	36693	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/05/1976	Male	08/04/2015	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/01/1966	Female	05/18/2010	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/31/1969	Female	04/30/2019	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	11/16/1976	Female	05/13/2019	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/12/1994	Female	09/19/2017	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/19/1946	Female	03/22/2004	Active	32541	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/24/1971	Female	01/08/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/28/1970	Female	03/11/1995	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/20/1966	Female	12/09/2008	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/29/1976	Male	06/09/2003	Active	32569	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	06/05/1979	Male	06/24/2014	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/24/1982	Male	02/25/2014	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/13/1968	Male	01/18/2005	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/19/1969	Female	10/20/2009	Active	32580	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/02/1967	Male	05/15/2017	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/15/1989	Female	05/17/2016	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/05/1991	Female	06/14/2016	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/19/1992	Female	10/21/2014	Active	32548	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/11/1960	Male	11/15/1999	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/13/1970	Male	04/16/1990	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/25/1975	Male	08/27/2019	Active	32563	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/20/1960	Female	10/02/2007	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/04/1970	Male	03/26/2016	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/16/1967	Female	06/19/1995	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/05/1967	Male	11/12/2002	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/07/1973	Male	01/27/2020	Active	32547	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/15/1977	Female	12/27/2000	Active	32548	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/25/1995	Male	09/10/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/31/1959	Male	09/27/2016	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	04/10/1957	Male	02/24/2015	Active	32567	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/25/1978	Female	11/06/2017	Active	32514	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/13/1955	Female	07/14/2008	Active	32569	BlueOptions Predictable Cost 05770	Employee Only
Subscriber	05/10/1972	Male	12/19/2017	Active	36442	BlueOptions Predictable Cost 05770	Employee + Family

Subscriber	04/17/1962	Female	02/14/2005	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/12/1986	Male	04/13/2015	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/30/1959	Male	05/16/2005	Active	32571	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/17/1965	Male	04/30/2019	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/15/1972	Male	09/25/2018	Active	36608	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	04/05/1969	Male	04/06/1993	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/30/1988	Male	11/04/2019	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/25/1982	Female	07/09/2019	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/08/1991	Male	07/16/2019	Active	35211	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/19/1980	Female	08/11/2009	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/28/1978	Male	11/12/2013	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	11/07/1991	Male	03/01/2017	Active	32439	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/02/1975	Male	05/31/2000	Active	32579	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/11/1976	Male	08/07/2018	Active	32541	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/10/1977	Male	06/18/2019	Active	32459	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/11/1959	Male	07/29/2014	Active	32549	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	09/29/1986	Female	08/13/2019	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/06/1979	Male	01/26/2016	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/25/1964	Female	05/21/2013	Active	32433	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/06/1954	Male	02/19/2008	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/19/1962	Male	03/31/1988	Active	32580	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	07/26/1960	Female	09/28/2010	Active	32580	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/06/1964	Male	01/27/2020	Active	32580	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/01/1992	Female	02/14/2018	Active	32564	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/16/1972	Male	07/27/2010	Active	32456	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	04/07/1978	Male	08/09/2016	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/14/1984	Male	07/09/2019	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/15/1958	Female	04/08/1991	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/28/1986	Male	07/03/2018	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/18/1963	Male	04/29/2014	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/29/1968	Male	08/14/2018	Active	32541	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/15/1985	Female	01/30/2018	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/18/1972	Female	07/31/2018	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/11/1970	Male	10/29/2013	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/17/1965	Male	11/01/2014	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/26/1959	Male	06/18/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/31/1978	Male	06/03/2014	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/16/1960	Male	03/04/2002	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/30/1962	Male	01/23/2006	Active	32564	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/03/1978	Female	10/19/1998	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/19/1979	Male	12/16/2008	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	04/09/1951	Male	07/01/1996	Active	32541	BlueOptions Predictable Cost 05770	Employee Only
Subscriber	08/02/1957	Female	01/10/2012	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/07/1986	Female	11/01/2009	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/04/1969	Female	04/11/2016	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/30/1986	Male	12/16/2013	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/14/1956	Male	12/10/2013	Active	32540	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/18/1966	Male	03/12/2000	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/25/1983	Male	04/04/2017	Active	32541	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/19/1987	Female	10/03/2017	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/08/1971	Male	09/01/2015	Active	32541	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/29/1970	Male	05/31/2016	Active	32583	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	06/04/1966	Female	08/04/2015	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/08/1988	Female	12/23/2014	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/23/1976	Female	10/04/2016	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/11/1982	Female	10/04/2004	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/24/1961	Male	03/08/2016	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/04/1988	Male	10/21/2014	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/02/1967	Male	11/03/2015	Active	32566	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/30/1968	Male	04/30/2013	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/13/1964	Male	09/13/2011	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/02/1956	Female	10/04/2004	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/03/1979	Male	07/21/2008	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/23/1958	Female	12/15/2009	Active	36483	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/31/1967	Male	02/13/2006	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/05/1964	Male	04/19/1993	Active	32578	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	11/11/1975	Male	08/21/2012	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/01/1986	Female	12/10/2018	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/25/1984	Female	06/20/2016	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/04/1967	Female	07/17/2018	Active	32578	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	10/23/1979	Female	12/02/2008	Active	32547	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/15/1958	Female	05/13/2005	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family

Subscriber	02/02/1961	Male	08/06/2012	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/04/1978	Female	02/04/2013	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/03/1986	Female	10/14/2019	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/08/1956	Male	11/29/1999	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/20/1973	Female	06/30/2015	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/29/1971	Female	09/22/2015	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/30/1976	Female	06/12/2018	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/04/1992	Male	09/13/2016	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/29/1960	Female	10/30/1995	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/08/1965	Male	03/18/2008	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/10/1985	Female	11/12/2012	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/11/1958	Female	11/20/2018	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/17/1959	Male	01/08/2008	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/01/1980	Male	01/17/2017	Active	32579	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/15/1963	Female	01/09/2017	Cobra	32539	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	12/06/1969	Female	09/17/2002	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/02/1979	Female	01/19/2009	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/07/1968	Female	04/29/2014	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/21/1985	Male	07/01/2014	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/30/1987	Female	09/15/2014	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/23/1968	Female	02/16/2004	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/26/1976	Female	08/13/2003	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/03/1973	Male	06/16/2015	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/24/1979	Female	11/21/2005	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/27/1990	Female	01/27/2017	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/08/1985	Male	11/03/2009	Active	36442	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/09/1974	Male	06/12/2012	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/23/1970	Male	01/11/1999	Active	32578	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/14/1966	Female	05/23/2005	Active	32536	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	01/07/1967	Male	12/13/2016	Active	32514	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/27/1968	Male	06/16/2009	Active	32548	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/22/1967	Male	08/14/2012	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/28/1970	Male	02/14/2005	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/26/1985	Female	04/02/2019	Active	32541	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/21/1993	Male	05/21/2019	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/19/1994	Male	06/16/2015	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/20/1975	Male	06/07/2004	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/15/1983	Male	08/04/2004	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/18/1985	Female	07/25/2017	Active	32571	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/21/1971	Male	09/08/2015	Active	32567	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/25/1980	Male	07/09/2001	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/12/1987	Female	10/04/2016	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/14/1974	Female	01/15/2019	Active	32435	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/08/1996	Female	10/28/2019	Active	32507	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/02/1977	Male	02/15/2005	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/03/1982	Male	12/23/2014	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/22/1996	Male	11/08/2016	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/06/1974	Male	11/20/2006	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/12/1988	Male	10/28/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/23/1985	Male	10/16/2012	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/03/1989	Female	05/01/2018	Active	32571	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/31/1990	Male	06/09/2014	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/01/1986	Female	07/17/2018	Active	32526	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/03/1975	Male	11/05/2001	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/02/1973	Male	08/20/2013	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/25/1965	Male	01/12/2010	Active	32564	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	09/04/1973	Male	08/16/2005	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	04/16/1976	Male	09/25/2006	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/24/1991	Male	02/21/2017	Active	32304	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/27/1974	Male	06/18/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/25/1974	Male	08/16/1999	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	10/13/1993	Female	08/07/2018	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/20/1985	Male	11/07/2005	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/26/1986	Male	12/30/2014	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/05/1970	Female	07/26/2005	Active	32567	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	02/05/1974	Female	02/03/2003	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/31/1995	Female	02/20/2018	Active	32565	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/05/1973	Male	09/25/2007	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/16/1976	Male	10/05/2010	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/02/1978	Male	03/21/2017	Active	32571	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/20/1979	Female	11/07/2017	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/23/1977	Male	07/27/2005	Active	32583	BlueOptions HSA Compatible 05193	Employee + Family

Subscriber	04/11/1977	Male	06/05/2000	Active	36483	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/05/1978	Male	02/09/2016	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/13/1978	Female	10/01/2001	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/09/1980	Male	02/25/2019	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/26/1998	Male	01/06/2020	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/29/1988	Male	08/04/2015	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/17/1988	Male	04/28/2015	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/29/1988	Male	09/23/2008	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/28/1986	Male	01/15/2019	Active	32571	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/17/1989	Male	10/28/2014	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/03/1988	Male	12/10/2013	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	04/08/1985	Male	02/09/2010	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	03/10/1990	Male	12/09/2019	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/08/1969	Female	02/19/2018	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/29/1975	Male	09/08/1998	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/03/1966	Female	03/10/1989	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/16/1987	Male	04/24/2018	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/06/1985	Male	08/23/2016	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/11/1984	Female	01/21/2020	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/31/1983	Male	11/20/2012	Active	32564	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	12/04/1980	Female	05/22/2018	Active	32464	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/26/1987	Male	02/05/2008	Active	32567	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/05/1992	Female	03/05/2019	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/27/1973	Male	12/01/2009	Active	32567	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	08/13/1993	Male	06/04/2019	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/20/1993	Female	11/27/2017	Active	32580	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/18/1983	Male	06/29/2003	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/31/1986	Female	08/23/2011	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/07/1972	Male	07/29/2003	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/30/1986	Male	11/08/2016	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	11/23/1973	Female	12/01/2014	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	01/12/1978	Female	01/21/2020	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	06/05/1996	Male	10/21/2019	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/18/1996	Female	09/17/2019	Active	32425	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/12/1979	Male	08/05/2013	Active	32578	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	09/09/1982	Female	03/27/2018	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/03/1996	Female	02/14/2017	Active	32564	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/14/1980	Female	11/24/2015	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/08/1985	Male	10/16/2006	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/09/1989	Female	02/09/2016	Active	32539	BlueOptions Predictable Cost 05770	Employee + Family
Subscriber	10/01/1989	Male	10/15/2013	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/11/1989	Male	02/16/2016	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/09/1968	Male	07/29/1986	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/01/1988	Male	04/11/2017	Active	32435	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/17/1966	Male	04/07/1997	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/27/1990	Male	03/03/2015	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/27/1967	Male	12/05/2006	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/28/1980	Female	06/02/1999	Active	32583	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	03/05/1979	Male	09/17/2013	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/29/1983	Female	06/20/2017	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	01/12/1973	Male	12/19/2017	Active	32433	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/23/1965	Male	06/01/1987	Active	32569	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/07/1974	Male	12/30/2014	Active	36483	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/20/1970	Male	11/08/1999	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	04/23/1968	Male	08/12/2005	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/18/1969	Male	03/22/1988	Retiree	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	10/05/1991	Female	06/13/2017	Active	32570	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/23/1973	Male	02/06/2018	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/22/1967	Male	08/21/2012	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/03/1968	Female	08/10/2005	Active	32566	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/10/1968	Male	08/16/2016	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/24/1969	Female	06/13/2017	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/29/1993	Female	12/09/2019	Active	32550	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/22/1968	Female	08/04/2003	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/08/1971	Male	12/09/2014	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/06/1971	Male	10/14/2019	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/10/1994	Male	07/23/2019	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/02/1974	Male	07/13/2015	Active	32433	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/09/1994	Female	05/16/2017	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/08/1982	Male	06/21/2004	Active	32564	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	02/27/1963	Male	09/14/1999	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/18/1987	Male	04/11/2017	Active	32566	BlueOptions HSA Compatible 05193	Employee + Family

Subscriber	05/09/1976	Male	05/15/2018	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/22/1996	Male	07/02/2019	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/10/1966	Female	12/23/1996	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/23/1975	Male	12/11/2007	Active	32567	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	09/08/1976	Male	05/23/2002	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/23/1980	Male	05/30/2017	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/05/1998	Male	03/06/2018	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/10/1985	Male	07/15/2003	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/18/1989	Male	11/05/2013	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/28/1986	Male	04/04/2005	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/11/1986	Male	06/09/2015	Active	32433	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	10/21/1980	Male	10/28/2008	Active	32566	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	12/20/1966	Female	01/09/2018	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	03/15/1976	Male	07/28/1998	Active	32564	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/15/1972	Male	11/13/2017	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/27/1990	Male	06/16/2015	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/24/1968	Male	04/30/2013	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/24/1966	Female	12/28/2019	Active	32567	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	02/28/1978	Male	10/04/1999	Active	32583	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/25/1968	Female	05/22/2018	Active	32547	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/16/1971	Male	03/21/2017	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/07/1967	Female	09/22/2003	Active	32567	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/13/1977	Female	01/30/2017	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/03/1975	Male	04/30/2013	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/19/1969	Male	03/12/2019	Active	36442	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/14/1971	Female	02/26/2018	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/18/1993	Male	05/08/2018	Active	32564	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/08/1981	Male	03/13/2012	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/09/1976	Female	09/04/2007	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/28/1973	Female	09/11/2018	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/31/1987	Male	03/04/2008	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	12/13/1994	Female	10/15/2018	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/27/1976	Male	03/19/2001	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/16/1996	Female	04/11/2017	Active	32583	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/25/1975	Male	08/21/1998	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/17/1988	Male	12/04/2012	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/26/1982	Male	04/25/2005	Active	32539	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	11/09/1974	Male	04/11/2011	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/02/1987	Male	10/10/2017	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/08/1997	Female	12/11/2018	Active	32566	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/26/1976	Female	06/26/2018	Active	32536	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/14/1983	Female	06/24/2013	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	03/20/1987	Female	12/11/2007	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	04/29/1998	Female	08/20/2019	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/19/1999	Male	10/31/2017	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/30/1985	Female	05/14/2018	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	02/13/1990	Male	10/08/2019	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/01/1990	Female	01/14/2019	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/10/1990	Male	09/08/2015	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/29/1990	Female	08/05/2014	Active	32428	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	03/07/1980	Male	08/17/2010	Active	32567	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	02/18/1991	Male	12/05/2017	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/22/1968	Female	01/23/2018	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/23/1970	Female	04/09/1997	Active	36442	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/24/1970	Male	09/03/2013	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/28/1991	Female	02/20/2018	Active	36442	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/12/1967	Female	09/08/1998	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/28/1983	Male	10/28/2013	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/03/1984	Female	05/18/2010	Active	32539	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	12/18/1982	Female	10/20/2008	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/01/1993	Male	07/09/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/08/1980	Female	05/22/2018	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/28/1994	Female	02/17/2017	Active	32526	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/16/1969	Male	11/18/1997	Active	32531	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	07/03/1976	Male	01/12/2015	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/21/1982	Female	08/15/2017	Active	32580	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	06/04/1972	Male	03/01/1993	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/23/1993	Male	02/03/2015	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	09/05/1972	Male	05/08/2018	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/15/1973	Female	05/22/2000	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	11/21/1974	Female	05/12/2003	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/09/1996	Male	01/15/2019	Active	32505	BlueOptions Predictable Cost 05781	Employee Only

Subscriber	02/12/1976	Male	03/09/2015	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/19/1989	Female	03/30/2018	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/22/1999	Male	04/23/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	03/22/1966	Female	10/02/1987	Retiree	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/24/1991	Male	06/25/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/24/1968	Female	09/24/2019	Active	32514	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/05/1985	Male	03/03/2015	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/14/1991	Male	09/27/2019	Active	32579	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/23/1977	Female	06/10/1999	Active	32531	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	07/09/1990	Female	05/22/2017	Active	32536	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	01/22/1971	Female	08/03/1998	Active	32578	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	10/25/1982	Male	06/10/2008	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/31/1992	Female	12/19/2017	Active	32570	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	04/20/1983	Female	02/04/2008	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/23/1984	Male	02/01/2009	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	10/07/1969	Female	01/11/1988	Active	32531	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	08/28/1981	Male	04/03/2012	Active	32564	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	05/24/1975	Male	12/28/2001	Active	32569	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/16/1987	Male	03/26/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/18/1981	Male	07/09/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	05/02/1983	Female	01/19/2004	Active	32548	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	07/07/1984	Female	06/12/2006	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/07/1987	Female	09/17/2019	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/05/1997	Male	09/26/2017	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	06/02/1986	Female	11/18/2011	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/03/1987	Male	03/27/2017	Active	32578	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	08/30/1998	Male	05/22/2018	Active	32531	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	02/26/1974	Male	11/12/2013	Active	32550	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	09/28/1979	Male	11/18/2014	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	05/10/1999	Male	12/30/2019	Active	32580	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/08/1989	Male	03/19/2019	Active	32536	BlueOptions Predictable Cost 05781	Employee + Family
Subscriber	05/21/1991	Male	12/19/2017	Active	32536	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	07/10/1989	Male	04/14/2014	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	04/27/1990	Female	11/07/2017	Active	32514	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	10/02/1989	Female	04/29/2019	Active	32539	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/17/1992	Male	03/20/2018	Active	32578	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	08/08/1997	Male	04/16/2019	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	12/22/1991	Male	03/28/2017	Active	32539	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	06/13/1980	Female	10/30/2018	Active	32547	BlueOptions HSA Compatible 05192	Employee Only
Subscriber	11/07/1997	Female	07/02/2019	Active	32578	BlueOptions Predictable Cost 05781	Employee Only
Subscriber	01/29/1971	Female	05/20/2019	Active	32547	BlueOptions HSA Compatible 05193	Employee + Family
Subscriber	04/26/1980	Male	02/07/2012	Active	32548	BlueOptions HSA Compatible 05193	Employee + Family

Relationship	Date Of Birth	Gender	Hire Date	Zip/Postal Code	Health Plan Name	Health Coverage Level
RETIREE	9/21/1953	f	10/17/1983	32536	BlueMedicare	Single
RETIREE	4/10/1938	F	4/10/1989	32547	BlueMedicare	Single
RETIREE	6/17/1954	M	4/8/1996	32531	BlueMedicare	Single
RETIREE	2/24/1948	M	8/4/1975	99712	BlueMedicare	Single
RETIREE	11/21/1953	M	11/19/1981	32580	BlueMedicare	Pharmacy
RETIREE	7/20/1940	F	N/A	32514	BlueMedicare	Single
RETIREE	11/30/1938	F	N/A	32435	BlueMedicare	Single
RETIREE	11/22/1940	F	7/10/2000	32539	BlueMedicare	Employee / Spouse
RETIREE	1/2/1945	F	N/A	32539	BlueMedicare	Single
RETIREE	7/27/1941	M	10/1/1961	32578	BlueMedicare	Single
RETIREE	5/16/1961	M	12/4/1986	32539	BlueMedicare	Single
RETIREE	9/1/1944	F	N/A	32579	BlueMedicare	Single
RETIREE	9/11/1951	F	3/6/2000	33935	BlueMedicare	Employee / Spouse





In the pursuit of health®

**Okaloosa County BOCC #41954**

**2019 BlueMedicare Group PPO (Employer PPO) Health Benefits**

<b>Benefits</b>	<b>BlueMedicare Group PPO Plan 2</b>
<b>Premium</b> (per member, per month)	\$284.14 for PPO2Rx2
<b>Annual Deductible</b>	\$0 In-Network / \$2,000 Out-of-Network
<b>Out-of-Pocket Maximum</b> (based on plan year)	\$2,000 In-Network / \$4,000 Out-of-Network In-Network out-of-pocket maximum accumulates toward Out-of-Network out-of-pocket maximum
<b>Physician Office</b>	
<b>Primary Care</b> (per visit)	In-Network \$35 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Specialist Care</b> (per visit)	In-Network \$50 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Convenient Care Center</b>	In-Network / Out-of-Network \$50 Copayment
<b>Podiatry Services</b> (per visit) (routine foot care up to 6 visits per year)	In-Network \$50 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Chiropractic Services</b> (per visit) For each Medicare-covered visit (manual manipulation of the spine to correct subluxation)	In-Network \$20 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Outpatient Mental Health Care</b> (per visit) For individual or group therapy (including partial hospitalization)	In-Network \$40 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Outpatient Substance Abuse Care</b> (per visit)	In-Network \$40 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Part B drugs</b> (including chemotherapy)	In-Network 20% coinsurance Out-of-Network Deductible & 40% Coinsurance
<b>Allergy Serums for Injection</b>	In-Network \$10 Copayment Out-of-Network Deductible & 40% Coinsurance

Benefits	BlueMedicare Group PPO Plan 2
<b>Other Services</b>	
<b>Outpatient Surgery</b>	In-Network <ul style="list-style-type: none"> <li>• \$250 Copayment for each outpatient hospital facility visit</li> <li>• \$175 Copayment for each visit to an ambulatory surgical center</li> </ul> Out-of-Network Deductible & 40% Coinsurance
<b>Diagnostic Tests, X-Rays</b> Office  IDTF  Outpatient Hospital	In-Network <ul style="list-style-type: none"> <li>• PCP \$35 Copayment</li> <li>• Specialist \$50 Copayment</li> </ul> Out-of-Network Deductible & 40% Coinsurance  In-Network \$100 Copayment Out-of-Network Deductible & 40% Coinsurance  In-Network \$250 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Lab Services</b> Independent Clinical Lab Outpatient Hospital All Locations	In-Network \$0 Copayment In-Network \$30 Copayment Out-of-Network Deductible & 40% Coinsurance
<b>Advanced Imaging (MRI, MRA, CT Scan, PET Scan and Nuclear Medicine)</b> Office  IDTF  Outpatient Hospital	In-Network \$175 Copayment Out-of-Network Deductible & 40% Coinsurance  In-Network \$175 Copayment Out-of-Network Deductible & 40% Coinsurance  In-Network \$250 Copayment Out-of-Network Deductible & 40% Coinsurance

Benefits	BlueMedicare Group PPO Plan 2
<p><b>Outpatient Hospital Services</b> (per visit) Occupational Therapy, Physical Therapy, Speech &amp; Language Therapy, Cardiac Rehab (including intensive cardiac rehab)</p> <p>Pulmonary Rehab</p> <p>Radiation Therapy</p> <p>Dialysis</p> <p>Lab Only</p> <p>All Other Diagnostic Tests, X-Rays, Advanced Imaging, etc.</p>	<p>In-Network \$40 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p> <p>In-Network \$30 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p> <p>In-Network \$50 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p> <p>In-Network / Out-of-Network 20% Coinsurance</p> <p>In-Network \$30 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p> <p>In-Network \$250 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p>
<p><b>Urgently Needed Care</b> (This is not emergency care, and in most cases is out-of-the-service area.)</p>	<p>In-Network / Out-of-Network \$50 Copayment</p>
<p><b>Emergency Services</b> (Including Worldwide Coverage)</p>	<p>In-Network / Out-of-Network \$75 Copayment (\$25,000 maximum per plan year for worldwide emergency services received outside the U.S.)</p>
<p><b>Medicare-Covered Dental, Hearing and Vision</b></p>	<p>In-Network \$50 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p>
<p><b>Home Health</b></p>	<p>In-Network / Out-of-Network \$0 Copayment</p>
<p><b>Ambulance</b></p>	<p>In-Network / Out-of-Network \$150 Copayment for Medicare-covered ambulance services</p>
<p><b>Outpatient Medical Services and Supplies</b></p>	
<p><b>Durable Medical Equipment/Diabetic Supplies</b> Diabetic Supplies (glucose meters, test strips and lancets) <i>Note: needles, syringes and insulin for self-injection are covered under your Part D benefit</i></p> <p>Equipment: Plan-Approved Electric Customized Wheelchairs, Electric Scooters</p> <p>All Other Medicare-Covered Durable Medical Equipment</p>	<p>In-Network \$0 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p> <p>In-Network 20% Coinsurance Out-of-Network Deductible &amp; 40% Coinsurance</p> <p>In-Network \$0 Copayment Out-of-Network Deductible &amp; 40% Coinsurance</p>

Benefits	BlueMedicare Group PPO Plan 2
<b>Prosthetic Devices</b>	In-Network \$0 Copayment for Medicare-covered items Out-of-Network Deductible & 40% Coinsurance
<b>Outpatient Rehabilitation</b> Occupational Therapy, Physical Therapy, Speech & Language Therapy, Cardiac Rehab (including intensive cardiac rehab)  Office or Freestanding Facility Services  Outpatient Hospital Services  Pulmonary Rehab	In-Network \$40 Copayment for each visit Out-of-Network Deductible & 40% Coinsurance  In-Network \$40 Copayment for each visit Out-of-Network Deductible & 40% Coinsurance  In-Network \$30 Copayment for each visit Out-of-Network Deductible & 40% Coinsurance
<b>Dialysis</b>	In-Network/Out-of-Network 20% Coinsurance
<b>Inpatient Care</b>	
<b>Inpatient Hospital Care</b> (including substance abuse treatment)	In-Network <ul style="list-style-type: none"> <li>• \$250 Copayment each day for day(s) 1-7 for a Medicare-covered stay in a network hospital</li> <li>• After the 7<sup>th</sup> day, the plan pays 100% of covered expenses per stay</li> </ul> Out-of-Network Deductible & 40% Coinsurance
<b>Inpatient Mental Health Care</b> (in a certified psychiatric facility) 190-day lifetime limit in a psychiatric hospital	In-Network <ul style="list-style-type: none"> <li>• \$250 Copayment each day for day(s) 1-7 for a Medicare-covered stay in a network hospital</li> <li>• \$0 Copayment each day for day(s) 8-90 for a Medicare-covered stay in a network hospital</li> </ul> Out-of-Network Deductible & 40% Coinsurance
<b>Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility) There is a limit of 100 days for each benefit period 3-day prior hospital stay is not required	In-Network <ul style="list-style-type: none"> <li>• \$0 Copayment each day for days 1-20 per benefit period</li> <li>• \$100 Copayment each day for days 21-100 per benefit period</li> </ul> Out-of-Network Deductible & 40% Coinsurance
<b>Hospice</b>	Member must receive care from a Medicare-certified hospice

Benefits	BlueMedicare Group PPO Plan 2
<b>Preventive Services</b>	
<b>Annual Screening Mammograms</b> (for women with Medicare, age 40 and older)	In-Network \$0 Copayment for Medicare-covered screening mammograms Out-of-Network 40% Coinsurance
<b>Pap Smears and Pelvic Exams</b> (for women with Medicare)	In-Network <ul style="list-style-type: none"> <li>• \$0 Copayment per pap smear</li> <li>• \$0 Copayment per pelvic exam</li> </ul> Out-of-Network 40% Coinsurance
<b>Bone Mass Measurement</b> (for people with Medicare who are at risk)	In-Network \$0 Copayment for each Medicare-covered bone mass measurement Out-of-Network 40% Coinsurance
<b>Colorectal Cancer Screening Exams</b> (for people with Medicare age 50 and older)	In-Network \$0 Copayment for Medicare-covered colorectal screening exams Out-of-Network 40% Coinsurance
<b>Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	In-Network \$0 Copayment for Medicare-covered prostate cancer screening exams Out-of-Network 40% Coinsurance
<b>Medicare-Covered Immunizations</b>	In-Network <ul style="list-style-type: none"> <li>• \$0 Copayment for influenza vaccine</li> <li>• \$0 Copayment for pneumococcal pneumonia vaccine</li> <li>• \$0 Copayment for hepatitis B vaccine</li> </ul> Out-of-Network 40% Coinsurance
<b>Supplemental Benefit</b>	
<b>Fitness Program</b>	Free membership through SilverSneakers

BlueMedicare Group PPO out-of-pocket maximum includes all covered health services member cost share rendered in/out of network on a Plan Year basis. Supplemental services and Part D costs are not applied to medical out-of-pocket maximum.

Medicare Part B - the premium provided under this plan excludes the Medicare Part B premium payments. (Members must continue to pay the Medicare Part B premium unless paid by Medicaid or another third party.)

Florida Blue is a PPO Plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.



In the pursuit of health®

**Okaloosa County BOCC #41954  
2019 BlueMedicare Group Rx (Employer PDP)**

<b>Benefits</b>	<b>BlueMedicare Group Rx Option 2</b>
Premium	\$201.53 for Rx2-Only Included in PPO2Rx2
Annual Deductible	\$75 for Tiers 3, 4 and 5 Drugs Only
<b>Retail</b>	<b>31-day Supply</b>
Tier 1 - Preferred Generics	\$15 Copayment
Tier 2 - Generics	\$15 Copayment
Tier 3 - Preferred Brand	\$45 Copayment
Tier 4 - Non-Preferred Brand	\$85 Copayment
Tier 5 - Specialty Drugs	25% Coinsurance
<b>Mail Order</b>	<b>90-day Supply with Mail Order</b>
Tier 1 - Preferred Generics	\$8 Copayment
Tier 2 - Generics	\$8 Copayment
Tier 3 - Preferred Brand	\$135 Copayment
Tier 4 - Non-Preferred Brand	\$255 Copayment
Tier 5 - Specialty Drugs	25% Coinsurance (31-day supply only)
<b>Gap</b>	<b>31-day Supply</b>
Tier 1 - Preferred Generics	\$15 Copayment
Tier 2 - Generics	\$15 Copayment
Tier 3 - Preferred Brand	\$45 Copayment
Tier 4 - Non-Preferred Brand	\$85 Copayment
Tier 5 - Specialty Drugs	25% Coinsurance
<b>Catastrophic</b>	\$3.40 Copayment for generic drugs \$8.50 Copayment for brand drugs

Florida Blue is an Rx (PDP) Plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.

Prescription drug copayments do not accumulate towards the health plan-year out-of-pocket maximum.

Part D Creditable Coverage – The enrolling member may incur Part D late enrollment penalties as defined and set by CMS in accordance with Part D guidelines if prior creditable coverage cannot be proven.

# OKALOOSA COUNTY BOARD OF CO. COMMISSIONERS

## Medicare Carve Out & Split Dependent Rates

For Florida Blue (BCBSFL) 2019-2020

These are the **carve-out rates for retired employees** who are either on disability or have met the requirements of retirement age of 65 or older. **(GSS #2/TGA#2)**

	<b><u>Plan 05781</u></b>	<b><u>Plan 05770</u></b>
Retiree Only ( <i>Over age 65 w/Medicare</i> )	\$601.13 <sub>(R15,R56, 005)</sub>	\$696.98 <sub>(R34, R35, R32)</sub>
Retiree + 1 ( <i>Over age 65, Both w/Medicare</i> )	\$1,202.30 <sub>(R56, 005, R15)</sub>	\$1,394.02 <sub>(R34, R35, R32)</sub>
Retiree/Family ( <i>1 Over age 65 w/Medicare</i> )	\$1,352.61 (R05) And above div for Ret + Family	\$1,568.31 (R33) And above div for Ret + Family

### **Plan 05192/05193**

Retiree Only ( <i>Over age 65 w/Medicare</i> )	\$449.10 <sub>(R57, R58, 028)</sub>
Retiree + 1 ( <i>Over age 65, Both w/Medicare</i> )	\$898.25 <sub>(R58, R57, 028)</sub>
Retiree/Family ( <i>1 Over age 65 w/Medicare</i> )	\$1,010.55(R63)

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If retired, over 65 and have part A & B can sign up for **BlueMedicare Group PPO:**

BlueMedicare Group PPO Plan 2 w/Rx Opt 2      **\$284.14**

**OR**

BlueMedicare Standalone Rx Opt 2      **\$201.53**

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### SPLIT DEPENDENT RATES:

If the spouse/dependent of a retiree is *not over 65*, can offer a split contract. One would go on Blue Medicare the other stay on current plan. **(GSS #1/TGA #1)**

	<b><u>Plan 05781</u></b>	<b><u>Plan 05770</u></b>	<b><u>Plan 05192/93</u></b>
Dependent/Split Contract	\$751.51	\$871.33	\$561.46