



INVITATION TO NEGOTIATE
GROUP INSURANCE FOR MEDICAL, DENTAL, VISION



Pinellas Suncoast Transit Authority
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Date Issued: May 11, 2017

Date Due: June 2, 2017
at 2:00 P.M. Local Time



SUBMIT PROPOSAL TO:	Gehring Group c/o Pinellas Suncoast Transit Authority Attn: Lisa Nix 4200 Northcorp Parkway, Suite 185 Palm Beach Gardens, FL 33410	Invitation to Negotiate PSTA
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PROPOSAL TITLE: GROUP INSURANCE FOR MEDICAL, DENTAL, VISION

NON-MANDATORY PRE-BID MEETING: MAY 17, 2017 AT 2:00 P.M.

PROPOSAL IS DUE: FRIDAY, JUNE 2, 2017 at 2:00 P.M.
 AND MAY NOT BE WITHDRAWN FOR 90 DAYS AFTER SUCH DATE AND TIME.

DEADLINE FOR WRITTEN QUESTIONS: MONDAY, MAY 22, 2017 AT 3:00 P.M.
 MUST BE SUBMITTED TO LISA NIX at lisa.nix@gehringgroup.com

ISSUE DATE: Thursday,
 May 11, 2017

PSTA's Mission

PSTA provides safe, affordable public transit to our community. We help guide land use decisions and support economic vitality to enhance our quality of life.

Non-Mandatory Proposal Meeting: All interested Proposers should call in to the proposal conference call. The meeting will begin at 2:00 p.m. local time on May 17, 2017 at 1-866-876-6756 Passcode 787895. Questions, suggestions or modifications may be discussed with Pinellas Suncoast Transit Authority and Gehring Group during this meeting.

Submittal Instructions: Place a label outside of your envelope to contain the title, opening date and time, and the name of the company submitting the proposal.

Number of copies required: ONE (1) ORIGINAL, Nine (9) COPIES, and ONE (1) USB FLASH DRIVE

Addenda: From time to time, addenda may be issued to the Invitation to Negotiate. Any such addenda will be sent by the Gehring Group.



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SECTION I: GENERAL INFORMATION

1. PURPOSE

The Pinellas Suncoast Transit Authority (PSTA) is seeking proposals from qualified insurance carriers and employee benefits providers to provide Group Medical, Group Dental, and Group Vision to eligible employees and their dependents. Retirees and their dependents are eligible to participate in the Group Medical, Group Dental and Group Vision Plans. With regards to the Group Medical Programs being considered, Proposers are permitted to provide Proposals on a fully-insured, self-funded, minimum premium or participating plans. Proposers may elect to provide proposals using any one of the funding mechanisms or all of them.

PSTA and Hillsborough Area Regional Transit (HART) are evaluating options for merging their medical plans. Proposers are requested to provide quotes with the following options:

1. Rates for PSTA on a stand-alone basis.
2. Rates combining both PSTA and HART combining under PSTA's current schedule of benefits.

Please note: Proposers will not be excluded if only one option is provided, but proposers are strongly encouraged to respond to both scenarios.

2. ITN EVALUATION

Initial ITN responses will be evaluated by Gehring Group and presented to PSTA and HART Staff for review. ***Proposers should provide their best offer in the initial ITN response as the PSTA reserves the right to make their decision based on these offers with no further opportunities for negotiation. PSTA Staff may, but are not obligated to, elect to select and rank a finalist "short list" for further negotiation.*** PSTA Staff will make a formal recommendation to the PSTA Board based on their analysis and the Gehring Group evaluation and recommendation. The PSTA Board will consider the recommendation and award the contract(s) to the successful Proposer(s) during their July 26, 2017 Board meeting.

3. EMPLOYEE INSURANCE SERVICES

Proposals from authorized insurance carriers licensed to transact insurance as authorized by the State of Florida, Office of Insurance Regulation are being solicited to provide PSTA with group Medical, Dental, and Vision proposals for the proposed effective date of October 1, 2017.

Firms interested in submitting a response to this ITN, agree not to contact (lobby) Board Members or any employee or agent of the PSTA or HART at any time during the solicitation period and the selection process. All questions must be submitted in writing to the Gehring Group via email at lisa.nix@gehringgroup.com. Any other contact with the group will be considered inappropriate and subject your response to rejection/disqualification.

Any person or affiliate who has been placed on the convicted vendor list following conviction for a public entity crime may not submit a bid as proscribed by Section 287.133, F.S.

The PSTA is seeking experienced and qualified firms that demonstrate the highest level of ability to provide the following lines of coverages:

- Group/Retiree Medical Insurance with any of the following funding arrangements:
 - Self-Insured/Partially Self-Insured including
 - Administration Services Only
 - Third Party Administrator
 - Stop Loss Reinsurance
 - Fully-Insured
- Dental Insurance
- Vision Insurance



The PSTA reserves the following rights: to waive informalities in any proposal; to reject any or all proposals or portions of proposals; to accept any proposal or portions of proposals deemed to be in the best interest of the PSTA and/or HART; and to negotiate or refuse to negotiate with any offer.

It is the PSTA's intention to deal directly with all insurance carriers via its appointed Agent of Record. PSTA's appointed Agent of Record is the Gehring Group.

4. SCHEDULE OF BENEFITS

Proposers will utilize the current summaries of benefits associated with the different lines of coverage currently in place with the PSTA. The Schedules of Benefits for all lines of coverage are contained in the Attachment section of this ITN. Proposers are encouraged to match the existing PSTA benefits as closely as possible or outline any deviations.

With regards to the Group Health Programs being considered, Proposers are permitted to provide proposals on a fully-insured, self-funded, minimum premium or participating plans. Proposers may elect to provide proposals using any one of the funding mechanisms or all.

Proposers are requested to provide pricing for the illustrative plans provide (please identify all deviations). Each plan should be priced as standalone and as a part of the three plan offering. If rates change with a multiple plan offering, please provide both rates.

5. CONTACT PERSON

The contact person for this ITN is Lisa Nix at the Gehring Group. Explanation(s) desired by Proposers regarding the meaning or interpretation of this ITN must be requested from the contact person, in writing.

6. PLANNED PROCUREMENT SCHEDULE

The following procurement schedule is planned for the Group Insurance for Medical, Dental, and Vision ITN:

- Invitation to Negotiate Release: 05/11/2017
- Proposal Conference Call: 05/17/2017 at 2:00 PM
- Deadline for questions: 05/22/2017
- Responses to Questions Issued: 05/24/2017
- Proposals Due: 6/02/2017 at 2:00 PM
- Oral Presentations (If necessary): TBD
- Board Approval Decision (Award): 07/26/2017
- Effective Date: 10/01/2017

7. COSTS INCURRED BY PROPOSERS

All expenses involved with the preparation and submission of proposal to the PSTA, or any work performed in connection therewith, shall be borne by the responding party.

8. SUBMITTAL OF DOCUMENTS

Proposer shall submit one (1) original, nine (9) copies, and one (1) USB flash drive with non-editable electronic version of the Proposal in a readily used software format (i.e., Microsoft Word, Adobe Acrobat, etc.). Proposals will be received by the Group’s Agent of Record, the Gehring Group, at the following address:

Gehring Group
c/o Pinellas Suncoast Transit Authority
Attn: Lisa Nix
4200 Northcorp Parkway, Suite 185
Palm Beach Gardens, FL 33410

The Proposals shall include all information requested on the form(s).

A Proposer is expected to fully inform themselves as to the requirements of the Specifications and failure to do so will be at their own risk. A Proposer shall not expect to secure relief on the plea of error.

9. INTERVIEWS

The PSTA may require Proposers to attend an interview in support of their proposal or to explain or demonstrate the information contained therein.

10. CONSIDERATION OF PROPOSALS AND AWARD CONTRACT

The PSTA reserves the right to reject any or all proposals, in whole or in part, with or without cause, to waive any informalities and technicalities, and to award the contract on such coverage and terms it deems will best serve the interest of the PSTA. Criteria utilized by the PSTA for determining the most responsible Proposer includes, but is not limited to cost, size of provider network, plan benefits, whether the Proposer meets the PSTA’s published specifications, the Proposer’s experience, skill, ability, previous performance, and any other reason which could reasonably be asserted as being relevant to successful performance.

11. PUBLIC RECORDS LAW

In conformance with the Florida Public Records law, all proposal documents or other material submitted by the Proposer in response to this request, other than any financial statements submitted, shall upon proposal opening be available for public inspection by any person.

12. RIGHTS AND PRIVILEGES

Rights and privileges granted by the PSTA shall not be assigned or transferred in any manner whatsoever without written approval of the PSTA Council. At all times during the term of the contract the Contractor shall act as an independent contractor and at no time shall the Contractor be considered an agent or partner of the PSTA. The contractor shall obtain and pay for all permits, licenses, Federal, State and Local taxes chargeable to its operation.

13. DISCLOSURE OF PROPOSAL CONTENTS

All material submitted becomes the property of PSTA. PSTA has the right to use any or all ideas presented in any reply to this ITN. Selection or rejection of the proposal does not affect this right.

14. RENEWAL

The awarded firm shall give a minimum of 150 days' written notice prior to any renewal date to the PSTA stating specifically what, if any, rate change is proposed.

15. COMPLIANCE WITH LAWS, RULES AND REGULATIONS

Each Proposer is responsible for full and complete compliance with all federal and state laws and rules and regulations that may be applicable. Failure or inability on the part of a Proposer to comply with such laws, rules and regulations shall not relieve the Proposer from its obligation to honor its proposal and to perform completely in accordance with such proposal.

SECTION II: VENDOR REQUIREMENTS / INFORMATION

1. Proposal Effective Date: October 1, 2017
2. Commissions: It is the PSTA's intent to deal directly with all insurance carriers via its Agent of Record. Gehring Group's cost for serving as Agent of Record shall be secured directly from PSTA and all lines of coverage should be net of commission.
3. Retirees: Florida Governmental Retirees must be allowed to continue coverage under the PSTA's insurance program as required by Florida Statue 112.08.
4. Inquiries: All questions regarding the document shall be submitted in writing via email to the Gehring Group to the attention of Lisa Nix at lisa.nix@gehringgroup.com. It is the Proposer's responsibility to verify receipt of questions.
5. Fully Insured/Self-Funded/Partially-Funded Proposals: Medical proposers may provide one or more funding options with proposals on a fully insured, self-funded and/or partially-funded basis.
6. Guarantees: Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees, and network guarantees.
7. Rate Guarantees: PSTA highly recommends proposals for Dental and Vision to provide multiple year rate guarantees. Medical Proposers are encouraged to provide multiple year rate guarantees for self-funded administration fees and rate cap guarantees for fully-insured.
8. Plan Implementation: It is a requirement that the Proposer awarded this contract provides representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration.
9. Employee Communications: It is the responsibility of all successful Proposers to provide the necessary papers, forms, etc., for initial enrollment and the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.
10. Interactive Website: It is a requirement of the PSTA to award the contract to a vendor that offers an interactive website that would allow employees the ability to research the status of their claims on the internet, research information such as Preferred Drug Lists, search provider directories, etc.
11. Plan Administrator: BenTek, PSTA's current contract administrator assists employees with enrolling all benefits. BenTek performs deduction management services and eligibility file feeds from the PSTA.
12. PSTA has retained BenTek for on-line enrollment and electronic administration of the PSTA's benefit programs, all Proposers must have the technological capacity to transmit and accept a HIPPA 834 5010 eligibility file with proper confirmation of receipt and discrepancy reporting.
13. If the selected provider has an existing data exchange process with BenTek, that process will continue including file layouts, timing and method of transmitting data. For those providers that do not have an existing data exchange process with BenTek, BenTek will require that utilization of the BenTek standard file layout and FTP site as the method of data transmission. Eligibility files, including employee terminations, are provided on a per payroll basis.

14. Specimen Forms or Contracts: Specimen policies and/or contracts for services proposed must be included for the proposal to be considered. However, the attachment of specimen forms, policies and/or contracts to the proposal shall not constitute notice to the Employer of the Proposer's intent to deviate from the ITN in a restrictive manner. Unless specifically noted otherwise on the Response Form Exhibit, the attachment of specimen document(s) shall be deemed to be an offer in at least full compliance with the ITN and the Proposer expressly agrees to reform said document(s) to the extent inconsistent in a restrictive manner from the specifications in this ITN. The PSTA reserves the right to use its standard contract.
15. Non-Warranty of Specifications: Due care and diligence have been exercised in the preparation of the ITN and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposures to risk and verification of all information herein shall rest solely with the Proposer. Neither the Employer nor its representatives shall be responsible for any error or omission in the ITN, nor for the failure on the part of the Proposer to determine the full extent of the exposures.
16. Deviations from Specified Programs: Proposer(s) are cautioned that deviations from the specified programs must be clearly stated and described on the proposal forms.
17. Transferred Business Limitations: Limitations on transferred business will not be permitted. Full take over benefits will apply to all participants in the PSTA's respective employee benefit plans.
18. Availability of Funds: The obligations of the PSTA under this Contract are subject to the availability of funds that are lawfully appropriated for its purposes by the PSTA Commission of North Port.
19. Financial Rating: Only the Proposer(s), which, in the opinion of the Employer, are financially capable of providing the coverages, will be considered. The current A.M. Best's (Best's) Insurance Reports and/or Standard & Poor's Corporation claims paying ability ratings will be used as a guide.
 - o Proposers that are not rated by Best's or Standard & Poor's must provide evidence of satisfactory financial responsibility, e.g., similar financial rating services, audited financial statements, etc.

SECTION III: BACKGROUND SUMMARY

1. BACKGROUND AND UNDERWRITING INFORMATION

The PSTA group medical, group dental, and group vision employee benefits programs have been with their respective carriers since 2013 under a fully-insured contract. The PSTA current carrier for group medical and dental is Cigna. The carrier for Vision is Advantica.

- A. **PSTA Rate History:** The following is PSTA's monthly rate history for medical, dental, and vision insurance plans:

Medical	2014-2015	2015-2016¹	2016-2017¹
	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>
Employee Only	\$742.58	\$765.11	\$817.13
Employee + Spouse	\$1,136.56	\$1,171.68	\$1,251.46
Employee + Children	\$954.44	\$983.74	\$1,050.68
Employee + Family	\$1,245.09	\$1,283.68	\$1,371.10
Dental PPO	2014-2015	2015-2016	2016-2017
	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>
Employee Only	\$23.30	\$24.47	\$24.47
Employee + One	\$45.50	\$47.78	\$47.78
Employee + Family	\$79.61	\$83.59	\$83.59
Dental DMO	2014-2015	2015-2016	2016-2017
	<i>Cigna</i>	<i>Cigna</i>	<i>Cigna</i>
Employee Only	\$13.25	\$13.94	\$13.94
Employee + One	\$22.34	\$23.51	\$23.51
Employee + Family	\$37.66	\$39.63	\$39.63
Vision	2014-2015	2015-2016	2016-2017
	<i>Advantica</i>	<i>Advantica</i>	<i>Advantica</i>
Employee Only	\$4.64	\$4.74	\$4.74
Employee + Family	\$12.18	\$12.42	\$12.42

¹ The Medical plan changed to Minimum Premium Funding Arrangement effective October 1, 2015.

B. **PSTA Monthly Contribution Schedule:**

Medical	EE Contribution	ER Contribution	Total
Employee	\$50.06	\$767.07	\$817.13
Employee + Spouse	\$457.23	\$794.23	\$1,251.46
Employee + Child	\$268.84	\$781.84	\$1,050.68
Employee + Family	\$569.55	\$801.55	\$1,371.10
Married Couple (both Employees)	\$100.10	\$1,151.36	\$1,251.46
Married Couple + Dependent(s)	\$200.20	\$1,171.90	\$1,371.10



Dental PPO	EE Contribution	ER Contribution	Total
Employee	\$10.53	\$13.94	\$24.47
Employee + 1	\$33.84	\$13.94	\$47.78
Employee + Family	\$69.65	\$13.94	\$83.59

Dental HMO	EE Contribution	ER Contribution	Total
Employee	\$0.00	\$13.94	\$13.94
Employee + 1	\$9.57	\$13.94	\$23.51
Employee + Family	\$25.69	\$13.94	\$39.63

Vision	EE Contribution	ER Contribution	Total
Employee Only	\$0.00	\$4.74	\$4.74
Employee + Family	\$7.68	\$4.74	\$12.42



SECTION IV EXHIBIT I: MEDICAL HMO PLAN Response Form

Schedule of Benefits	Current Plan HMO		Proposed HMO Plan			
	In Network	Out of Network	In Network	Out of Network		
Lifetime Maximum	Unlimited					
Plan Year Deductible (PYD)						
Single	\$750	N/A				
Family	\$1,500	N/A				
Out-of-Pocket Maximum	<i>Incl Ded, Coins, Med Copays</i>					
Single	\$4,000 / Rx \$1,000	N/A				
Family	\$8,000 / Rx \$2,000	N/A				
Member Coinsurance	20%	N/A				
Non-Hospital Services						
Physician Office Visit	\$20	N/A				
Specialist Office Visit	\$30	N/A				
Preventive Care Services	No Charge	N/A				
Ambulance	PYD + 20%					
Urgent Care Visit	\$50	N/A				
Hospital Services						
Inpatient	PYD + 20%	N/A				
Outpatient	PYD + 20%	N/A				
Emergency Room Visit	\$100					
Physician Services in hospital	PYD + 20%	N/A				
Mental Health & Subst Abuse						
Inpatient	PYD + 20%	N/A				
Outpatient	\$20	N/A				
Prescription Drugs						
Tier 1 – Generic	\$10	N/A				
Tier 2 – Preferred Brand	\$30	N/A				
Tier 3 – Non- Preferred Brand	\$50	N/A				
Tier 4	N/A	N/A				
Mail Order	\$25/\$75/\$125	N/A				
Monthly Rate Factors			PSTA		Combined with HART	
			Stand Alone Rates	Rates as part of 3 Plans	Stand Alone Rates	Rates as part of 3 Plans
Employee	\$817.13					
Employee + Spouse	\$1,251.46					
Employee + Child(ren)	\$1,050.68					
Employee + Family	\$1,371.10					

PROPOSER NAME: _____



SECTION IV EXHIBIT I: MEDICAL HMO PLAN Response Form – Alternative Base Plan

Schedule of Benefits	Sample Plan HMO Base Plan		Proposed HMO Plan			
	In Network	Out of Network	In Network	Out of Network		
Lifetime Maximum	Unlimited					
Plan Year Deductible (PYD)						
Single	\$1,500	N/A				
Family	\$3,000	N/A				
Out-of-Pocket Maximum	<i>Incl Ded, Coins, Copays, Rx</i>					
Single	\$5,000	N/A				
Family	\$10,000	N/A				
Member Coinsurance	20%	N/A				
Non-Hospital Services						
Physician Office Visit	\$35	N/A				
Specialist Office Visit	\$50	N/A				
Preventive Care Services	No Charge	N/A				
Ambulance	PYD + 20%					
Urgent Care Visit	\$75	N/A				
Hospital Services						
Inpatient	PYD + 20%	N/A				
Outpatient	PYD + 20%	N/A				
Emergency Room Visit	\$300					
Physician Services in hospital	PYD + 20%	N/A				
Mental Health & Subst Abuse						
Inpatient	PYD + 20%	N/A				
Outpatient	\$20	N/A				
Prescription Drugs						
Tier 1 – Generic	\$15	N/A				
Tier 2 – Preferred Brand	\$30	N/A				
Tier 3 – Non- Preferred Brand	\$50	N/A				
Tier 4	N/A	N/A				
Mail Order	\$25/\$75/\$125	N/A				
Monthly Rate Factors	Not Currently Offered		PSTA		Combined with HART	
			Stand Alone Rates	Rates as part of 3 Plans	Stand Alone Rates	Rates as part of 3 Plans
Employee						
Employee + Spouse						
Employee + Child(ren)						
Employee + Family						

PROPOSER NAME: _____



SECTION IV EXHIBIT I: MEDICAL HDHP PLAN Response Form - Alternative

Schedule of Benefits	Sample HDHP Plan		Proposed HDHP Plan			
	In Network	Out of Network	In Network	Out of Network		
Lifetime Maximum	Unlimited					
Plan Year Deductible (PYD)						
Single	\$1,500	N/A				
Family	\$3,000	N/A				
Out-of-Pocket Maximum	<i>Includes Coins Only, Copays</i>					
Single	\$6,000	N/A				
Family	\$12,000	N/A				
Member Coinsurance	20%	N/A				
Non-Hospital Services						
Physician Office Visit	PYD + 20%	N/A				
Specialist Office Visit	PYD + 20%	N/A				
Preventive Care Services	No Charge	N/A				
Ambulance	PYD + 20%					
Urgent Care Visit	PYD + 20%	N/A				
Hospital Services						
Inpatient	PYD + 20%	N/A				
Outpatient	PYD + 20%	N/A				
Emergency Room Visit	PYD + 20%					
Physician Services in hospital	PYD + 20%	N/A				
Mental Health & Subst Abuse						
Inpatient	PYD + 20%	N/A				
Outpatient	PYD + 20%	N/A				
Prescription Drugs						
Tier 1	\$15 after PYD	N/A				
Tier 2	\$30 after PYD	N/A				
Tier 3	\$50 after PYD	N/A				
Tier 4	N/A	N/A				
Mail Order	\$25/\$75/\$125 after PYD	N/A				
Monthly Rate Factors			PSTA		Combined with HART	
			Stand Alone Rates	Rates as part of 3 Plans	Stand Alone Rates	Rates as part of 3 Plans
Employee	Not Currently Offered					
Employee + Spouse						
Employee + Child(ren)						
Employee + Family						

PROPOSER NAME: _____



SECTION IV EXHIBIT II: ASO/STOP-LOSS INSURANCE PROPOSAL (PSTA ONLY)

	Option 1	Option 2	Option 3
Name of Proposed Network			
<u>ADMINISTRATIVE SERVICES ONLY (ASO)</u>			
MEDICAL ASO FEE			
Annual Administration Cost			
ASO Rate Guarantee			
<u>SPECIFIC STOP LOSS</u>			
Specific Deductible (LTM)	\$125,000	\$125,000	\$150,000
Lifetime Maximum (Per Person)	Unlimited	Unlimited	Unlimited
Contract Basis	12/12	12/15	12/12
Benefits Covered	Medical & Prescription Drug	Medical & Prescription Drug	Medical & Prescription Drug
Composite Rate (PEPM)			
Annual Premium			
<u>AGGREGATE STOP LOSS</u>			
Contract Basis	12/12	12/15	12/12
Claims Corridor			
Benefits Covered	Medical & Prescription Drug	Medical & Prescription Drug	Medical & Prescription Drug
Annual Maximum Reimbursement			
Aggregate Premium (PEPM)			
Annual Premium			
<i>It is understood that your response is a High-level summary. Please Include any and all fees associated with plan administration in your proposal response as a separate attachment. If your proposal requires additional explanation, provide additional sheets as necessary.</i>			

**Composite rates are preferred for ease of administration.*

PROPOSER NAME: _____



SECTION IV EXHIBIT II: ASO/STOP-LOSS INSURANCE PROPOSAL (Combined w/HART)

	Option 1	Option 2	Option 3
Name of Proposed Network			
<u>ADMINISTRATIVE SERVICES ONLY (ASO)</u>			
MEDICAL ASO FEE			
Annual Administration Cost			
ASO Rate Guarantee			
<u>SPECIFIC STOP LOSS</u>			
Specific Deductible (LTM)	\$200,000	\$200,000	\$250,000
Lifetime Maximum (Per Person)	Unlimited	Unlimited	Unlimited
Contract Basis	12/12	12/15	12/12
Benefits Covered	Medical & Prescription Drug	Medical & Prescription Drug	Medical & Prescription Drug
Composite Rate (PEPM)			
Annual Premium			
<u>AGGREGATE STOP LOSS</u>			
Contract Basis	12/12	12/15	12/12
Claims Corridor			
Benefits Covered	Medical & Prescription Drug	Medical & Prescription Drug	Medical & Prescription Drug
Annual Maximum Reimbursement			
Aggregate Premium (PEPM)			
Annual Premium			
<i>It is understood that your response is a High-level summary. Please Include any and all fees associated with plan administration in your proposal response as a separate attachment. If your proposal requires additional explanation, provide additional sheets as necessary.</i>			

**Composite rates are preferred for ease of administration.*

PROPOSER NAME: _____

SECTION IV EXHIBIT III: DENTAL PPO Plan Response Form

SCHEDULE OF BENEFITS	Current		Proposed	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Plan Basics				
Annual Benefit Maximum	\$1,000			
Orthodontic Lifetime Max	\$1,000			
Plan Year Deductible				
Single	\$50	\$50		
Family Aggregate	\$150	\$150		
Deductible Waived for Class 1	Yes	Yes		
Frequency Limit for Class 1	2 / year	2 / year		
Plan Benefits				
Class 1 - Preventative/Diagnostic	90%	90%		
Class 2 - Basic Services	70%	70%		
Class 3 - Major Services	50%	50%		
Class 4 - Orthodontic Treatment (Under 19 only)	50%	50%		
Waiting Period				
Class 3 - Major Services	None			
Class 4 - Orthodontic Treatment	1 year			
Late Entrants	1 year			
Coverage Clarification				
Endodontic and Periodontics are covered as:	Class 2			
Out of Network Benefits Payable Level	MAC- Based on contracted fee schedule			
Rate Guarantee	N/A			
Monthly Premium				
Employee	\$24.47			
Employee + 1	\$47.78			
Employee + 2 or more	\$83.59			

PROPOSER NAME: _____

SECTION IV EXHIBIT III: DENTAL DHMO Plan Response Form

SCHEDULE OF BENEFITS		Current	Proposed
Plan Basics		<i>In Network</i>	<i>In Network</i>
Calendar Year Maximum		Unlimited	
Copays	Code		
Periodic Exam	D0120	\$0	
Office Visit	D9430	\$5	
Prophylaxis	D1110	\$0	
Full Mouth X-rays	D0210	\$0	
Extraction			
Single Tooth	D7111	\$6	
Partial Impaction	D7230	\$85	
Boney Impaction	D7240	\$110	
Fillings			
Amalgam - 1 surface	D2140	\$0	
Resin - 1 surface	D2330	\$0	
Root Canal Therapy			
Anterior	D3310	\$100	
Bicuspid	D3320	\$150	
Molar	D3330	\$305	
Periodontics Therapy			
Root Planning (1/4)	D4341	\$50	
Gingivectomy (1/4)	D4210	\$160	
Crown & Bridge			
Full High Noble Metal	D2790	\$260 plus lab fees	
Porcelain fused to Metal	D2750	\$270 plus lab fees	
Orthodontia			
Comprehensive Treatment	D8670	\$1,608	
Comprehensive Treatment (Adult)	D8670	\$2,592	
Rate Guarantee		N/A	
Monthly Premium			
Employee		\$13.94	
Employee + 1		\$23.51	
Employee + 2 or more		\$39.63	

PROPOSER NAME: _____

SECTION IV

EXHIBIT IV: VISION Plan Response Form

SCHEDULE OF BENEFITS	Current		Proposed	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Exam				
Comprehensive Eye Examination	Covered in full after copay	Reimbursed up to \$40		
Contact Lens Fit & Follow-up	\$40 allowance	Not Covered		
Materials	\$10 Copay	\$10 Copay		
Frequency				
Eye Exam	Every 12 months			
Eyeglass Lenses	Every 12 months			
Eyeglass Frames	Every 24 months			
Contact Lenses	Every 12 months			
Eyeglasses <i>(in lieu of contact lenses)</i>				
Single	\$10 Copay	Reimbursed up to \$20		
Bi-Focal	\$10 Copay	Reimbursed up to \$40		
Tri-Focal	\$10 Copay	Reimbursed up to \$60		
Lenticular	\$10 Copay	Reimbursed up to \$100		
Standard Frames	\$150 retail allowance	Reimbursed up to \$60		
Contact Lenses <i>(in lieu of eyeglass lenses/frames)</i>				
Elective	\$150 retail allowance	Reimbursed up to \$80		
Medically Necessary	\$250 retail allowance	Reimbursed up to \$250		
Rate Guarantee	N/A			
Monthly Premium				
Employee	\$4.74			
Employee + Family	\$12.42			

PROPOSER NAME: _____



SECTION V: QUESTIONNAIRE

1. General Information:

- 1) Provide the name, title, contact information and resume of the individual who would have direct daily account responsibility for the PSTA's employee benefits program(s) you are proposing. If more than one person will be filling this role, please respond with complete information for all.
- 2) What is the length of the rate guarantee proposed for each employee benefits program you are proposing? Please be specific by program.
- 3) What are your company's current A. M. Best, Moody's and Standard and Poor's ratings?

2. Account Services:

- 1) Describe the services provided by your account service team to the employees of PSTA.
- 2) Describe the services provided by your account service team to the PSTA Human Resources department responsible for overseeing the employee benefits programs.
- 3) Will you provide COBRA Administration for PSTA as a part of your proposed services? If so, are the fees for the COBRA Administration included in the costs associated with your proposed programs or are there separate, additional fees?
- 4) Do you provide any additional, non-product related, Human Resources Support? Describe the services provided.
- 5) What is your account service team's average response time to client requests or questions?
- 6) Describe your role in annual open enrollments.
- 7) Provide a detailed description of your company's claims, eligibility and coverage dispute resolution processes.
- 8) Describe any other services provided by your firm that will support our employee benefit initiatives.
- 9) Does your company require online payments or wired payments?
- 10) Describe in detail how your company administers over age dependents.

3. Data:

- 1) Confirm that Proposer will provide the following claims reports on a monthly or quarterly basis as stated below, or upon request of PSTA or its Agent of Record at no additional cost to the PSTA:
 - a) Monthly Paid Claims reports listing monthly premium, monthly **paid** claims and plan enrollment.
Yes _____ No _____
 - b) Quarterly reports detailing the top 150 utilized drugs and costs associated.



Yes _____

No _____

c) Monthly reports listing large claims over \$25,000 including diagnosis and current status.

Yes _____

No _____

- 2) Provide copies of sample claims analysis reports.
- 3) Based on your assessment of the information in this ITN what is your proposed frequency of reporting to PSTA on the claims and utilization experience? Is there a charge for utilization data analysis on a quarterly basis?
- 4) Describe your claims benchmarking tools.
- 5) Describe how your claims analysis tools vary for fully-insured benefits plans versus self-funded benefits plans.

4. Renewal Planning:

- 1) Will your company be willing and/or able to provide the annual renewal for the programs you are proposing a minimum of 150 days prior to the renewal date? If you are unable to accommodate 150 days, please provide the renewal timeline.
- 2) Describe any plan modeling tools that you provide to assist us with evaluating other plan designs.

5. Wellness Services:

- 1) Does your company offer any wellness services or wellness programs, including wellness funds? Please describe your offerings in detail.
- 2) Are there any additional costs to PSTA, or its employees, for participation in your wellness programs or services?
- 3) Does your company offer rate discounts on the proposed programs, in dollars or percent, to employer groups who implement an active, participatory Wellness Program? If so, please describe the discount model in amount and requirements to receive.

6. Fees:

- 1) Confirm your proposals are submitted utilizing the following compensation schedules to our Agent of Record NET OF COMMISSION for all lines of coverage.

7. References/HDHP/Other:

- 1) Please provide a listing of at least three (3) references with a minimum of 600 employees for whom you provide insurance coverage for the program(s) you are proposing. Government entities are preferred. Include the group name, contact name, title and phone number.
- 2) Describe any other facets of your company and its experience which are relevant to this proposal that have not been previously described and that you feel warrant consideration.

- 3) Describe any performance guarantee programs your company proposes.
- 4) Is there a minimum participation % in the HDHP required to offer the plan?
- 5) Are the HDHP rates subject to change based on employer funding? I.e. if PSTA funds an HRA/HSA will the rates change?
- 6) Are the HMO rates subject to change based on an HDHP plan being offered alongside? If so, please advise load for dual plans.

8. Provider Network:

Proposer must be able to offer a high quality, accessible provider network(s) sufficient to meet the needs and geographic diversity of a group covering more than 600 individuals and their dependents. Provider networks must include hospital, physician, and other provider services in Pinellas County and Hillsborough County. Please note that local or regional networks can be proposed, but it is the PSTA's preference that national networks be made available to the employees, retirees, and their dependents.

- 1) Medical proposers must provide a Geo Access report that illustrates the number of:
 - 1 Hospitals within 10 miles
 - 2 PCP's & Pediatricians within 10 miles
 - 2 OB/Gyn's, within 10 miles
 - 2 Specialists within 10 miles
 - 2 Urgent Care Centers within 10 miles
- 2) The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.
- 3) Please identify which of your networks are included in your proposal.
- 4) Please describe your medical out-of-area coverage for retirees, dependent students or other dependents not residing with the employee (because of divorce or other reasons) but covered under their health plan.
- 5) Dental proposers must provide a Geo Access report that illustrates the number of:
 - General Dentists – 2 within 10 miles
 - Specialty Dentists – 1 provider within 10 miles
 - Orthodontists – 2 providers within 10 miles
- 6) The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.



ATTACHMENT 1

Medical Schedule of Benefits

Cigna Health and Life Insurance Co.: Open Access Plus IN

Coverage Period: 10/01/2016 - 09/30/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cigna.com/sp/ or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network providers \$750 person / \$1,500 family Does not apply to in-network preventive care & immunizations, in-network office visits, emergency room visits, urgent care facility visits, prescription drugs Co-payments don't count toward the deductible .	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For in-network providers \$4,000 person / \$8,000 family For in-network prescription drugs - \$1,000 person / \$2,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** of the service. For example, if the health plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 co-pay/visit	Not Covered	-----none-----
	Specialist visit	\$30 co-pay/visit	Not Covered	-----none-----
	Other practitioner office visit	\$20 co-pay/visit for rehab and spinal manipulation visit	Not Covered	Coverage for Spinal Manipulation care and Rehabilitation services is limited to 60 days annual max.
	Preventive care/screening/immunization	No charge	Not Covered	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not Covered	Deductible is waived
	Imaging (CT/PET scans, MRIs)	20% co-insurance	Not Covered	-----none-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myCigna.com	Generic drugs	\$10 co-pay/prescription (retail), \$25 co-pay/prescription (home delivery)	Not Covered	Coverage is limited up to a 31-day supply (retail) and up to a 90-day supply (home delivery). Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.
	Preferred brand drugs	\$30 co-pay/prescription (retail), \$75 co-pay/prescription (home delivery)	Not Covered	Coverage is limited up to a 31-day supply (retail) and up to a 90-day supply (home delivery). Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits
	Non-preferred brand drugs	\$50 co-pay/prescription (retail), \$125 co-pay/prescription (home delivery)	Not Covered	Coverage is limited up to a 31-day supply (retail) and up to a 90-day supply (home delivery). Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance	Not Covered	-----none-----
	Physician/surgeon fees	20% co-insurance	Not Covered	-----none-----
If you need immediate medical attention	Emergency room services	\$100 co-pay/visit	\$100 co-pay/visit	Per visit co-pay is waived if admitted
	Emergency medical transportation	20% co-insurance	20% co-insurance	-----none-----
	Urgent care	\$50 co-pay/visit	\$50 co-pay/visit	Per visit co-pay is waived if admitted
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance	Not Covered	-----none-----
	Physician/surgeon fees	20% co-insurance	Not Covered	-----none-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 co-pay/office visit and 20% co-insurance/other outpatient services	Not Covered	-----none-----
	Mental/Behavioral health inpatient services	20% co-insurance	Not Covered	-----none-----
	Substance use disorder outpatient services	\$20 co-pay/office visit and 20% co-insurance/other outpatient services	Not Covered	-----none-----
	Substance use disorder inpatient services	20% co-insurance	Not Covered	-----none-----
If you are pregnant	Prenatal and postnatal care	20% co-insurance	Not Covered	-----none-----
	Delivery and all inpatient services	20% co-insurance	Not Covered	-----none-----
If you need help recovering or have other special health needs	Home health care	20% co-insurance	Not Covered	Coverage is limited to 60 days in-network annual max
	Rehabilitation services	\$20 co-pay/visit	Not Covered	Coverage is limited to annual max of: 60 days for Rehabilitation and Spinal Manipulation care services; 36 days for Cardiac rehab services
	Habilitation services	Not Covered	Not Covered	-----none-----
	Skilled nursing care	20% co-insurance	Not Covered	Coverage is limited to 60 days annual max
	Durable medical equipment	20% co-insurance	Not Covered	-----none-----
	Hospice services	20% co-insurance	Not Covered	-----none-----
If your child needs dental or eye care	Eye Exam	Not Covered	Not Covered	-----none-----
	Glasses	Not Covered	Not Covered	-----none-----
	Dental check-up	Not Covered	Not Covered	-----none-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Children) 	<ul style="list-style-type: none"> • Eye care (Children) • Habilitation services • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Private-duty nursing • Routine eye care (Adult) • Routine foot care • Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Spinal Manipulation care 	<ul style="list-style-type: none"> • Hearing aids 	

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Florida Office of Insurance Regulation at 877-693-5236.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

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

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Note: These numbers assume enrollment in individual-only coverage.

Having a baby

(normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$5,520
- Patient pays: \$2,020

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductible	\$750
Co-pays	\$80
Co-insurance	\$1,160
Limits or exclusions	\$30
Total	\$2,020

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$4,290
- Patient pays: \$1,110

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductible	\$0
Co-pays	\$830
Co-insurance	\$0
Limits or exclusions	\$280
Total	\$1,110

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre-existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 5213158 BenefitVersion: 6
Plan Name: Open Access Plus In-Network Plan

HP-POL/HP-APP 9/23/12

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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ATTACHMENT 2

Medical Claims Experience

This report contains proprietary and/or confidential information. Disclosure is strictly prohibited except to the extent required by law.

PINELLAS SUNCOAST TRANSIT AUTHORITY

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

October 2016 thru March 2017

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: Billed Premium without fees, Billed Pooled Premium

Reported Claims: All Claims, All HRA, Debit, Clms Fwr, Check, ATM

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	NET CLAIMS	POOLED PREMIUM	TOTAL SUBS	TOTAL MBRS
Oct-16	OAPIN	\$18,088	\$514,788	\$2,246	\$125,945	\$661,066	(\$49,031)	\$612,036	\$67,251	573	838
Oct-2016 Total		\$18,088	\$514,788	\$2,246	\$125,945	\$661,066	(\$49,031)	\$612,036	\$67,251	573	838
Nov-16	OAPIN	\$19,068	\$852,547	\$5,611	\$94,508	\$971,734	(\$202,471)	\$769,263	\$66,877	570	833
Nov-2016 Total		\$19,068	\$852,547	\$5,611	\$94,508	\$971,734	(\$202,471)	\$769,263	\$66,877	570	833
Dec-16	OAPIN	\$19,071	\$520,257	\$5,379	\$140,384	\$685,091	(\$49,575)	\$635,516	\$67,335	573	840
Dec-2016 Total		\$19,071	\$520,257	\$5,379	\$140,384	\$685,091	(\$49,575)	\$635,516	\$67,335	573	840
Jan-17	OAPIN	\$18,158	\$469,741	\$2,835	\$148,878	\$639,612	(\$108,607)	\$531,005	\$66,649	568	825
Jan-2017 Total		\$18,158	\$469,741	\$2,835	\$148,878	\$639,612	(\$108,607)	\$531,005	\$66,649	568	825
Feb-17	OAPIN	\$18,549	\$455,117	\$958	\$127,156	\$601,779	(\$118,097)	\$483,682	\$67,199	572	831
Feb-2017 Total		\$18,549	\$455,117	\$958	\$127,156	\$601,779	(\$118,097)	\$483,682	\$67,199	572	831
Mar-17	OAPIN	\$18,902	\$482,966	\$1,169	\$170,202	\$673,240	(\$136,090)	\$537,150	\$66,670	567	826
Mar-2017 Total		\$18,902	\$482,966	\$1,169	\$170,202	\$673,240	(\$136,090)	\$537,150	\$66,670	567	826
PRODUCT TYPE Totals	OAPIN	\$111,835	\$3,295,415	\$18,199	\$807,073	\$4,232,522	(\$663,870)	\$3,568,651	\$401,980	3,423	4,993
Grand Total		\$111,835	\$3,295,415	\$18,199	\$807,073	\$4,232,522	(\$663,870)	\$3,568,651	\$401,980	3,423	4,993



This report contains proprietary and/or confidential information. Disclosure is strictly prohibited except to the extent required by law.

PINELLAS SUNCOAST TRANSIT AUTHORITY

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

October 2015 thru September 2016

RAT : RETROSPECTIVELY RATED - PARTICIPATNG

Reported Premium: Billed Premium without fees, Billed Pooled Premium

Reported Claims: All Claims, All HRA, Debit, Clms Fwr, Check, ATM

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	NET CLAIMS	POOLED PREMIUM	TOTAL SUBS	TOTAL MBRS
Oct-15	OAPIN	\$22,251	\$237,375	\$273	\$102,040	\$361,938	\$0	\$361,938	\$61,725	566	829
Oct-2015 Total		\$22,251	\$237,375	\$273	\$102,040	\$361,938	\$0	\$361,938	\$61,725	566	829
Nov-15	OAPIN	\$11,693	\$263,891	(\$137)	\$91,434	\$366,881	\$0	\$366,881	\$62,826	576	846
Nov-2015 Total		\$11,693	\$263,891	(\$137)	\$91,434	\$366,881	\$0	\$366,881	\$62,826	576	846
Dec-15	OAPIN	\$14,745	\$338,779	\$0	\$96,592	\$450,116	\$0	\$450,116	\$62,588	574	842
Dec-2015 Total		\$14,745	\$338,779	\$0	\$96,592	\$450,116	\$0	\$450,116	\$62,588	574	842
Jan-16	OAPIN	\$18,083	\$271,897	\$1,381	\$95,468	\$386,828	\$0	\$386,828	\$63,003	578	842
Jan-2016 Total		\$18,083	\$271,897	\$1,381	\$95,468	\$386,828	\$0	\$386,828	\$63,003	578	842
Feb-16	OAPIN	\$14,976	\$246,844	(\$175)	\$97,023	\$358,668	(\$6,866)	\$351,802	\$62,200	571	831
Feb-2016 Total		\$14,976	\$246,844	(\$175)	\$97,023	\$358,668	(\$6,866)	\$351,802	\$62,200	571	831
Mar-16	OAPIN	\$17,758	\$321,877	\$455	\$92,228	\$432,318	(\$77,346)	\$354,972	\$62,704	576	836
Mar-2016 Total		\$17,758	\$321,877	\$455	\$92,228	\$432,318	(\$77,346)	\$354,972	\$62,704	576	836
Apr-16	OAPIN	\$19,764	\$651,037	\$1,037	\$118,356	\$790,194	(\$289,377)	\$500,817	\$62,410	573	833
Apr-2016 Total		\$19,764	\$651,037	\$1,037	\$118,356	\$790,194	(\$289,377)	\$500,817	\$62,410	573	833
May-16	OAPIN	\$21,701	\$494,540	\$1,902	\$131,022	\$649,165	(\$56,767)	\$592,398	\$62,445	573	830
May-2016 Total		\$21,701	\$494,540	\$1,902	\$131,022	\$649,165	(\$56,767)	\$592,398	\$62,445	573	830
Jun-16	OAPIN	\$15,544	\$455,796	\$2,547	\$151,839	\$625,726	(\$48,959)	\$576,768	\$62,217	571	831
Jun-2016 Total		\$15,544	\$455,796	\$2,547	\$151,839	\$625,726	(\$48,959)	\$576,768	\$62,217	571	831
Jul-16	OAPIN	\$28,239	\$450,197	\$825	\$86,269	\$565,530	(\$80,071)	\$485,459	\$62,479	573	839
Jul-2016 Total		\$28,239	\$450,197	\$825	\$86,269	\$565,530	(\$80,071)	\$485,459	\$62,479	573	839
Aug-16	OAPIN	\$17,870	\$593,482	\$5,637	\$103,006	\$719,994	(\$179,992)	\$540,002	\$62,214	570	836
Aug-2016 Total		\$17,870	\$593,482	\$5,637	\$103,006	\$719,994	(\$179,992)	\$540,002	\$62,214	570	836
Sep-16	OAPIN	\$18,113	\$570,109	\$75,798	\$107,326	\$771,346	(\$83,551)	\$687,796	\$62,350	571	838
Sep-2016 Total		\$18,113	\$570,109	\$75,798	\$107,326	\$771,346	(\$83,551)	\$687,796	\$62,350	571	838
PRODUCT TYPE Totals	OAPIN	\$220,736	\$4,895,824	\$89,544	\$1,272,602	\$6,478,706	(\$822,929)	\$5,655,777	\$749,162	6,872	10,033
Grand Total		\$220,736	\$4,895,824	\$89,544	\$1,272,602	\$6,478,706	(\$822,929)	\$5,655,777	\$749,162	6,872	10,033

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PINELLAS SUNCOAST TRANSIT AUTHORITY

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

October 2014 thru September 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: Billed Premium without fees, Billed Pooled Premium

Reported Claims: All Claims, All HRA, Debit, Clms Fwd, Check, ATM

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	NET CLAIMS	BILLED PREMIUM	POOLED PREMIUM	TOTAL LOSS RATIO	TOTAL SUBS	TOTAL MBRS
Oct-14	OAPIN	\$15,564	\$249,607	\$2,574	\$79,737	\$347,481	\$0	\$347,481	\$390,285	\$54,724	78.1%	549	810
Oct-2014 Total		\$15,564	\$249,607	\$2,574	\$79,737	\$347,481	\$0	\$347,481	\$390,285	\$54,724	78.1%	549	810
Nov-14	OAPIN	\$14,574	\$274,316	(\$193)	\$77,868	\$366,566	\$0	\$366,566	\$396,605	\$55,614	81.1%	559	818
Nov-2014 Total		\$14,574	\$274,316	(\$193)	\$77,868	\$366,566	\$0	\$366,566	\$396,605	\$55,614	81.1%	559	818
Dec-14	OAPIN	\$14,610	\$223,719	\$724	\$82,427	\$321,481	\$0	\$321,481	\$396,415	\$55,585	71.1%	558	821
Dec-2014 Total		\$14,610	\$223,719	\$724	\$82,427	\$321,481	\$0	\$321,481	\$396,415	\$55,585	71.1%	558	821
Jan-15	OAPIN	\$15,684	\$206,257	\$0	\$75,837	\$297,778	(\$330)	\$297,448	\$401,855	\$56,071	65.0%	563	822
Jan-2015 Total		\$15,684	\$206,257	\$0	\$75,837	\$297,778	(\$330)	\$297,448	\$401,855	\$56,071	65.0%	563	822
Feb-15	OAPIN	\$16,033	\$417,560	\$1,455	\$86,032	\$521,081	(\$51,822)	\$469,259	\$401,186	\$56,267	102.6%	571	826
Feb-2015 Total		\$16,033	\$417,560	\$1,455	\$86,032	\$521,081	(\$51,822)	\$469,259	\$401,186	\$56,267	102.6%	571	826
Mar-15	OAPIN	\$16,171	\$223,334	\$456	\$79,480	\$319,440	(\$2,006)	\$317,434	\$398,847	\$55,940	69.8%	567	820
Mar-2015 Total		\$16,171	\$223,334	\$456	\$79,480	\$319,440	(\$2,006)	\$317,434	\$398,847	\$55,940	69.8%	567	820
Apr-15	OAPIN	\$16,886	\$140,620	\$233	\$102,543	\$260,282	(\$980)	\$259,302	\$392,813	\$55,092	57.9%	558	811
Apr-2015 Total		\$16,886	\$140,620	\$233	\$102,543	\$260,282	(\$980)	\$259,302	\$392,813	\$55,092	57.9%	558	811
May-15	OAPIN	\$15,797	\$284,384	\$625	\$78,287	\$379,094	(\$357)	\$378,737	\$393,258	\$55,156	84.5%	558	809
May-2015 Total		\$15,797	\$284,384	\$625	\$78,287	\$379,094	(\$357)	\$378,737	\$393,258	\$55,156	84.5%	558	809
Jun-15	OAPIN	\$15,970	\$434,697	\$1,449	\$89,109	\$541,225	(\$22,424)	\$518,801	\$393,792	\$55,228	115.5%	563	817
Jun-2015 Total		\$15,970	\$434,697	\$1,449	\$89,109	\$541,225	(\$22,424)	\$518,801	\$393,792	\$55,228	115.5%	563	817
Jul-15	OAPIN	\$19,478	\$435,423	\$1,045	\$94,541	\$550,488	(\$15,581)	\$534,906	\$397,489	\$55,746	118.0%	563	823
Jul-2015 Total		\$19,478	\$435,423	\$1,045	\$94,541	\$550,488	(\$15,581)	\$534,906	\$397,489	\$55,746	118.0%	563	823
Aug-15	OAPIN	\$16,051	\$339,160	\$1,627	\$98,598	\$455,436	(\$58,679)	\$396,757	\$398,220	\$55,852	87.4%	565	821
Aug-2015 Total		\$16,051	\$339,160	\$1,627	\$98,598	\$455,436	(\$58,679)	\$396,757	\$398,220	\$55,852	87.4%	565	821
Sep-15	OAPIN	\$16,878	\$368,355	\$0	\$94,094	\$479,328	(\$18,386)	\$460,942	\$399,644	\$56,051	101.2%	567	823
Sep-2015 Total		\$16,878	\$368,355	\$0	\$94,094	\$479,328	(\$18,386)	\$460,942	\$399,644	\$56,051	101.2%	567	823
PRODUCT TYPE Totals	OAPIN	\$193,698	\$3,597,431	\$9,996	\$1,038,554	\$4,839,679	(\$170,566)	\$4,669,113	\$4,760,409	\$667,326	86.0%	6,741	9,821
Grand Total		\$193,698	\$3,597,431	\$9,996	\$1,038,554	\$4,839,679	(\$170,566)	\$4,669,113	\$4,760,409	\$667,326	86.0%	6,741	9,821



ATTACHMENT 3

Medical Large Claims Experience



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PINELLAS SUNCOAST TRANSIT AUTHORITY

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

October 2015 thru September 2016

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

<i>FAT</i>	<i>RAT</i>	<i>MEMBER ID</i>	<i>REL</i>	<i>DRUG CLAIMS</i>	<i>PAID CLAIMS</i>	<i>CLAIMANT TOTAL</i>
0	R	1	EE	\$2,897	\$36,565	\$39,462
0	R	2	EE	\$90	\$31,045	\$31,135
0	R	3	EE	\$3,307	\$79,382	\$82,688
0	R	4	SP	\$66,262	\$53,203	\$119,465
0	R	5	EE	\$649	\$30,068	\$30,717
0	R	6	EE	\$407	\$82,401	\$82,808
0	R	7	SP	\$9,008	\$21,386	\$30,394
0	R	8	EE	\$8,552	\$68,371	\$76,924
0	R	9	EE	\$2,315	\$72,395	\$74,710
0	R	10	EE	\$54,313	\$1,302	\$55,615
0	R	11	EE	\$10,151	\$20,513	\$30,664
0	R	12	EE	\$415	\$125,906	\$126,321
1	M	12	EE	\$0	\$113,493	\$113,493
1	R	12	EE	\$0	(\$931)	(\$931)
		MEMBER ID Total		\$415	\$238,469	\$238,884
0	R	13	SP	\$160	\$59,208	\$59,368
0	R	14	EE	\$99	\$38,046	\$38,146



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PINELLAS SUNCOAST TRANSIT AUTHORITY**DE-IDENTIFIED CLAIMS EXCEEDING REPORT**

October 2015 thru September 2016

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

<i>FAT</i>	<i>RAT</i>	<i>MEMBER ID</i>	<i>REL</i>	<i>DRUG CLAIMS</i>	<i>PAID CLAIMS</i>	<i>CLAIMANT TOTAL</i>
0	R	15	EE	\$1,338	\$90,876	\$92,214
0	R	16	EE	\$31,538	\$509	\$32,047
0	R	17	EE	\$76	\$46,555	\$46,631
0	R	18	CH	\$66	\$25,368	\$25,434
0	R	19	EE	\$11,812	\$21,296	\$33,108
0	R	20	EE	\$25,047	\$99,953	\$125,000
1	M	20	EE	\$0	\$80,578	\$80,578
		MEMBER ID Total		\$25,047	\$180,531	\$205,578
0	R	21	EE	\$110	\$124,710	\$124,820
1	M	21	EE	\$0	\$111,557	\$111,557
1	R	21	EE	\$0	\$180	\$180
		MEMBER ID Total		\$110	\$236,447	\$236,557
0	R	22	EE	\$10,366	\$91,512	\$101,879
0	R	23	SP	\$722	\$46,025	\$46,747
0	R	24	CH	\$0	\$43,158	\$43,158
0	R	25	EE	\$25,567	\$891	\$26,458
0	R	26	EE	\$1,600	\$26,961	\$28,561



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PINELLAS SUNCOAST TRANSIT AUTHORITY**DE-IDENTIFIED CLAIMS EXCEEDING REPORT**

October 2015 thru September 2016

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

<i>FAT</i>	<i>RAT</i>	<i>MEMBER ID</i>	<i>REL</i>	<i>DRUG CLAIMS</i>	<i>PAID CLAIMS</i>	<i>CLAIMANT TOTAL</i>
0	R	27	EE	\$1,241	\$123,749	\$124,990
1	M	27	EE	\$0	\$56,584	\$56,584
		MEMBER ID Total		\$1,241	\$180,332	\$181,574
0	R	28	EE	\$17,392	\$592	\$17,984
0	R	28	EE	\$17,502	\$633	\$18,135
		MEMBER ID Total		\$34,894	\$1,225	\$36,119
0	R	29	EE	\$553	\$105,080	\$105,634
0	R	30	EE	\$1,920	\$124,474	\$126,394
1	M	30	EE	\$0	\$317,120	\$317,120
		MEMBER ID Total		\$1,920	\$441,594	\$443,513
0	R	31	EE	\$6,514	\$31,380	\$37,894
0	R	32	EE	\$30,663	\$3,134	\$33,797
0	R	33	EE	\$29,247	\$229	\$29,476
0	R	34	EE	\$1,972	\$28,860	\$30,832
0	R	35	EE	\$525	\$100,319	\$100,844
0	R	36	EE	\$167	\$62,711	\$62,878
0	R	37	SP	\$500	\$32,865	\$33,365
0	R	38	EE	\$10,317	\$17,902	\$28,219



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PINELLAS SUNCOAST TRANSIT AUTHORITY

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

October 2015 thru September 2016

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

<i>FAT</i>	<i>RAT</i>	<i>MEMBER ID</i>	<i>REL</i>	<i>DRUG CLAIMS</i>	<i>PAID CLAIMS</i>	<i>CLAIMANT TOTAL</i>
0	R	39	EE	\$76	\$31,759	\$31,834
0	R	40	EE	\$4,833	\$73,049	\$77,881
0	R	41	EE	\$6,829	\$31,840	\$38,669
0	R	42	EE	\$309	\$43,043	\$43,352
0	R	43	EE	\$2,539	\$38,437	\$40,977
0	R	44	EE	\$3,274	\$25,603	\$28,877
0	R	45	SP	\$7,611	\$18,275	\$25,886
0	R	46	EE	\$2,563	\$80,368	\$82,930
0	R	47	EE	\$134,734	(\$9,732)	\$125,002
1	M	47	EE	\$0	\$143,598	\$143,598
		MEMBER ID Total		\$134,734	\$133,866	\$268,600
0	R	48	SP	\$18,775	\$22,074	\$40,849
0	R	49	EE	\$3,388	\$31,810	\$35,199
Grand Total				\$570,312	\$3,178,239	\$3,748,552



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PINELLAS SUNCOAST TRANSIT AUTHORITY**DE-IDENTIFIED CLAIMS EXCEEDING REPORT**

October 2016 thru March 2017

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

<i>FAT</i>	<i>RAT</i>	<i>MEMBER ID</i>	<i>REL</i>	<i>DRUG CLAIMS</i>	<i>PAID CLAIMS</i>	<i>CLAIMANT TOTAL</i>
0	R	1	SP	\$376	\$60,470	\$60,847
0	R	2	EE	\$40,421	\$116	\$40,537
0	R	3	EE	\$769	\$124,900	\$125,669
1	M	3	EE	\$0	\$70,248	\$70,248
		MEMBER ID Total		\$769	\$195,148	\$195,917
0	R	4	EE	\$9,753	\$22,781	\$32,534
0	R	5	EE	\$106	\$43,190	\$43,296
0	R	6	EE	\$4,090	\$32,188	\$36,278
0	R	7	EE	\$966	\$104,087	\$105,052
0	R	8	EE	\$24,911	\$1,100	\$26,012
0	R	9	EE	\$84	\$29,181	\$29,265
0	R	10	EE	\$37	\$26,402	\$26,439
0	R	11	EE	\$32	\$28,486	\$28,518
0	R	12	SP	\$6,071	\$33,284	\$39,355
0	R	13	EE	\$110,690	\$1,791	\$112,481
0	R	14	EE	\$17,988	\$109,697	\$127,685
1	M	14	EE	\$0	\$77,481	\$77,481



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PINELLAS SUNCOAST TRANSIT AUTHORITY**DE-IDENTIFIED CLAIMS EXCEEDING REPORT**

October 2016 thru March 2017

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

<i>FAT</i>	<i>RAT</i>	<i>MEMBER ID</i>	<i>REL</i>	<i>DRUG CLAIMS</i>	<i>PAID CLAIMS</i>	<i>CLAIMANT TOTAL</i>
		MEMBER ID Total		\$17,988	\$187,178	\$205,166
0	R	15	EE	\$105,963	\$19,101	\$125,064
1	M	15	EE	\$0	\$196,346	\$196,346
		MEMBER ID Total		\$105,963	\$215,447	\$321,409
0	R	16	CH	\$120	\$31,864	\$31,984
0	R	17	EE	\$1,696	\$49,588	\$51,285
0	R	18	EE	\$579	\$80,830	\$81,409
0	R	19	EE	\$6,826	\$118,217	\$125,043
1	M	19	EE	\$0	\$206,871	\$206,871
		MEMBER ID Total		\$6,826	\$325,088	\$331,914
0	R	20	EE	\$633	\$27,335	\$27,967
1	M	20	EE	\$0	\$1,394	\$1,394
		MEMBER ID Total		\$633	\$28,729	\$29,361
0	R	21	SP	\$10,866	\$19,076	\$29,942
0	R	22	EE	\$140	\$36,881	\$37,021
0	R	23	EE	\$4	\$124,996	\$125,000
1	M	23	EE	\$0	\$27,096	\$27,096
		MEMBER ID Total		\$4	\$152,092	\$152,096
0	R	24	EE	\$210	\$53,520	\$53,730



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PINELLAS SUNCOAST TRANSIT AUTHORITY

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

October 2016 thru March 2017

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

<i>FAT</i>	<i>RAT</i>	<i>MEMBER ID</i>	<i>REL</i>	<i>DRUG CLAIMS</i>	<i>PAID CLAIMS</i>	<i>CLAIMANT TOTAL</i>
0	R	25	EE	\$6,073	\$39,518	\$45,591
0	R	26	EE	\$245	\$124,744	\$124,989
1	M	26	EE	\$0	\$83,997	\$83,997
		MEMBER ID Total		\$245	\$208,742	\$208,987
0	R	27	EE	\$27,802	\$289	\$28,091
Grand Total				\$377,450	\$2,007,068	\$2,384,518



ATTACHMENT 4

Dental Schedule of Benefits

Cigna Dental Benefit Summary
Pinellas Suncoast Transit Authority
10/01/2016



All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

	Cigna Dental PPO			
Network	Cigna DPPO Advantage		Out-of-Network	
Plan Year Maximum (Class I, II & III expenses)	\$1,000		\$1,000	
Annual Deductible Individual Family	\$50 per person \$150 per family		\$50 per person \$150 per family	
Reimbursement Levels	Based on Reduced Contracted Fees		Based on Maximum Allowable Charge (In-Network fee level)	
Benefits	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Preventive & Diagnostic Oral Exams Routine Cleanings Bitewing X-rays Fluoride Application Sealants Space Maintainers	90% No Deductible	10% No Deductible	90% No Deductible	10% No Deductible
Class II: Basic Restorative Fillings Full Mouth X-rays Panoramic X-ray Periapical X-rays Emergency Care to Relieve Pain Root Canal Therapy/Endodontics Osseous Surgery Periodontal Scaling and Root Planing Oral Surgery: simple extractions	70% After Deductible	30% After Deductible	70% After Deductible	30% After Deductible
Class III: Major Restorative Crowns Oral Surgery: extractions of impacted teeth Oral Surgery: all except simple extractions Anesthesia: general and IV sedation Brush Biopsies Denture Repairs Denture Relines, Rebases and Adjustments Repairs to Bridges, Crowns and Inlays Dentures Bridges Inlays/Onlays Prosthesis Over Implant	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
12 months waiting period				
Class IV: Orthodontia Coverage for Dependent Children to age 19	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Missing Tooth Limitation Provision	Teeth missing prior to coverage under the Cigna Dental plan are not covered.			
Late Entrant Limit Provision	No Coverage except for Class I (as defined in these plans) for 12 months.			
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.			
Pretreatment Review	Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$500 is proposed.			

*For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to the Contracted Fee Schedule but the dentist may balance bill up to their usual fees.

The Cigna Dental Oral Health Integration Program (OHIP)® is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation. The program provides 100% coverage for certain dental procedures, guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. For more information and to see the complete list of eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.

Cigna Dental PPO Exclusions and Limitations

Procedure	Limitations
Oral Exams:	1 per 6-month consecutive period.
Prophylaxis (Cleanings):	1 routine prophylaxis or perio maintenance procedure per 6-month consecutive period (routine prophylaxis is Class I; perio prophylaxis is Class II).
Fluoride Treatments	1 per consecutive 12 months for participants younger than age 14.
X-rays (routine)	Bitewings: 1 set in any consecutive 12 month period. Limited to a maximum of 4 films per set.
X-rays (non-routine)	Full mouth or Panorex: 1 per 60 consecutive months.
Periapical x-rays:	4 in 12 consecutive months if not performed in conjunction with an operative procedure.
Intraoral occlusal x-rays:	2 in 12 consecutive months.
Models	Not covered.
Fillings	1 per tooth per 12 consecutive months (applies to replacement of identical surface fillings only). No composite, white/tooth colored fillings on bicuspid or molar teeth.
Sealants (per tooth):	1 treatment per tooth per lifetime. Payable on unrestored permanent bicuspid or molar teeth only.
Minor Perio (non-surgical)	Root planning-1 per quadrant per 36 consecutive months.
Perio Surgery	1 per 36 consecutive months per area of the mouth (same service).
Crowns and Inlays	Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits for crowns and inlays are limited to resin or stainless steel.
Stainless Steel & Resin Crowns	1 per 36 consecutive months for participants younger than age 16.
Bridges	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Dentures and Partial:	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.
Relines, Rebases	Covered if more than 12 months after installation; 1 per 36 consecutive months.
Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months.
Repairs – Bridges	Covered if more than 12 months after installation.
Repairs – Dentures	Covered if more than 12 months after installation.
Endodontics	Root canal re-treatment 1 per 24 consecutive months, if necessity demonstrated.
Space Maintainers	Limited to non-Orthodontic treatment
Prosthesis Over Implant:	1 per 84 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.

Benefit Exclusions

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- Services performed primarily for cosmetic reasons; veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars.
- Instruction for plaque control, oral hygiene and diet; experimental or investigational procedures and treatments; dental services that do not meet common dental standards.
- Replacement of a lost or stolen appliance; replacement of a bridge or denture within five years following the date of its original installation; replacement of a bridge or denture which can be made useable according to accepted dental standards.
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion.
- Surgical implant of any type; bite registrations; precision or semi-precision attachments; splinting; services that are deemed to be medical services; services and supplies received from a hospital.
- For charges which would not have been made if the person had no insurance; for charges for unnecessary care, treatment or surgery.
- Charges which the person is not legally required to pay; charges in excess of the reasonable and customary allowances; charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service.
- Procedures performed by a dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents); to the extent that payment is unlawful where the person resides when the expenses are incurred; any injury resulting from, or in the course of, any employment for wage or profit; any sickness covered under any workers' compensation or similar law.
- To the extent that you or any of your dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid; to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your dependents.

- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description. Benefits are insured and/or administered by Connecticut General Life Insurance Company. "Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

DPPO insurance coverage is set forth on the following policy form numbers: AR: HP-POL77; CA: HP-POL57; CO: HP-POL78; CT: HP-POL58; DE: HP-POL79; FL: HP-POL60; ID: HP-POL82; IL: HP-POL62; KS: HP-POL84; LA: HP-POL86; MA: HP-POL 63; MI: HP-POL88; MO: HP-POL65; MS: HP-POL90; NC: HP-POL96; NE: HP-POL92; NH: HP-POL94; NM: HP-POL95; NV: HP-POL93; NY: HP-POL67; OH: HP-POL98; OK: HP-POL99; OR: HP-POL68; PA: HP-POL100; RI: HP-POL101; SC: HP-POL102; SD: HP-POL103; TN: HP-POL69; TX: HP-POL70; UT: HP-POL104; VA: HP-POL72; VT: HP-POL71; WA: POL-07/08; WI: HP-POL107; WV: HP-POL106; and WY: HP-POL108.

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CIGNA DENTAL CARE® (*DHMO) PATIENT CHARGE SCHEDULE

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

Important Highlights

- ▶ This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- ▶ This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric, Orthodontic and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- ▶ Procedures not listed on this Patient Charge Schedule are not covered and are the patient's responsibility at the dentist's usual fees.
- ▶ The administration of IV sedation, general anesthesia, and/or nitrous oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.



CIGNA DENTAL CARE®

PATIENT CHARGE SCHEDULE (P7XVO)

Important Highlights (Continued)

- ▶ Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- ▶ This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- ▶ Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.
- ▶ All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- ▶ The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	\$5.00
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145).		
D9310	Consultation (Diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$12.00
D9430	Office visit for observation – No other services performed	\$6.00
D9450	Case presentation – Detailed and extensive treatment planning	\$0.00
D0120	Periodic oral evaluation – Established patient	\$0.00
D0140	Limited oral evaluation – Problem focused	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – New or established patient	\$0.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D0160	Detailed and extensive oral evaluation – Problem focused, by report <i>(Limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$0.00
D0170	Reevaluation – Limited, problem focused (Not postoperative visit)	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$0.00
D0210	X-rays intraoral – Complete series of radiographic images <i>(Limit 1 every 3 years)</i>	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00
D0240	X-rays intraoral – Occlusal radiographic image	\$0.00
D0250	X-rays extraoral – First radiographic image	\$0.00
D0260	X-rays extraoral – Each additional radiographic image	\$0.00
D0270	X-rays (Bitewing) – Single radiographic image	\$0.00
D0272	X-rays (Bitewings) – 2 radiographic images	\$0.00
D0273	X-rays (Bitewings) – 3 radiographic images	\$0.00
D0274	X-rays (Bitewings) – 4 radiographic images	\$0.00
D0277	X-rays (Bitewings, vertical) – 7 to 8 radiographic images	\$0.00
D0330	X-rays (Panoramic radiographic image) – <i>(Limit 1 every 3 years)</i>	\$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(Limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$240.00
D0350	Oral/facial photographic images	\$0.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0431	Oral cancer screening using a special light source	\$50.00
D0460	Pulp vitality tests	\$0.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
D0470	Diagnostic casts	\$0.00
D0472	Pathology report – Gross examination of lesion (Only when tooth related)	\$0.00
D0473	Pathology report – Microscopic examination of lesion (Only when tooth related)	\$0.00
D0474	Pathology report – Microscopic examination of lesion and area (Only when tooth related)	\$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0.00
D1110	Prophylaxis (Cleaning) – Adult (<i>Limit 2 per calendar year</i>)	\$0.00
	Additional prophylaxis (Cleaning) – In addition to the 2 prophylaxes (Cleanings) allowed per calendar year	\$55.00
D1120	Prophylaxis (Cleaning) – Child (<i>Limit 2 per calendar year</i>)	\$0.00
	Additional prophylaxis (Cleaning) – In addition to the 2 prophylaxes (Cleanings) allowed per calendar year	\$45.00
D1206	Topical application of fluoride varnish (<i>Limit 2 per calendar year</i>). <i>There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	\$0.00
	Additional topical application of fluoride varnish – In addition to any combination of two (2) D1206s (Topical application of fluoride varnish) and/or D1208s (Topical application of fluoride) per calendar year.	\$15.00
D1208	Topical application of fluoride (<i>Limit 2 per calendar year</i>). <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i>	\$0.00
	Additional topical application of fluoride – In addition to any combination of two (2) D1206s (Topical applications of fluoride varnish) and/or D1208s (Topical application of fluoride) per calendar year.	\$15.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$12.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D1510	Space maintainer – Fixed – Unilateral	\$35.00
D1515	Space maintainer – Fixed – Bilateral	\$35.00
D1520	Space maintainer – Removable – Unilateral	\$45.00
D1525	Space maintainer – Removable – Bilateral	\$45.00
D1550	Recementation of space maintainer	\$6.00
D1555	Removal of fixed space maintainer	\$6.00
Restorative (Fillings, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$0.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$0.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$0.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – 1 surface, anterior	\$0.00
D2331	Resin-based composite – 2 surfaces, anterior	\$0.00
D2332	Resin-based composite – 3 surfaces, anterior	\$0.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$0.00
D2390	Resin-based composite crown, anterior	\$45.00
D2391	Resin-based composite – 1 surface, posterior	\$70.00
D2392	Resin-based composite – 2 surfaces, posterior	\$80.00
D2393	Resin-based composite – 3 surfaces, posterior	\$95.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$105.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
<p>Crown and bridge – All charges for crowns and bridges (Fixed partial dentures) are per unit (Each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years.</p> <p>For single crowns, retainer (“Abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged up to these additional amounts, based on the type of material the dentist uses for your restoration.</p> <ul style="list-style-type: none"> • No more than \$150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys • No more than \$75.00 per tooth for any porcelain fused to metal (Only on molar teeth) • Porcelain/ceramic substrate crowns on molar teeth are not covered 		
<p>In addition, you may be charged up to these additional amounts.</p> <ul style="list-style-type: none"> • No more than \$100.00 per tooth if an indirectly fabricated (“Cast”) post and core is made of high noble metal alloy • No more than \$150.00 per tooth for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (Ceramic) services. Same day in-office CAD/CAM (Ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine <p>Complex rehabilitation – An additional \$125 charge per unit for multiple crown units/complex rehabilitation (<i>6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – Ask your dentist for the guidelines</i>)</p>		
D2510	Inlay – Metallic – 1 surface	\$260.00
D2520	Inlay – Metallic – 2 surfaces	\$260.00
D2530	Inlay – Metallic – 3 or more surfaces	\$260.00
D2542	Onlay – Metallic – 2 surfaces	\$260.00
D2543	Onlay – Metallic – 3 surfaces	\$260.00
D2544	Onlay – Metallic – 4 or more surfaces	\$260.00
D2740	Crown – Porcelain/ceramic substrate	\$285.00
D2750	Crown – Porcelain fused to high noble metal	\$270.00
D2751	Crown – Porcelain fused to predominantly base metal	\$240.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D2752	Crown – Porcelain fused to noble metal	\$270.00
D2780	Crown – 3/4 cast high noble metal	\$260.00
D2781	Crown – 3/4 cast predominantly base metal	\$225.00
D2782	Crown – 3/4 cast noble metal	\$260.00
D2783	Crown – 3/4 porcelain/ceramic	\$240.00
D2790	Crown – Full cast high noble metal	\$260.00
D2791	Crown – Full cast predominantly base metal	\$225.00
D2792	Crown – Full cast noble metal	\$260.00
D2794	Crown – Titanium	\$260.00
D2799	Provisional crown	\$100.00
D2610	Inlay – Porcelain/ceramic, 1 surface	\$240.00
D2620	Inlay – Porcelain/ceramic, 2 surfaces	\$240.00
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D2642	Onlay – Porcelain/ceramic, 2 surfaces	\$240.00
D2643	Onlay – Porcelain/ceramic, 3 surfaces	\$240.00
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	\$240.00
D2650	Inlay – Resin-based composite, 1 surface	\$225.00
D2651	Inlay – Resin-based composite, 2 surfaces	\$225.00
D2652	Inlay – Resin-based composite, 3 or more surfaces	\$225.00
D2662	Onlay – Resin-based composite, 2 surfaces	\$225.00
D2663	Onlay – Resin-based composite, 3 surfaces	\$225.00
D2664	Onlay – Resin-based composite, 4 or more surfaces	\$225.00
D2710	Crown – Resin-based composite, indirect	\$225.00
D2712	Crown – 3/4 resin-based composite, indirect	\$225.00
D2720	Crown – Resin with high noble metal	\$260.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
D2721	Crown – Resin with predominantly base metal	\$225.00
D2722	Crown – Resin with noble metal	\$260.00
D2910	Recement inlay – Onlay or partial coverage restoration	\$0.00
D2915	Recement cast or prefabricated post and core	\$0.00
D2920	Recement crown	\$0.00
D2929	Prefabricated porcelain/ceramic crown – Primary tooth	\$130.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$35.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$35.00
D2932	Prefabricated resin crown	\$45.00
D2933	Prefabricated stainless steel crown with resin window	\$45.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$130.00
D2940	Protective restoration	\$6.00
D2950	Core buildup – Including any pins	\$65.00
D2951	Pin retention – Per tooth – In addition to restoration	\$10.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$65.00
D2953	Each additional indirectly prefabricated post – Same tooth	\$65.00
D2954	Prefabricated post and core – In addition to crown	\$40.00
D2957	Each additional prefabricated post – Same tooth	\$40.00
D2960	Labial veneer (Resin laminate) – Chairside	\$250.00
D2970	Temporary crown (Fractured tooth)	\$6.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$65.00
D2980	Crown repair, necessitated by restorative material failure	\$18.00
D6210	Pontic – Cast high noble metal	\$260.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D6211	Pontic – Cast predominantly base metal	\$225.00
D6212	Pontic – Cast noble metal	\$260.00
D6214	Pontic – Titanium	\$260.00
D6240	Pontic – Porcelain fused to high noble metal	\$250.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$220.00
D6242	Pontic – Porcelain fused to noble metal	\$250.00
D6245	Pontic – Porcelain/ceramic	\$220.00
D6250	Pontic – Resin with high noble metal	\$260.00
D6251	Pontic – Resin with predominantly base metal	\$225.00
D6252	Pontic – Resin with noble metal	\$260.00
D6253	Provisional pontic	\$225.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	\$225.00
D6600	Inlay – Porcelain/ceramic, 2 surfaces	\$240.00
D6601	Inlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D6602	Inlay – Cast high noble metal, 2 surfaces	\$260.00
D6603	Inlay – Cast high noble metal, 3 or more surfaces	\$260.00
D6604	Inlay – Cast predominantly base metal, 2 surfaces	\$225.00
D6605	Inlay – Cast predominantly base metal, 3 or more surfaces	\$225.00
D6606	Inlay – Cast noble metal, 2 surfaces	\$260.00
D6607	Inlay – Cast noble metal, 3 or more surfaces	\$260.00
D6608	Onlay – Porcelain/ceramic, 2 surfaces	\$240.00
D6609	Onlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D6610	Onlay – Cast high noble metal, 2 surfaces	\$260.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D6611	Onlay – Cast high noble metal, 3 or more surfaces	\$260.00
D6612	Onlay – Cast predominantly base metal, 2 surfaces	\$225.00
D6613	Onlay – Cast predominantly base metal, 3 or more surfaces	\$225.00
D6614	Onlay – Cast noble metal, 2 surfaces	\$260.00
D6615	Onlay – Cast noble metal, 3 or more surfaces	\$260.00
D6624	Inlay – Titanium	\$250.00
D6634	Onlay – Titanium	\$220.00
D6710	Crown – Indirect resin based composite	\$225.00
D6720	Crown – Resin with high noble metal	\$260.00
D6721	Crown – Resin with predominantly base metal	\$225.00
D6722	Crown – Resin with noble metal	\$260.00
D6740	Crown – Porcelain/ceramic	\$220.00
D6750	Crown – Porcelain fused to high noble metal	\$250.00
D6751	Crown – Porcelain fused to predominantly base metal	\$220.00
D6752	Crown – Porcelain fused to noble metal	\$250.00
D6780	Crown – 3/4 cast high noble metal	\$260.00
D6781	Crown – 3/4 cast predominantly base metal	\$225.00
D6782	Crown – 3/4 cast noble metal	\$260.00
D6783	Crown – 3/4 porcelain/ceramic	\$220.00
D6790	Crown – Full cast high noble metal	\$260.00
D6791	Crown – Full cast predominantly base metal	\$225.00
D6792	Crown – Full cast noble metal	\$260.00
D6794	Crown – Titanium	\$260.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D6930	Recement fixed partial denture	\$0.00
D6950	Precision attachment	\$195.00
Endodontics (Root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (Excluding final restoration)	\$0.00
D3120	Pulp cap – Indirect (Excluding final restoration)	\$0.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$12.00
D3221	Pulpal debridement (Not to be used when root canal is done on the same day)	\$55.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$17.00
D3230	Pulpal therapy (Resorbable filling) – Anterior, primary tooth (Excluding final restoration)	\$40.00
D3240	Pulpal therapy (Resorbable filling) – Posterior, primary tooth (Excluding final restoration)	\$45.00
D3310	Anterior root canal – Permanent tooth (Excluding final restoration)	\$100.00
D3320	Bicuspid root canal – Permanent tooth (Excluding final restoration)	\$150.00
D3330	Molar root canal – Permanent tooth (Excluding final restoration)	\$305.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$105.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$85.00
D3333	Internal root repair of perforation defects	\$105.00
D3346	Retreatment of previous root canal therapy – Anterior	\$165.00
D3347	Retreatment of previous root canal therapy – Bicuspid	\$215.00
D3348	Retreatment of previous root canal therapy – Molar	\$340.00
D3351	Apexification/recalcification – Initial visit (Apical closure/calcific repair of perforations, root resorption, etc.)	\$95.00
D3352	Apexification/recalcification – Interim medication replacement (Apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
D3353	Apexification/recalcification – Final visit (Includes completed root canal therapy – Apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$115.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (First root)	\$115.00
D3425	Apicoectomy/periradicular surgery – Molar (First root)	\$115.00
D3426	Apicoectomy/periradicular surgery (Each additional root)	\$75.00
D3430	Retrograde filling – Per root	\$75.00
D3450	Root amputation – Per root	\$115.00
D3920	Hemisection (Including any root removal), not including root canal therapy	\$110.00
<p>Periodontics (Treatment of supporting tissues (Gum and bone) of the teeth) periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.</p>		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$160.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$100.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$100.00
D4240	Gingival flap (Including root planing) – 4 or more teeth per quadrant	\$185.00
D4241	Gingival flap (Including root planing) – 1 to 3 teeth per quadrant	\$140.00
D4245	Apically positioned flap	\$200.00
D4249	Clinical crown lengthening – Hard tissue	\$155.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$360.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$275.00
D4263	Bone replacement graft – First site in quadrant	\$250.00
D4264	Bone replacement graft – Each additional site in quadrant	\$115.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D4266	Guided tissue regeneration – Resorbable barrier per site	\$215.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (Includes membrane removal)	\$255.00
D4270	Pedicle soft tissue graft procedure	\$300.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75.00
D4274	Distal or proximal wedge procedure (When not performed in conjunction with surgical procedures in the same anatomical area)	\$85.00
D4275	Soft tissue allograft	\$460.00
D4277	Free soft tissue graft procedure (Including donor site surgery), first tooth or edentulous (<i>missing</i>) tooth position in graft	\$300.00
D4278	Free soft tissue graft procedure (Including donor site surgery), each additional contiguous tooth or edentulous (<i>missing</i>) tooth position in same graft site	\$150.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (<i>Limit 4 quadrants per consecutive 12 months</i>)	\$50.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (<i>Limit 4 quadrants per consecutive 12 months</i>)	\$40.00
D4355	Full mouth debridement to allow evaluation and diagnosis (<i>1 per lifetime</i>)	\$50.00
D4381	Localized delivery of antimicrobial agents per tooth	\$60.00
D4910	Periodontal maintenance (<i>Limit 4 per calendar year</i>) (<i>Only covered after active periodontal therapy</i>)	\$40.00
	Additional periodontal maintenance procedures (<i>Beyond 4 per calendar year</i>)	\$70.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
<p>Prosthetics (Removable tooth replacement – Dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. Characterization is considered an upgrade with maximum additional charge to the member of \$200.00 per denture.</p>		
D5110	Full upper denture	\$225.00
D5120	Full lower denture	\$225.00
D5130	Immediate full upper denture	\$245.00
D5140	Immediate full lower denture	\$245.00
D5211	Upper partial denture – Resin base (Including clasps, rests and teeth)	\$225.00
D5212	Lower partial denture – Resin base (Including clasps, rests and teeth)	\$225.00
D5213	Upper partial denture – Cast metal framework (Including clasps, rests and teeth)	\$240.00
D5214	Lower partial denture – Cast metal framework (Including clasps, rests and teeth)	\$240.00
D5225	Upper partial denture – Flexible base (Including clasps, rests and teeth)	\$165.00
D5226	Lower partial denture – Flexible base (Including clasps, rests and teeth)	\$165.00
D5281	Removable unilateral partial denture – One piece cast metal including clasps and teeth)	\$225.00
D5410	Adjust complete denture – Upper	\$12.00
D5411	Adjust complete denture – Lower	\$12.00
D5421	Adjust partial denture – Upper	\$12.00
D5422	Adjust partial denture – Lower	\$12.00
D5850	Tissue conditioning – Upper	\$12.00
D5851	Tissue conditioning – Lower	\$12.00
D5862	Precision attachment – By report	\$160.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
Repairs to prosthetics		
D5510	Repair broken complete denture base	\$40.00
D5520	Replace missing or broken teeth – Complete denture (Each tooth)	\$40.00
D5610	Repair resin denture base	\$40.00
D5620	Repair cast framework	\$40.00
D5630	Repair or replace broken clasp	\$45.00
D5640	Replace broken teeth – Per tooth	\$40.00
D5650	Add tooth to existing partial denture	\$40.00
D5660	Add clasp to existing partial denture	\$45.00
D5670	Replace all teeth and acrylic on cast metal framework – Upper	\$200.00
D5671	Replace all teeth and acrylic on cast metal framework – Lower	\$200.00
Denture relining (Limit 1 every 36 months)		
D5710	Rebase complete upper denture	\$75.00
D5711	Rebase complete lower denture	\$75.00
D5720	Rebase upper partial denture	\$75.00
D5721	Rebase lower partial denture	\$75.00
D5730	Reline complete upper denture – Chairside	\$45.00
D5731	Reline complete lower denture – Chairside	\$45.00
D5740	Reline upper partial denture – Chairside	\$45.00
D5741	Reline lower partial denture – Chairside	\$45.00
D5750	Reline complete upper denture – Laboratory	\$75.00
D5751	Reline complete lower denture – Laboratory	\$75.00
D5760	Reline upper partial denture – Laboratory	\$75.00
D5761	Reline lower partial denture – Laboratory	\$75.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge									
Interim dentures (Limit 1 every 5 years)											
D5810	Interim complete denture – Upper	\$280.00									
D5811	Interim complete denture – Lower	\$280.00									
D5820	Interim partial denture – Upper	\$95.00									
D5821	Interim partial denture – Lower	\$95.00									
<p>Implant/abutment supported prosthetics – All charges for crowns and bridges (Fixed partial dentures) are per unit (Each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years. For single crowns, retainer (“Abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged up to these additional amounts, based on the type of material the dentist uses for your restoration.</p> <ul style="list-style-type: none"> • No more than \$150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys • No more than \$75.00 per tooth for any porcelain fused to metal (Only on molar teeth) • Porcelain/ceramic substrate crowns on molar teeth are not covered 											
<p>In addition, you may be charged up to these additional amounts.</p> <ul style="list-style-type: none"> • No more than \$100.00 per tooth if an indirectly fabricated (“Cast”) post and core is made of high noble metal alloy • No more than \$150.00 per tooth for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (Ceramic) services. Same day in-office CAD/CAM (Ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine <p>Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional \$125 charge per unit for multiple crown units/ complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – Ask your dentist for the guidelines)</p> <tr> <td data-bbox="72 1357 195 1411">D6053</td> <td data-bbox="195 1357 880 1411">Implant/abutment supported removable denture for completely edentulous arch</td> <td data-bbox="880 1357 1015 1411">\$725.00</td> </tr> <tr> <td data-bbox="72 1411 195 1448">D6054</td> <td data-bbox="195 1411 880 1448">Implant/abutment supported removable denture for partially edentulous arch</td> <td data-bbox="880 1411 1015 1448">\$740.00</td> </tr> <tr> <td data-bbox="72 1448 195 1502">D6058</td> <td data-bbox="195 1448 880 1502">Abutment supported porcelain/ceramic crown</td> <td data-bbox="880 1448 1015 1502">\$625.00</td> </tr>			D6053	Implant/abutment supported removable denture for completely edentulous arch	\$725.00	D6054	Implant/abutment supported removable denture for partially edentulous arch	\$740.00	D6058	Abutment supported porcelain/ceramic crown	\$625.00
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$725.00									
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$740.00									
D6058	Abutment supported porcelain/ceramic crown	\$625.00									

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
D6059	Abutment supported porcelain fused to metal crown (High noble metal)	\$760.00
D6060	Abutment supported porcelain fused to metal crown (Predominantly base metal)	\$580.00
D6061	Abutment supported porcelain fused to metal crown (Noble metal)	\$760.00
D6062	Abutment supported cast metal crown (High noble metal)	\$710.00
D6063	Abutment supported cast metal crown (Predominantly base metal)	\$525.00
D6064	Abutment supported cast metal crown (Noble metal)	\$710.00
D6065	Implant supported porcelain/ceramic crown	\$625.00
D6066	Implant supported porcelain fused to metal crown (Titanium, titanium alloy, high noble metal)	\$760.00
D6067	Implant supported metal crown (Titanium, titanium alloy, high noble metal)	\$710.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	\$560.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (High noble metal)	\$740.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (Predominantly base metal)	\$560.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (Noble metal)	\$740.00
D6072	Abutment supported retainer for cast metal fixed partial denture (High noble metal)	\$710.00
D6073	Abutment supported retainer for cast metal fixed partial denture (Predominantly base metal)	\$525.00
D6074	Abutment supported retainer for cast metal fixed partial denture (Noble metal)	\$710.00
D6075	Implant supported retainer for ceramic fixed partial denture	\$560.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (Titanium, titanium alloy, high noble metal)	\$740.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
D6077	Implant supported retainer for cast metal fixed partial denture (Titanium, titanium alloy, high noble metal)	\$710.00
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$725.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$740.00
D6092	Recement implant/abutment supported crown	\$40.00
D6093	Recement implant/abutment supported fixed partial denture	\$40.00
D6094	Abutment supported crown (Titanium)	\$710.00
D6194	Abutment supported retainer crown for fixed partial denture (Titanium)	\$710.00
<p>Oral surgery (Includes routine postoperative treatment) surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (Disease) exists.</p>		
D7111	Extraction of coronal remnants – Deciduous tooth	\$6.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$6.00
D7210	Surgical removal of erupted tooth – Removal of bone and/or section of tooth	\$40.00
D7220	Removal of impacted tooth – Soft tissue	\$65.00
D7230	Removal of impacted tooth – Partially bony	\$85.00
D7240	Removal of impacted tooth – Completely bony	\$110.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (Narrative required)	\$135.00
D7250	Surgical removal of residual tooth roots – Cutting procedure	\$50.00
D7251	Coronectomy – Intentional partial tooth removal	\$85.00
D7260	Oroantral fistula closure	\$135.00
D7261	Primary closure of a sinus perforation	\$135.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$105.00
D7280	Surgical access of an unerupted tooth (Excluding wisdom teeth)	\$110.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$110.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
D7285	Biopsy of oral tissue – Hard (Bone, tooth) (Tooth related – Not allowed when in conjunction with another surgical procedure)	\$0.00
D7286	Biopsy of oral tissue – Soft (All others) (Tooth related – Not allowed when in conjunction with another surgical procedure)	\$0.00
D7287	Exfoliative cytological sample collection	\$50.00
D7288	Brush biopsy – Transepithelial sample collection	\$50.00
D7310	Alveoplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$65.00
D7311	Alveoplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$65.00
D7320	Alveoplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$85.00
D7321	Alveoplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$85.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$0.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$0.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$100.00
D7472	Removal of torus palatinus	\$75.00
D7473	Removal of torus mandibularis	\$75.00
D7485	Surgical reduction of osseous tuberosity	\$60.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$40.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	\$40.00
D7520	Incision and drainage of abscess – Extraoral soft tissue	\$40.00
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (Includes drainage of multiple fascial spaces)	\$40.00
D7880	Occlusal orthotic device, by report (<i>Limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i>)	\$200.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D7910	Suture of recent small wounds up to 5 cm	\$35.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	\$50.00
D7963	Frenuloplasty	\$50.00
<p>Orthodontics (Tooth movement) orthodontic treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)</p>		
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	\$485.00
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	\$485.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	\$485.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$485.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	\$485.00
D8210	Removable appliance therapy	\$0.00
D8220	Fixed appliance therapy	\$0.00
D8660	Pre-orthodontic treatment visit	\$125.00
D8670	Periodic orthodontic treatment visit – As part of contract	
	Children – Up to 19th birthday:	
	24-month treatment fee	\$1,608.00
	Charge per month for 24 months	\$67.00
	Adults:	
	24-month treatment fee	\$2,592.00
	Charge per month for 24 months	\$108.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	\$295.00
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0.00
D8999	Unspecified orthodontic procedure – By report (Orthodontic treatment plan and records)	\$290.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XVO)

Code	Procedure Description	Patient Charge
<p>General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.</p>		
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia	\$0.00
D9220	General anesthesia – First 30 minutes	\$160.00
D9221	General anesthesia – Each additional 15 minutes	\$75.00
D9241	IV conscious sedation – First 30 minutes	\$160.00
D9242	IV conscious sedation – Each additional 15 minutes	\$75.00
D9610	Therapeutic parenteral drug, single administration	\$15.00
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	\$25.00
D9630	Other drugs and/or medicaments – By report	\$15.00
D9910	Application of desensitizing medicament	\$15.00
<p>Emergency services</p>		
D9110	Palliative (Emergency) treatment of dental pain – Minor procedure	\$6.00
D9120	Fixed partial denture sectioning	\$0.00
D9440	Office visit – After regularly scheduled hours	\$40.00
<p>Miscellaneous services</p>		
D9940	Occlusal guard – By report (<i>Limit 1 per 24 months</i>)	\$125.00
D9941	Fabrication of athletic mouthguard (<i>Limit 1 per 12 months</i>)	\$110.00
D9942	Repair and/or reline of occlusal guard	\$40.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (P7XV0)

Code	Procedure Description	Patient Charge
D9951	Occlusal adjustment – Limited	\$45.00
D9952	Occlusal adjustment – Complete	\$70.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays <i>(All other methods of bleaching are not covered)</i>	\$125.00

This may contain CDT codes and/or portions of, or excerpts from the nomenclature contained within the *Current Dental Terminology*, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.

After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll free number listed on your ID card or plan materials. Multiple ways to locate a *DHMO Network General Dentist:

- Online provider directory at **Cigna.com**
- Online provider directory on **myCigna.com**
- Call the number located on your ID card to:
 - Use the Dental Office Locator via Speech Recognition
 - Speak to a Customer Service Representative

EMERGENCY: If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.



*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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ATTACHMENT 5

Vision Schedule of Benefits

Vision Benefits Summary



SELECT PLUS 150 PLAN

Pinellas Suncoast Transit Authority

Effective Date: October 1, 2015

COVERAGE	IN-NETWORK	OUT-OF-NETWORK ¹
EXAMS	\$0 copay	\$0 copay
Comprehensive Eye Examination <i>(with dilation)</i>	Covered in full after copay	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$40 allowance (copay does not apply)	Not covered
MATERIALS	\$10 copay	\$10 copay
Eyeglasses² (in lieu of contact lenses)		
Standard Plastic CR-39 Lenses <ul style="list-style-type: none"> ▪ Single ▪ Bi-focal ▪ Tri-focal ▪ Lenticular 	Covered in full after copay	Reimbursed up to: <ul style="list-style-type: none"> ▪ Single \$20 ▪ Bi-focal \$40 ▪ Trifocal \$60 ▪ Lenticular \$100
Standard Frames	\$150 retail allowance	Reimbursed up to \$60
Contact Lenses³ (in lieu of eyeglass lenses and frames)		
Elective Contact Lenses	\$150 retail allowance	Reimbursed up to \$80
Medically Necessary Contact Lenses ⁴	\$250 retail allowance	Reimbursed up to \$250
LENS UPGRADES	Available when you use your eyeglass lens benefit	
Polycarbonate Lenses <i>(members age 19 and under)</i>	Covered in full (copay does not apply)	Not covered
Standard Progressive Lenses	Additional \$50 copay	Not covered
Photochromic Lenses	Additional \$60 copay	Not covered

- For out-of-network services, you will be reimbursed up to the amount shown, less your copay.
- A single materials copay applies to standard lenses and frames when purchased together.
- Benefit is paid only once during benefit period and must be fully utilized at time of purchase.
- Only available for conditions of Aphakia, Keratoconus, or severe Anisometropia; preauthorization is required.

<p>BENEFIT FREQUENCY</p> <p>Eye Exam Every 12 months</p> <p>Eyeglass Lenses Every 12 months</p> <p>Eyeglass Frames Every 24 months</p> <p>Contact Lenses Every 12 months</p>	<p>ADVANTICA VALUE DISCOUNTS </p> <p>Discounts are available at select participating discount provider locations. Look for the star on our online provider search.</p> <p>The Advantica <i>Value</i> Discounts program is not part of your insured benefit.</p> <p>Polycarbonate Lenses (members over age 19): \$30</p> <p>Laser Vision Correction: Preferred Pricing through QualSight®</p>
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REFER TO YOUR CERTIFICATE OF COVERAGE FOR FULL COVERAGE DETAILS, LIMITATIONS AND EXCLUSIONS. Insurance coverage is underwritten by Advantica Insurance Company and administered by Advantica Administrative Services, Inc.

Vision Benefits Summary

RATES

Employee	\$0.00
Employee + Family	\$7.68

IMPORTANT TO REMEMBER!

Here are some tips to help you get the most out of your Advantica vision benefits:

- Copays apply to all benefits except where noted.
- Where the benefit includes an allowance, you are responsible for charges over that allowance in addition to the applicable copay.
- When you visit an in-network provider, you are responsible for your exam copay at the time of your visit, and your materials copay at the time of your purchase.
- If you use an out-of-network provider, submit your claim to Advantica for reimbursement within 12 months of the date of service. You will be reimbursed up to the amount shown, less your copay.
- Exam and material frequencies will restart at the beginning of each benefit year. Your benefit year runs from your group's effective date.

CONVENIENT ACCESS TO VISION CARE

To find these and other participating vision care providers, visit us online at www.advanticabenefits.com and click on "Provider Search," or call customer service at (866) 425-2323.

Visionworks®

JCPenney Optical®

Sears Optical®

Pearle Vision®

For Eyes Optical®

America's Best®

Eyeglass World®

ADVANTICA MEMBER SUPPORT

If you have questions about your benefits or need support, we're here to help.

- **Visit us online at www.advanticabenefits.com.** Access member forms, find a provider, request an ID card, review benefits, check claim status, and more. Go to the members page and click "Member Login."
- **Call (866) 425-2323.** Advantica customer service representatives are available Monday through Friday from 8:00 a.m. until 6:00 p.m. Eastern Time. Beyond regular hours of operation, our automated telephone system is available for support.
- **Email CustomerService@advanticabenefits.com.** Please provide a detailed explanation of your request with your full name, date of birth and subscriber ID number. A member of our team will respond within one business day.





ATTACHMENT 6

*Gehring Group
Agent of Record*



May, 2, 2013

Mr. Kurt Gehring, CEO
Gehring Group
11505 Fairchild Gardens Avenue, Suite 202
Palm Beach Gardens, Florida 33410

Re: RFP #13-008P Employee Insurance Broker for PSTA

Dear Mr. Gehring;

This letter shall serve as the official Notice to Proceed for the contract referenced above. The effective date of the Notice to Proceeds is hereby established as of May 1, 2013. The contract shall be for an estimated time frame of twelve (12) months and shall not exceed five (5) years per mutual consent of both parties. All work must be conducted in strict accordance with the contract statement of work, terms and conditions and addendums issued of the RFP. In accordance with the project, this contract shall start within the contract term stated in this Notice to Proceed.

Your point of contact will be Larry Longenecker, HR Director 727-540-1854 and Shannon Jones, Benefits Coordinator 727-540-1856 and Ginger Letellier, Purchasing Buyer 727-540-1851 for the project your company will provide.

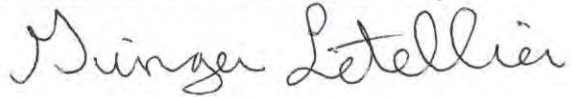
If you should have any questions related to the contract itself; please contact me at phone number 727-540-1851, fax number 727-540-0681.

This is to authorize Gehring Group, effective May 1, 2013, to act as Agent of Record for Pinellas Suncoast Transit Authority in selecting and contracting with carriers to provide the following:

- Group Medical Insurance
- Retiree Medical & Prescription Coverage
- Group Dental Coverage
- Group Vision Insurance
- Group Basic Life and AD&D Insurance
- Group Supplemental Life and Dependent Life Insurance
- Group Long Term Disability Insurance
- Group Short Term Disability Insurance
- Supplemental/Voluntary Insurance Services
- Employee Assistance Program

It is understood that the Gehring Group's cost for serving as Agent of Record shall be secured by the Gehring Group from the carriers who are or may be selected to provide these above listed coverage(s). This authorization as Agent of Record may be revoked by Pinellas Suncoast Transit Authority or Gehring Group upon presentation of thirty (30) days written notice to discontinue the assignment.

Sincerely,
Pinellas Suncoast Transit Authority

A handwritten signature in cursive script that reads "Ginger Letellier".

Ginger Letellier, CPPB
Purchasing Buyer

gl



ATTACHMENT 7

Sample Contract

AGREEMENT FOR GROUP INSURANCE FOR HEALTH and DENTAL

THIS AGREEMENT is made on 10/01/13, by and between the Pinellas Suncoast Transit Authority (.PSTA.), an independent special district with its principal place of business located at 3201 Scherer Drive, St. Petersburg, Florida, and Cigna Health and Life Insurance Company (.Provider.), a Connecticut Corporation with its principal place of business located at 900 Cottage Grove Rd., Bloomfield, CT_(collectively, the .Parties.).

WHEREAS, PSTA issued a Request for Proposal No. 13-018P for Group Insurance For Health, Dental, Vision and Life on and

WHEREAS, Provider submitted a proposal to PSTA's RFP on July 1,2013; and

WHEREAS, PSTA's Board of Directors awarded the RFP to Provider at its Board of Directors meeting on, authorized the PSTA Chief Executive Officer to enter into this Agreement with the Provider to provide Group Insurance for Health and Dental.

NOW THEREFORE, the parties in consideration of the mutual covenants and conditions set forth herein contained, the adequacy of which is acknowledged by the Parties, agree as follows:

1 RECITALS. The above recitals are true and correct and incorporated herein by reference.

2. CONTRACT DOCUMENTS. The Contract Documents shall mean and refer to this Agreement, PSTA's Request For Proposals for Group Insurance for Health, Dental, Vision and Life and all exhibits attached thereto including all duly executed and issued addenda (referred to herein as the .RFP. and attached hereto as Exhibit A), Provider's Response to the RFP (attached hereto as Exhibit B) and Provider's insurance policy and certificate. All of the foregoing are incorporated herein by reference and are made a part of this Agreement. In interpreting this Agreement and resolving any ambiguities or conflicts between this Agreement and the Exhibits, this Agreement takes precedence over the Exhibits and any inconsistency between exhibits will be resolved in the following order:

Provider's Insurance Policy and Certificate
Exhibit A RFP
Exhibit B Provider's Response

3. SCOPE OF SERVICES. Provider, at the direction of PSTA, shall provide Group Insurance services in accordance with the specifications and scope of work set forth in Exhibit A and Provider's insurance policy and certificate (the "Services").

4. EFFECTIVE DATE AND TERM OF AGREEMENT: This Agreement shall become binding upon the parties hereto on the date of award by PSTA's Board of Director's (.Effective Date.) and shall remain in effect for five (5) years.

5. DURATION OF CONTRACT: This Contract shall become effective on upon board approval and shall remain in effect through project completion and shall not exceed five (5) years.

6. TERMS OF PERFORMANCE.

6.01 Time for Completion. Provider shall commence work under the Agreement immediately upon receipt of a written Notice to Proceed.

6.02 Representatives. Prior to the start of any work under this Agreement , Provider shall designate a primary and alternate representative, who will have management responsibility for the Services and who have authority to act on technical matters and resolve problems with the Service and the Contract Documents, to PSTA in writing. Such designation shall include the contact information (including phone numbers) of Provider's representative. PSTA will advise Provider in writing of the personnel who will represent PSTA in the administration of the Contract Documents. Such writing from PSTA will include the specific duties of each individual and each representative's limits of authority.

6.03 Status Reports: Provider shall submit monthly reports to PSTA outlining the Services to date throughout the term of this Agreement. Each report shall include activities to date.

6.04 Provider Responsibility: Provider shall provide services of first quality, in accordance with customary standards of the industries involved in the Services. The Services shall be high-quality in all respects. No advantage will be taken by Provider in the omission of any part or detail of the Services. Provider hereby assumes responsibility for all processes used in the Services, whether the same is by Provider or used from a source outside Provider's company.

6.05 Compliance with Laws. Provider shall comply with all federal, state, county, and local laws, rules and/or regulations, and lawful orders of public authorities including those set forth in this Agreement and that, in any manner, could bear on the provision of the Services and Provider's services under the Contract Documents. Omission of any applicable laws, ordinances, rules, regulations, standards or orders by PSTA in the Contract Documents shall be construed as an oversight and shall not relieve Provider of its obligations to comply with such laws fully and completely. Upon request, Provider shall furnish to PSTA certificates of compliance with all such laws, orders and regulations. Provider shall be responsible for obtaining all necessary permits and licenses required for performance under the contract.

7. COMPENSATION. In consideration of Provider's faithful performance of the Contract Documents, PSTA agrees to pay Provider the fixed fee of: _____ (\$ _____) pursuant to the prices set forth in Exhibit B and which may be paid in monthly installments. Provider shall submit invoices to PSTA no later than the fifteenth (15) day of the month immediately following the month in which changes for the Services were incurred. PSTA will make payment within forty-five days (45) days after approval of Provider's invoice.

8. **INVOICES.** All invoices shall be submitted in accordance with the Florida Prompt Payment Act with all details prescribed by PSTA, and delivered to the following address:

Pinellas Suncoast Transit Authority
Attention: Finance Department/Accounts Payable
3201 Scherer Drive
St. Petersburg, Florida 33716

8.01 **Disputed Invoices.** In the event of a disputed invoice, only that portion so contested will be PSTA will pay the total amount billed on the invoice and disputed amounts will be corrected on the next monthly billed invoice.

9. **MODIFICATION OF CONTRACT DOCUMENTS.** The Contract Documents, including the scope, specification, and details of the Services may only be modified by written agreement of the Parties.

9.01 **Expansion or Modification of Services.** Except as provided in Section 9.02 below, in the event that PSTA requires a reduction, expansion, or modification of the, PSTA shall issue a written notification to Provider, which specifies such reduction, expansion, or modification. Within forty-five (45) days after the date of the written notification, Provider shall provide PSTA with a detailed cost and schedule proposal for the work to be performed or to be reduced. This proposal shall be accepted by PSTA or modified by negotiations between Provider and PSTA and, thereafter, a modification agreement shall be executed in writing by the Parties and shall become a part of the Contract Documents.

9.02 **No Stoppage of Work.** Notwithstanding the foregoing, nothing in this clause shall excuse Provider from proceeding with the Agreement as changed except for those changes which would increase the Contract Total.

9.03 **No Increase in Costs.** No services for which an additional cost or fee will be charged by Provider shall be furnished without the prior express written authorization of PSTA.

9.04 **Representative.** The PSTA Project Manager, Director of Finance, or CEO are the only PSTA representatives authorized to make changes within this Section, and only if such change is not noted as a limitation of the PSTA representative. Any instructions, written or oral, given to Provider by someone other than the PSTA designated representative, that represent a change in the Services or any of its terms, will not be considered as an authorized change. Any action on the part of Provider taken in compliance with such instructions will not be grounds for subsequent payment or other consideration in compliance with the unauthorized change.

10. WARRANTIES AND COVENANTS.

10.01 Patent, Trademark, Copyright, and Trade Secret. Provider warrants that the Services , and all goods and services associated therewith do not infringe on any patent, trademark, copyright or trade secret of any third parties and agrees to defend, indemnify and hold PSTA, its officers, agents, employees, trustees and its successors and assigns, harmless from and against any and all liabilities, loss, damage or expense, including, without limitation, court costs and reasonable attorneys' fees, arising out of any infringement or claims of infringement of any patent, trade name, trademark, copyright or trade secret by reason of the sale or use of any goods or services purchased under this Agreement. PSTA shall promptly notify Provider of any such claim. PSTA makes no warranty that the production, sale or use of goods or services under this Agreement will not give rise to any such claim and PSTA shall not be liable to Provider for any such claim brought against Provider.

10.02 Covenants against Gratuities. Provider warrants that he or she has not offered or given gratuities (in the form of entertainment, gifts, or otherwise) to any official or employee of PSTA with a view toward securing favorable treatment in the awarding, amending, or evaluating performance of contract.

10.03 HIPAA/Confidentiality. Provider acknowledges and agrees that certain information it may have access to in the course of providing services to PSTA will be Personal Health Information (.PHI.) as defined in the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and regulations promulgated thereunder by the U's. Department of Health and Human Services (together .HIPAA.), or other confidential medical information under applicable state law. According, Provider will comply with applicable state and federal law regarding the use and disclosure of confidential medical information and/or PHI.

11. ASSIGNABILITY AND SUBCONTRACTING. The terms and provisions of the Contract Documents shall be binding upon PSTA and Provider their respective partners, successors, heirs, executors, administrators, assigns and legal representatives.

11.01 Written Approval Required. The rights and obligations of Provider may not be transferred, assigned, sublet, mortgaged, pledged or otherwise disposed of or encumbered in any way without PSTA's prior written consent. Provider may subcontract a portion of its obligations to other firms or parties, provided that Provider retains responsibility and liability for the Services performed.

11.02 Provider Responsibility. If Provider's assignee or subcontractor fails to perform in accordance with the terms of its assignment or subcontract, Provider shall complete or pay to have completed the work which the assignee or Subcontractor failed to complete at no additional cost to PSTA. In the event of any noncompliance by any of the subcontractors, Provider shall be directly and wholly responsible for the noncompliance and shall bear all attributable costs.

11.03 Assignment by PSTA. The rights and obligations of PSTA may not be transferred, assigned, sublet, mortgaged, pledged or otherwise disposed of or encumbered in any way without Provider's prior written consent.

12. DELAY IN PERFORMANCE/FORCE MAJEURE.

12.01 Force Majeure. Provider shall be entitled to a reasonable extension of time from PSTA for the delays resulting from damage to Provider's and/or PSTA's property caused by fire, lightning, earthquakes, tornadoes, and other extreme weather conditions, power failures, riots, acts of war, strikes or lockouts beyond the control of Provider and its subcontractors (.Force Majeure.). Any delay other than one mentioned above shall constitute a breach of Provider's obligations under the Contract Documents.

13. TERMINATION OF AGREEMENT. This Agreement may be terminated with or without cause in accordance with the provisions below.

13.01 Without Cause. If PSTA determines that it is in its best interest to do so, PSTA may terminate this Agreement without cause upon thirty (30) days. written notice to Provider. Provider may terminate this Agreement if the number of insured employees is less than seventy percent (70%) of those employees who are eligible for coverage.

13.02 With Cause. PSTA may terminate this Agreement with cause at any time immediately upon written notice to Provider, if: (1) Provider fails to fulfill or abide by any of the terms or conditions specified in the Contract Documents; (2) Provider fails to perform in the manner called for in the Contract Documents; or (3) Provider does not provide services in accordance with the requirements of the specifications in the Contract Documents. In its sole discretion, PSTA may allow Provider an appropriately short period of time in which to cure a defect in performance or non-performance. In such case, PSTA's written notice of termination to Provider shall state the time period in which cure is permitted and other appropriate conditions, if applicable. Provider may terminate this Agreement for cause if PSTA fails to fulfill or abide by any duties or conditions specified in the Contract Documents, provided that Provider must first provide notice of the alleged breach to PSTA and give PSTA thirty (30) days written notice to cure the alleged breach. If PSTA cures the alleged breach or is making a good faith effort to cure said breach during the thirty (30) day cure period, except for the non-payment of premiums due, Provider may not terminate this Agreement.

13.03 Force Majeure. If it is later determined by PSTA that Provider's failure to perform was a result of a Force Majeure, PSTA may allow Provider to continue performance under a new time for performance or treat the termination as if terminated without cause under Section 13(a) of this Agreement.

13.04 Appropriation. In the event PSTA, in its sole discretion, determines that sufficient budgeted funds are not available to appropriate for payments due to Provider under this Agreement, PSTA shall notify Provider of such occurrence and this Agreement shall terminate on the last day of the current fiscal period without any penalty or expense to PSTA.

13.05 Waiver of Remedies for any Breach. In the event that either Party elects to waive its remedies for any breach by the other Party of any covenant, term or condition of this Agreement, such waiver by that Party shall only be valid if set forth in writing and shall not limit remedies for any succeeding breach of that or of any other term, covenant, or condition of this Agreement.

14. DISPUTES, BREACHES, DEFAULTS, OR OTHER LITIGATION.

14.01 Disputes. Disputes arising in the performance of this Agreement, which are not resolved by amicably by the Parties, shall be decided in writing by PSTA's authorized representative. This decision shall be final and conclusive unless within ten (10) days from the date of receipt of its copy, Provider mails or otherwise furnishes a written appeal to PSTA's Chief Executive Officer. In connection with any such appeal, Provider shall be afforded an opportunity to be heard and to offer evidence in support of its position. The decision of PSTA's Chief Executive Officer shall be binding upon Provider and Provider shall abide by the decision.

14.02 Performance During Dispute. Unless otherwise directed by PSTA, Provider shall continue performance under this Agreement while matters in dispute are being resolved.

14.03 Claims for Damages: Should either party suffer injury or damage to person or property because of any act or omission of the party or of any of its employees, agents or others for whose acts it is legally liable, a claim for damages therefore shall be made in writing to such other party within a reasonable time after the first observance of such injury or damage.

14.04 Rights and Remedies: The duties and obligations imposed by the Contract Documents and the rights and remedies available thereunder shall be in addition to and not a limitation of any duties, obligations, rights and remedies otherwise imposed or available by law. No action or failure to act by PSTA or Provider shall constitute a waiver of any right or duty afforded any of them under this Agreement, nor shall any such action or failure to act constitute an approval of or acquiescence in any breach thereunder, except as may be specifically agreed in writing.

14.05 Attorneys. Fees. In the event of legal action or other proceeding arising under this Agreement, PSTA shall be entitled to recover from Provider all its reasonable attorneys. fees and cost incurred by PSTA in the prosecution or defense of such action, or in any post-judgment or collection proceedings and whether incurred before suit, at the trial level or at the appellate level. This shall include any bankruptcy proceedings filed by or against Provider. PSTA also shall be entitled to recover any reasonable attorneys. fees and costs incurred in litigating the entitlement to attorneys. fees and costs, as well as in determining the amount of attorneys. fees and costs due to PSTA. The reasonable costs to which PSTA will be entitled include costs that are taxable under any applicable statute, rule, or guideline, as well as costs of investigation, copying costs, electronic discovery costs, mailing and delivery charges, costs of conducting legal research, Provider and expert witness fees, travel expenses, court reporter fees and mediator fees, regardless of whether such costs are taxable under any applicable statute, rule or guideline.

15. INDEMNIFICATION AND INSURANCE.

15.01 Indemnification. The parties recognize that Provider is an independent Provider. Provider agrees to assume liability for and indemnify, hold harmless, and defend PSTA, its board members, officers, employees, agents and attorneys of, from, and against all liability and expense, including reasonable attorneys. fees, in connection with any and all claims, demands, damages, actions, causes of action, and suits in equity of whatever kind or nature, including claims for personal injury, property damage, equitable relief, or loss of use, arising out of the execution, performance, nonperformance, or enforcement of this Agreement, whether or not due to or caused by the negligence of PSTA, its board members, officers, employees, agents, and/or attorneys excluding only the sole negligence of PSTA, its officers, employees, agents, and attorneys. This includes claims made by the employees of Provider against PSTA, and Provider hereby waives its entitlement, if any, to immunity under Section 440.11, Florida Statutes. Provider's liability

hereunder shall include all attorneys. fees and costs incurred by PSTA in the enforcement of this indemnification provision. Notwithstanding anything contained herein to the contrary, this indemnification provision shall not be construed as a waiver of any immunity from or limitation of liability to which PSTA is entitled to pursuant to the doctrine of sovereign immunity or Section 768.28, Florida Statutes. The obligations contained in this provision shall survive termination of this Agreement, however terminated, and shall not be limited by the amount of any insurance required to be obtained or maintained under this Agreement.

15.02 Control of Defense. Subject to the limitations set forth in this provision, Provider shall assume control of the defense of any claim asserted by a third party against PSTA arising from or in any way related to this Agreement and, in connection with such defenses, shall appoint lead counsel, in each case at Provider's expense. Provider shall have the right, at its option, to participate in the defense of any third party claim, without relieving Provider of any of its obligations hereunder. If Provider assumes control of the defense of any third party claim in accordance with this paragraph, Provider shall obtain the prior written consent of PSTA before entering into any settlement of such claim. Notwithstanding anything to the contrary in this provision, Provider shall not assume or maintain control of the defense of any third party claim, but shall pay the fees of counsel retained by PSTA and all expenses including experts. fees, if (i) an adverse determination with respect to the third party claim would, in the good faith judgment of PSTA, be detrimental in any material respect of PSTA's reputation; (ii) the third party claim seeks an injunction or equitable relief against PSTA; or (iii) Provider has failed or is failing to prosecute or defend vigorously the third party claim. Each party shall cooperate, and cause its agents to cooperate, in the defense or prosecution of any third party claim and shall furnish or cause to be furnished such records and information, and attend such conferences, discovery proceedings, hearings, trials, or appeals, as may be reasonably requested in connection therewith.

15.03 Insurance. Before beginning work, the Provider shall obtain insurance at his expense. In the event the Provider has Subcontractors perform any portion of the work in this contract, each Subcontractor shall be required to have insurance. Insurance must be maintained throughout the entire term. Failure to do so may result in suspension of all work until insurance has been reinstated or replaced. Delays in completing work resulting from failure of the Provider to maintain insurance shall not extend deadlines. Any penalties and failure to perform assessments shall be imposed as if the work had not been suspended. Coverage shall be provided by a company (ies) authorized to do business in the State of Florida. The company (ies) must maintain a minimum rating of A-as assigned by AM Best. If the Provider has been approved by the State Department of Labor, as an authorized self-insurer for Workers. Compensation, PSTA shall recognize and honor such status. The Provider may be required to submit a Letter of Authorization issued by the Department of Labor and a Certificate of Insurance, providing details on the Provider's Excess Insurance Program. If the Provider participates in a self-insurance fund, updated financial statements may be required upon request. The Provider shall provide to PSTA's Purchasing Division satisfactory evidence of the required insurance by

A Certificate of Insurance with an insurance endorsement

The acceptance and approval of the Provider's Insurance shall not be construed as relieving the Provider from liability or obligation assumed under this contract or imposed by law. PSTA, its employees and officers, will be included as Additional Insured. the following policies commercial general liability, automobile liability (commercial or business auto liability), and umbrella / excess liability (excess only to general and auto liability).

Requirements . Commercial General Liability with, at minimum:

- Premises Operations
- Products and Completed Operations
- Blanket Contractual Liability
- Personal Injury Liability
- Expanded Definition of Property Damage

The minimum limits shall be \$1,000,000 Combined Single Limit (CSL)

An Occurrence Form policy is preferred. If coverage is a Claims Made policy, provisions should include coverage for claims filed on or after the effective date of this contract. In addition, the period for which claims may be reported should extend for a minimum of twelve (12) months following the expiration of the contract.

Vehicle Liability . Recognizing that the work governed by this contract requires the use of vehicles, the Provider, prior to the commencement of work, shall obtain Vehicle Liability Insurance. Coverage shall be maintained throughout the life of the contract and include, as a minimum, liability coverage for:

- Owned, Non-owned, and Hired Vehicles with minimum limits at \$1,000,000 Combined Single Limit (CSL)

Workers. Compensation . Prior to beginning work, Provider shall obtain Workers. Compensation Insurance with limits sufficient to meet Florida Statute 440. Provider shall maintain throughout, Employers. Liability Insurance with limits no less than:

- \$100,000 Bodily Injury by Accident
- \$500,000 Bodily Injury by Disease, policy limits
- \$100,000 Bodily Injury by Disease, each employee

Professional Liability . Recognizing that the work governed by this contract involves the furnishing of advice or services of a professional nature, the Provider shall purchase and maintain, throughout the life of the contract, Professional Liability Insurance which will respond to damages resulting from any claim arising out of the performance of professional services or any error or omission of the Provider arising out of work governed by this contract.

The minimum limits of liability shall be:

- \$3,000,000/\$3,000,000 Aggregate

16. MISCELLANEOUS PROVISIONS.

16.01 Venue and Jurisdiction. The Contract Documents shall be governed by, construed and interpreted in accordance with the laws of the State of Florida. Provider and PSTA consent to jurisdiction over them and agree that venue for any state action shall lie solely in the Sixth Judicial Circuit in and for Pinellas County, Florida, and for any federal actions shall lie solely in the U's. District Court, Middle District of Florida, Tampa Division.

16.02 Entire Agreement. The Contract Documents, including all exhibits, constitute the entire

agreement between the parties with respect to the subject matter hereof and supersedes all previous written or oral negotiations, agreements, proposals and/or understandings. There are no representations or warranties unless set forth in the Contract Documents.

16.03 Notices. All notices required or made pursuant to this Agreement shall be made in writing and sent by certified U's. mail, return receipt requested, addressed to the following:

To PSTA: To Provider:
Pinellas Suncoast Transit Authority _____
Attn: Brad Miller, CEO _____
3201 Scherer Drive _____
St. Petersburg, FL 33716 _____

With required copy to:
Alan S. Zimmet, General Counsel
Bryant Miller Olive
One Tampa City Center
Suite 2700
Tampa, FL 33602

Either party may change its above noted address by giving written notice to the other party in accordance with the requirements of this Section 16.03.

16.04 Severability. If any one or more of the provisions of the Contract Documents shall be held to be invalid, illegal, or unenforceable in any respect by a court of competent jurisdiction, the validity, legality, and enforceability of the remaining provisions hereof shall not in any way be affected or impaired thereby and the Contract Documents shall be treated as though that portion had never been a part thereof.

16.05 Modification. The Contract Documents may not be amended or altered without prior written approval by PSTA. Provider shall be liable for all costs resulting from and/or for satisfactorily correcting any specification change not properly ordered by written modification to the Contract Documents and signed by PSTA.

16.06 Headings and Section References. The headings and section references in this Agreement are inserted only for the purpose of convenience and shall not be construed to expand or limit the provisions contained in such sections.

16.07 Authorization. Both parties to this Agreement represent and warrant that they are authorized to enter into this Agreement without the consent and joinder of any other party and that the parties executing this Agreement have full power and authority to bind their respective parties to the terms hereof.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be duly executed on the date first above written.


PROVIDER:

By: 
Duly Authorized Designee

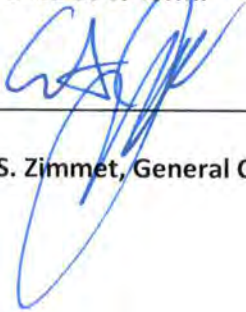
PSTA:

By: 
Brad Miller, CEO

WITNESS:

By: 

Approved as to form:

By: 
Alan S. Zimmet, General Counsel



ATTACHMENT 8

HART
Authorization Letter



Hillsborough Area Regional Transit Authority

1201 E. 7th Avenue • Tampa, Florida 33605
(813) 384-6600 • fax (813) 384-6284 • www.goHART.org

May 1, 2017

**RE: Hillsborough Area Regional Transit Authority (HART) – Employee Benefits RFP
Partnership with Pinellas Suncoast Transit Authority (PSTA)**

To Whom It May Concern:

Please accept this letter as our formal authorization for the Gehring Group to secure proposals on behalf of HART for a potential medical plan partnership with PSTA for the 2017-18 plan year. HART authorizes Gehring Group to receive all pertinent information and negotiate with carriers for this joint proposal only.

These coverages include, but may not be limited to:

- Medical Insurance and Prescription Drug Coverage (Fully Insured or Self-Funded)
- Stop-Loss Insurance
- Dental Insurance
- Vision Insurance

Thank you for your cooperation. Please do not hesitate to contact Shelley Randall, HR Manager – Benefits Administration, at 813-384-6391 or randalls@gohart.org if you have any questions regarding this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kenyatta Lee", is written over a faint blue circular stamp.

Kenyatta Lee
Chief Administrative Officer - HART

c: Shawn Fleming CSFS®, Senior Benefits Consultant, Gehring Group
Brooke Basquit, Director of Human Resources - HART



ATTACHMENT 9

HART
Medical Plan and Rates Information

HEALTH REIMBURSEMENT ACCOUNT (HRA)

HART offers two Health Reimbursement Account (HRA) options. The Low Cost Option HRA is used with the Local Plus Network while the Enhanced HRA utilizes the larger Open Access Plus Network. The HRA accounts are funded by HART.

Please keep in mind the amount of the contribution will depend on your completion of eligibility items determined for 2017 (Non-Participant vs. Participant).

Low Cost Option HRA	Non-Participant – HART Contribution	Participant – HART Contribution
Employee Only	\$500	\$600
Employee + Spouse	\$500	\$750
Employee + Child(ren)	\$500	\$750
Employee + Family	\$500	\$1,000

***Balances in the Low Cost Option Health Reimbursement Account will NOT rollover into the following plan year.**

Enhanced HRA	Non-Participant – HART Contribution	Participant – HART Contribution
Employee Only	\$750	\$1,000 w/\$500 rollover; \$2,000 cap
Employee + Spouse	\$750	\$1,500 w/\$750 rollover; \$3,000 cap
Employee + Child(ren)	\$750	\$1,500 w/\$750 rollover; \$3,000 cap
Employee + Family	\$750	\$2,000 w/\$1,000 rollover; \$4,000 cap

Funding of the Health Reimbursement Account:

- At the beginning of the plan year, HART will deposit \$500 or \$750 into your Health Reimbursement Account (HRA) based on your plan selection.
- When a claim is submitted for services in which the deductible applies, the funds to pay for the first portion of the deductible will be withdrawn from your HRA.
- For those who have successfully completed the 2017 eligibility terms, the amount will be deposited in the HRA at the beginning of the plan year and will be increased as indicated above.
- Unused balance will not rollover into the next plan year under the Low Cost Option but a portion can rollover under the Enhanced Plan with an account balance maximum.

MEDICAL INSURANCE

Cigna – www.myCigna.com



Participating provider information can be found on the carrier's website.

	Local Plus (Low Cost Option HRA)		Open Access Plus Plan (Enhanced HRA)	
IN-NETWORK				
Plan Coinsurance	80%		80%	
Health Reimbursement Account (HRA)	Non-Participant	Participant	Non-Participant	Participant
Employee Only	\$500	\$600	\$750	\$1,000
Employee + Spouse/Children		\$750		\$1,500
Family	\$500	\$1,000	\$750	\$2,000
Calendar Year Deductible (CYD)				
Individual / Family	\$2,000 / \$4,000		\$3,000 / \$5,000	
Medical & Rx Apply To Deductible	Yes		Yes	
Out of Pocket Max				
Individual / Family	\$4,000 / \$8,000		\$6,000 / \$10,000	
Includes Deductible	Yes		Yes	
Includes Copay	N/A		N/A	
Includes Rx	Yes		Yes	
Lifetime Maximum	Unlimited		Unlimited	
Office Charges				
Primary Care Physician (PCP) Office Visit	20% after CYD		30% after CYD	
Specialist Office Visit	20% after CYD		30% after CYD	
Preventive Care	No charge		No charge	
Hospital/Facility Charges				
Inpatient Hospital (per admit)	20% after CYD		30% after CYD	
Outpatient Hospital / Surgical Facility (per visit)	20% after CYD		30% after CYD	
Independent Facility Charges				
Independent Lab / Independent X-Ray	\$0		\$0	
MRI, MRA, CT Scans & PET Scans	20% after CYD		30% after CYD	
Urgent Care and Emergency Room				
Urgent Care Facility	20% after CYD		30% after CYD	
Emergency Room Facility Services	20% after CYD		30% after CYD	
Prescription Drugs:				
Tier 1 (Generic)	\$10 after CYD		\$10 after CYD	
Tier 2 (Preferred Brand)	\$30 after CYD		\$30 after CYD	
Tier 3 (Non-Preferred Brand)	\$50 after CYD		\$50 after CYD	
Specialty Medications	\$100 after CYD		\$100 after CYD	
Mail Order - 90 day supply	\$25 / \$75 / \$125 (After CYD)		\$25 / \$75 / \$125 (After CYD)	
OUT-OF-NETWORK				
Plan Coinsurance	60%		60%	
Deductible Per Calendar Year				
Individual / Family	\$2,000 / \$4,000		\$3,500 / \$7,000	
Out of Pocket Max				
Individual / Family	Unlimited		Unlimited	
Balance Billing	Yes		Yes	
Office / Facility Charges	40% after deductible		40% after deductible	

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

MEDICAL INSURANCE

Cigna— www.mycigna.com

Participating provider information can be found on the carrier's website.

	Open Access Plus (Base Plan)	Open Access Plus Plan (Buy Up Plan)
IN-NETWORK		
Plan Coinsurance	80%	90%
Calendar Year Deductible (CYD)		
Individual / Family	\$2,000 / \$4,000	\$1,500 / \$3,000
Copays apply to deductible	No	No
Out of Pocket Max		
Individual / Family	\$4,000 / \$8,000	\$3,000 / \$6,000
Includes Deductible	Yes	Yes
Includes Copay	N/A	N/A
Includes Rx	Yes	Yes
Lifetime Maximum	Unlimited	Unlimited
Office Charges		
Primary Care Physician (PCP) Office Visit	\$30 copay	30% after CYD
Specialist Office Visit	\$35 copay	30% after CYD
Preventive Care	No charge	No charge
Hospital/Facility Charges		
Inpatient Hospital (per admit)	20% after CYD	10% after
Outpatient Hospital / Surgical Facility (per visit)	20% after CYD	30% after CYD
Independent Facility Charges		
Independent Lab / Independent X-Ray	\$0	\$0
MRI, MRA, CT Scans & PET Scans	20% after CYD	30% after CYD
Urgent Care and Emergency Room		
Urgent Care Facility	20% after CYD	30% after CYD
Emergency Room Facility Services	20% after CYD	30% after CYD
Prescription Drugs:		
Prescription Drug Deductible	\$100 / \$300	\$100 / \$300
Tier 1 (Generic)	\$10 after CYD	\$10 after CYD
Tier 2 (Preferred Brand)	\$30 after CYD	\$30 after CYD
Tier 3 (Non-Preferred Brand)	\$50 after CYD	\$50 after CYD
Specialty Medications	\$100 after CYD	\$100 after CYD
Mail Order - 90 day supply	\$25 / \$75 / \$125 (After CYD)	\$25 / \$75 / \$125 (After CYD)
OUT-OF-NETWORK		
Plan Coinsurance	60%	60%
Deductible Per Calendar Year		
Individual / Family	\$2,000 / \$4,000	\$3,500 / \$7,000
Out of Pocket Max		
Individual / Family	Unlimited	Unlimited
Balance Billing	Yes	Yes
Office / Facility Charges	40% after deductible	40% after deductible

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

2017 Biweekly and Monthly Premium Rates for Medical, Dental, and Vision

Medical - Non-Participant Rates - All Employees

Non-Participant Rates			Biweekly			Monthly			Annual
All Employees	GP Code	Cov	Emp	HART	Total	Emp	HART	Total	HRA
Health - LCO/HRA	HEOLNC	EO	\$19.56	\$280.62	\$300.18	\$42.38	\$608.00	\$650.38	\$500.00
	HECLCN	EC	\$44.01	\$496.30	\$540.31	\$95.36	\$1,075.33	\$1,170.68	\$500.00
	HESLCN	ES	\$68.46	\$561.90	\$630.36	\$148.33	\$1,217.46	\$1,365.79	\$500.00
	HEFLCN	EF	\$120.21	\$765.30	\$885.51	\$260.46	\$1,658.16	\$1,918.61	\$500.00
Health - ENH/HRA	HEOENN	EO	\$34.23	\$280.95	\$315.18	\$74.17	\$608.74	\$682.90	\$750.00
	HECENN	EC	\$67.77	\$499.56	\$567.33	\$146.84	\$1,082.39	\$1,229.22	\$750.00
	HESENN	ES	\$89.85	\$572.04	\$661.89	\$194.68	\$1,239.42	\$1,434.09	\$750.00
	HEFENN	EF	\$151.47	\$778.33	\$929.80	\$328.19	\$1,686.38	\$2,014.56	\$750.00
Health - Opt 1 (Base)	HEOBAN	EO	\$53.79	\$307.10	\$360.89	\$116.55	\$665.38	\$781.92	N/A
	HECBAN	EC	\$103.28	\$526.73	\$630.01	\$223.77	\$1,141.26	\$1,365.03	N/A
	HESBAN	ES	\$131.78	\$603.23	\$735.01	\$285.52	\$1,307.01	\$1,592.53	N/A
	HEFBAN	EF	\$211.57	\$820.95	\$1,032.52	\$458.40	\$1,778.73	\$2,237.13	N/A
Health - Opt 2 (Buy-up)	HEOBUN	EO	\$87.62	\$311.99	\$399.61	\$189.84	\$675.99	\$865.83	N/A
	HECBUN	EC	\$165.03	\$550.90	\$715.93	\$357.57	\$1,193.62	\$1,551.18	N/A
	HESBUN	ES	\$213.94	\$621.32	\$835.26	\$463.54	\$1,346.18	\$1,809.72	N/A
	HEFBUN	EF	\$330.58	\$842.75	\$1,173.33	\$716.26	\$1,825.96	\$2,542.22	N/A

Medical - Participant Rates - All Employees

Participant Rates			Biweekly			Monthly			Annual
All Employees	GP Code	Cov	Emp	HART	Total	Emp	HART	Total	HRA
Health - LCO/HRA	HEOLCP	EO	\$0.00	\$300.18	\$300.18	\$0.00	\$650.38	\$650.38	\$600.00
	HELCP	EC	\$32.01	\$508.30	\$540.31	\$69.36	\$1,101.33	\$1,170.68	\$750.00
	HESLCP	ES	\$46.68	\$583.68	\$630.36	\$101.14	\$1,264.65	\$1,365.79	\$750.00
	HEFLCP	EF	\$87.43	\$798.08	\$885.51	\$189.43	\$1,729.18	\$1,918.61	\$1,000.00
Health - ENH/HRA	HEOENP	EO	\$18.67	\$296.51	\$315.18	\$40.45	\$642.45	\$682.90	\$1,000.00
	HECENP	EC	\$44.81	\$522.52	\$567.33	\$97.09	\$1,132.13	\$1,229.22	\$1,500.00
	HESENP	ES	\$65.35	\$596.54	\$661.89	\$141.59	\$1,292.50	\$1,434.09	\$1,500.00
	HEFENP	EF	\$114.75	\$815.05	\$929.80	\$248.63	\$1,765.94	\$2,014.56	\$2,000.00
Health - Opt 1 (Base)	HEOBAP	EO	\$32.60	\$328.29	\$360.89	\$70.63	\$711.29	\$781.92	N/A
	HECBAP	EC	\$70.41	\$559.60	\$630.01	\$152.56	\$1,212.48	\$1,365.03	N/A
	HESBAC	ES	\$95.84	\$639.17	\$735.01	\$207.65	\$1,384.88	\$1,592.53	N/A
	HEFBAP	EF	\$153.87	\$878.65	\$1,032.52	\$333.39	\$1,903.75	\$2,237.13	N/A
Health - Opt 2 (Buy-up)	HEOBUP	EO	\$59.27	\$340.34	\$399.61	\$128.42	\$737.41	\$865.83	N/A
	HECBUP	EC	\$120.03	\$595.90	\$715.93	\$260.07	\$1,291.12	\$1,551.18	N/A
	HESBUP	ES	\$155.59	\$679.67	\$835.26	\$337.11	\$1,472.61	\$1,809.72	N/A
	HEFBUP	EF	\$240.42	\$932.91	\$1,173.33	\$520.91	\$2,021.31	\$2,542.22	N/A

2017 Biweekly and Monthly Premium Rates for Medical, Dental, and Vision

Retirees & Cobra	GP Code	Cov	Retirees & Cobra					
			Biweekly			Monthly		
			Retiree	HART	Total	Retiree	HART	Total
Health - Opt 1 (Base)	N/A	EO	\$360.89	\$0.00	\$360.89	\$781.92	\$0.00	\$781.92
	N/A	EC	\$630.01	\$0.00	\$630.01	\$1,365.03	\$0.00	\$1,365.03
	N/A	ES	\$735.01	\$0.00	\$735.01	\$1,592.53	\$0.00	\$1,592.53
	N/A	EF	\$1,032.52	\$0.00	\$1,032.52	\$2,237.13	\$0.00	\$2,237.13
Health - Opt 2 (Buy-up)	N/A	EO	\$399.61	\$0.00	\$399.61	\$865.83	\$0.00	\$865.83
	N/A	EC	\$715.93	\$0.00	\$715.93	\$1,551.18	\$0.00	\$1,551.18
	N/A	ES	\$835.26	\$0.00	\$835.26	\$1,809.72	\$0.00	\$1,809.72
	N/A	EF	\$1,173.33	\$0.00	\$1,173.33	\$2,542.22	\$0.00	\$2,542.22
Dental - PPO	N/A	EO	\$11.41	\$0.00	\$11.41	\$24.72	\$0.00	\$24.72
	N/A	E1	\$22.67	\$0.00	\$22.67	\$49.12	\$0.00	\$49.12
	N/A	EF	\$40.56	\$0.00	\$40.56	\$87.88	\$0.00	\$87.88
Dental - HMO	N/A	EO	\$6.12	\$0.00	\$6.12	\$13.26	\$0.00	\$13.26
	N/A	E1	\$12.15	\$0.00	\$12.15	\$26.33	\$0.00	\$26.33
	N/A	EF	\$21.74	\$0.00	\$21.74	\$47.10	\$0.00	\$47.10
Vision	N/A	EO	\$2.21	\$0.00	\$2.21	\$4.79	\$0.00	\$4.79
	N/A	E1	\$4.24	\$0.00	\$4.24	\$9.19	\$0.00	\$9.19
	N/A	EF	\$6.87	\$0.00	\$6.87	\$14.89	\$0.00	\$14.89

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HILLSBOROUGH TRANSIT AUTHORITY (HART)

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

March 2016 thru February 2017

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	BENEFIT OPTION	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	HAF	TOTAL CLAIMS	STOP LOSS	TOTAL CLAIMS & STOP LOSS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
Mar-16	OAPIN	OAP OPT 1 BASE	\$13,953	\$233,883	\$1,506	\$74,833	\$5,675	\$329,849	\$0	\$329,849	\$10,872	362	686
		OAP OPT 2 BUY UP	\$6,045	\$140,830	\$560	\$36,106	\$2,389	\$185,929	\$0	\$185,929	\$4,552	152	286
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$86	\$0	\$0	\$0	\$32	\$117	\$0	\$117	\$72	2	6
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$280	\$1,159	\$0	\$388	\$79	\$1,905	\$0	\$1,905	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$73	\$121	\$0	\$350	\$79	\$622	\$0	\$622	\$179	5	5
		PRODUCT TYPE Total	\$20,436	\$375,992	\$2,065	\$111,678	\$8,253	\$518,424	\$0	\$518,424	\$15,855	526	1,002
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$537	\$2,035	\$0	\$0	\$252	\$2,824	\$0	\$2,824	\$574	16	36
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$931	\$2,379	\$0	\$24	\$347	\$3,681	\$0	\$3,681	\$754	22	63
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$544	\$7,640	\$0	\$24	\$630	\$8,838	\$0	\$8,838	\$1,400	39	39
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$995	\$3,412	\$0	\$2,933	\$1,024	\$8,363	\$0	\$8,363	\$2,225	63	63
PRODUCT TYPE Total	\$3,007	\$15,466	\$0	\$2,981	\$2,252	\$23,706	\$0	\$23,706	\$4,953	140	201		
Mar-2016 Total			\$23,443	\$391,458	\$2,065	\$114,658	\$10,505	\$542,130	\$0	\$542,130	\$20,808	666	1,203
Apr-16	OAPIN	OAP OPT 1 BASE	\$14,841	\$328,297	\$0	\$89,792	\$1,964	\$434,894	(\$3,403)	\$431,491	\$10,992	366	690
		OAP OPT 2 BUY UP	\$6,628	\$175,574	\$518	\$75,205	\$788	\$258,713	\$0	\$258,713	\$4,463	148	280
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$87	\$42	\$0	\$0	\$16	\$145	\$0	\$145	\$72	2	6
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$0	\$42	\$0	\$0	\$11	\$53	\$0	\$53	\$36	1	1
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$276	\$381	\$0	\$107	\$26	\$791	\$0	\$791	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$83	\$359	\$0	\$1,404	\$21	\$1,867	\$0	\$1,867	\$179	5	5
	PRODUCT TYPE Total	\$21,915	\$504,696	\$518	\$166,509	\$2,825	\$696,462	(\$3,403)	\$693,059	\$15,921	527	1,001	
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$620	\$8,506	\$0	\$0	\$100	\$9,226	\$0	\$9,226	\$574	16	36
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$1,044	\$2,968	\$55	\$25	\$105	\$4,197	\$0	\$4,197	\$718	21	61
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$553	\$4,445	\$0	\$47	\$200	\$5,244	\$0	\$5,244	\$1,400	39	39
HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT		\$960	\$44,331	\$0	\$397	\$299	\$45,987	\$0	\$45,987	\$2,118	60	60	
PRODUCT TYPE Total	\$3,177	\$60,251	\$55	\$469	\$704	\$64,654	\$0	\$64,654	\$4,809	136	196		
Apr-2016 Total			\$25,092	\$564,946	\$572	\$166,977	\$3,528	\$761,116	(\$3,403)	\$757,713	\$20,730	663	1,197
May-16	OAPIN	OAP OPT 1 BASE	\$16,700	\$211,334	\$360	\$85,259	\$0	\$313,653	(\$167)	\$313,486	\$10,962	365	685
		OAP OPT 2 BUY UP	\$7,003	\$137,802	\$0	\$56,561	\$0	\$201,366	(\$330)	\$201,036	\$4,373	147	279
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$115	\$0	\$0	\$0	\$0	\$115	\$0	\$115	\$108	3	8
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$18	\$0	\$0	\$0	\$0	\$18	\$0	\$18	\$36	1	1
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$342	\$16,560	\$0	\$261	\$0	\$17,163	\$0	\$17,163	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$87	\$125	\$0	\$821	\$0	\$1,034	\$0	\$1,034	\$144	4	4
	PRODUCT TYPE Total	\$24,266	\$365,822	\$360	\$142,902	\$0	\$533,349	(\$497)	\$532,852	\$15,801	525	996	
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$669	\$13,609	\$6,142	\$0	\$0	\$20,421	\$0	\$20,421	\$574	16	37
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$1,098	\$1,171	\$0	\$24	\$0	\$2,293	\$0	\$2,293	\$682	21	61
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$709	\$1,713	\$493	\$23	\$0	\$2,938	\$0	\$2,938	\$1,436	40	40
HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT		\$1,070	\$4,293	\$0	\$5,868	\$0	\$11,231	\$0	\$11,231	\$2,046	58	58	
PRODUCT TYPE Total	\$3,546	\$20,786	\$6,635	\$5,916	\$0	\$36,883	\$0	\$36,883	\$4,737	135	196		
May-2016 Total			\$27,812	\$386,607	\$6,994	\$148,818	\$0	\$570,232	(\$497)	\$569,734	\$20,538	660	1,192
Jun-16	OAPIN	OAP OPT 1 BASE	\$11,609	\$144,660	\$0	\$83,836	\$3,969	\$244,073	(\$80)	\$243,993	\$11,231	375	701
		OAP OPT 2 BUY UP	\$4,932	\$125,636	\$0	\$67,009	\$1,565	\$199,141	(\$700)	\$198,441	\$4,403	149	284
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$85	\$0	\$0	\$0	\$42	\$127	\$0	\$127	\$144	4	14
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$11	\$0	\$0	\$2	\$21	\$34	\$0	\$34	\$72	2	2
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$203	\$11,305	\$0	\$175	\$53	\$11,735	\$0	\$11,735	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$43	\$219	\$0	\$84	\$42	\$388	\$0	\$388	\$144	4	4
	PRODUCT TYPE Total	\$16,882	\$281,819	\$0	\$151,106	\$5,691	\$455,499	(\$780)	\$454,719	\$16,172	539	1,024	
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$394	\$2,182	\$0	\$0	\$163	\$2,739	\$0	\$2,739	\$646	18	42
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$650	\$3,338	\$0	\$24	\$168	\$4,181	\$0	\$4,181	\$574	19	55
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$431	(\$964)	\$0	\$24	\$452	(\$57)	\$0	(\$57)	\$1,543	43	43
HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT		\$629	\$12,324	\$0	\$3,517	\$562	\$17,033	\$0	\$17,033	\$1,902	55	55	
PRODUCT TYPE Total	\$2,105	\$16,881	\$0	\$3,566	\$1,344	\$23,895	\$0	\$23,895	\$4,666	135	195		
Jun-2016 Total			\$18,987	\$298,700	\$0	\$154,672	\$7,035	\$479,394	(\$780)	\$478,614	\$20,838	674	1,219
Jul-16	OAPIN	OAP OPT 1 BASE	\$18,291	\$185,835	\$2,182	\$85,979	\$1,964	\$294,250	\$0	\$294,250	\$11,291	375	697
		OAP OPT 2 BUY UP	\$7,565	\$79,750	\$0	\$50,779	\$725	\$138,819	\$0	\$138,819	\$4,403	147	282
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$160	\$180	\$0	\$0	\$21	\$361	\$0	\$361	\$144	4	14
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$25	\$0	\$0	\$2	\$11	\$38	\$0	\$38	\$72	2	2
		PRODUCT TYPE Total	\$26,041	\$265,665	\$2,182	\$136,758	\$2,702	\$473,867	\$0	\$473,867	\$16,116	338	668



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HILLSBOROUGH TRANSIT AUTHORITY (HART)

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

March 2016 thru February 2017

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	BENEFIT OPTION	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	HAF	TOTAL CLAIMS	STOP LOSS	TOTAL CLAIMS & STOP LOSS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$227	\$2,644	\$0	\$185	\$26	\$3,082	\$0	\$3,082	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$55	\$127	\$0	\$66	\$21	\$269	\$0	\$269	\$144	4	4
	PRODUCT TYPE Total		\$26,324	\$268,536	\$2,182	\$137,011	\$2,767	\$436,819	\$0	\$436,819	\$16,232	537	1,018
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$543	\$2,942	\$0	\$49	\$110	\$3,644	\$0	\$3,644	\$718	20	47
		HRAF-HRA PLAN - EE + FAMILY PARTICIPANT	\$831	\$2,605	\$0	\$230	\$89	\$3,754	\$0	\$3,754	\$610	20	57
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$481	\$538	\$0	\$24	\$268	\$1,311	\$0	\$1,311	\$1,687	47	47
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$616	\$11,569	\$519	\$12,677	\$231	\$25,612	\$0	\$25,612	\$1,866	54	54
	PRODUCT TYPE Total		\$2,470	\$17,653	\$519	\$12,980	\$698	\$34,321	\$0	\$34,321	\$4,881	141	205
Jul-2016 Total			\$28,794	\$286,189	\$2,701	\$149,992	\$3,465	\$471,140	\$0	\$471,140	\$21,113	678	1,223
Aug-16	OAPIN	OAP OPT 1 BASE	\$14,269	\$216,969	\$1,132	\$93,948	\$1,969	\$328,286	\$0	\$328,286	\$11,351	377	700
		OAP OPT 2 BUY UP	\$5,658	\$138,247	\$0	\$54,669	\$725	\$199,298	\$0	\$199,298	\$4,283	143	275
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$223	\$555	\$0	\$81	\$11	\$869	\$0	\$869	\$108	3	12
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$33	\$0	\$0	\$2	\$11	\$45	\$0	\$45	\$72	2	2
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$272	\$5,174	\$0	\$99	\$21	\$5,567	\$0	\$5,567	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$55	\$280	\$0	\$54	\$21	\$410	\$0	\$410	\$144	4	4
	PRODUCT TYPE Total		\$20,509	\$361,225	\$1,132	\$148,854	\$2,756	\$534,476	\$0	\$534,476	\$16,136	534	1,012
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$698	\$104,822	\$0	\$152	\$95	\$105,767	\$0	\$105,767	\$718	20	45
		HRAF-HRA PLAN - EE + FAMILY PARTICIPANT	\$759	\$17,169	\$0	\$24	\$84	\$18,037	\$0	\$18,037	\$610	21	59
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$690	\$1,667	\$0	\$89	\$310	\$2,756	\$0	\$2,756	\$1,902	53	53
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$770	\$12,982	\$0	\$2,176	\$252	\$16,180	\$0	\$16,180	\$1,795	53	53
	PRODUCT TYPE Total		\$2,917	\$136,641	\$0	\$2,441	\$740	\$142,739	\$0	\$142,739	\$5,025	147	210
Aug-2016 Total			\$23,426	\$497,866	\$1,132	\$151,295	\$3,497	\$677,215	\$0	\$677,215	\$21,161	681	1,222
Sep-16	OAPIN	OAP OPT 1 BASE	\$15,344	\$336,481	\$586	\$65,549	\$1,990	\$419,949	(\$17,502)	\$402,447	\$11,261	374	702
		OAP OPT 2 BUY UP	\$5,902	\$326,610	\$635	\$47,087	\$735	\$380,968	(\$66,151)	\$314,817	\$4,253	142	274
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$172	\$2,191	\$0	\$0	\$16	\$2,378	\$0	\$2,378	\$108	3	12
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$29	\$0	\$0	\$9	\$11	\$48	\$0	\$48	\$72	2	2
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$272	\$7,538	\$0	\$419	\$42	\$78,271	\$0	\$78,271	\$215	5	16
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$64	\$964	\$0	\$135	\$21	\$1,183	\$0	\$1,183	\$144	4	4
	PRODUCT TYPE Total		\$21,783	\$743,783	\$1,220	\$113,198	\$2,814	\$882,798	(\$83,653)	\$799,144	\$16,052	530	1,010
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$667	\$2,726	\$0	\$56	\$95	\$3,543	\$0	\$3,543	\$682	19	43
		HRAF-HRA PLAN - EE + FAMILY PARTICIPANT	\$863	\$10,876	\$0	\$234	\$79	\$12,052	\$0	\$12,052	\$610	21	59
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$781	\$1,494	\$0	\$0	\$278	\$2,553	\$0	\$2,553	\$1,866	52	52
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$722	\$25,790	\$0	\$4,333	\$284	\$31,129	\$0	\$31,129	\$1,795	53	53
	PRODUCT TYPE Total		\$3,033	\$40,886	\$0	\$4,623	\$735	\$49,277	\$0	\$49,277	\$4,953	145	207
Sep-2016 Total			\$24,815	\$784,669	\$1,220	\$117,821	\$3,549	\$932,075	(\$83,653)	\$848,422	\$21,005	675	1,217
Oct-16	OAPIN	OAP OPT 1 BASE	\$14,505	\$345,151	\$1,083	\$102,019	\$1,953	\$464,712	(\$20,774)	\$443,938	\$11,291	374	707
		OAP OPT 2 BUY UP	\$5,795	\$206,336	\$547	\$35,320	\$709	\$248,706	(\$6,273)	\$242,433	\$4,163	138	268
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$167	\$235	\$0	\$78	\$16	\$496	\$0	\$496	\$108	3	12
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$28	\$0	\$0	\$61	\$11	\$100	\$0	\$100	\$72	2	2
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$253	\$7,574	\$0	\$320	\$32	\$8,179	\$0	\$8,179	\$215	5	16
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$60	\$75	\$0	\$60	\$42	\$236	\$0	\$236	\$6	6	6
	PRODUCT TYPE Total		\$20,808	\$559,372	\$1,630	\$137,857	\$2,762	\$722,429	(\$27,047)	\$695,381	\$16,064	528	1,011
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$611	\$8,984	\$0	\$159	\$95	\$9,848	\$0	\$9,848	\$682	19	44
		HRAF-HRA PLAN - EE + FAMILY PARTICIPANT	\$833	\$6,280	\$0	\$51	\$100	\$7,264	\$0	\$7,264	\$646	22	61
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$752	\$4,128	\$0	\$0	\$257	\$5,137	\$0	\$5,137	\$1,866	52	52
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$795	\$7,384	\$0	\$20,277	\$336	\$28,792	\$0	\$28,792	\$2,153	62	62
	PRODUCT TYPE Total		\$2,990	\$26,776	\$0	\$20,487	\$788	\$51,041	\$0	\$51,041	\$5,348	155	219
Oct-2016 Total			\$23,798	\$586,148	\$1,630	\$158,344	\$3,549	\$773,469	(\$27,047)	\$746,422	\$21,412	683	1,230
Nov-16	OAPIN	OAP OPT 1 BASE	\$14,561	\$209,971	\$0	\$103,325	\$2,032	\$329,888	(\$2,972)	\$326,916	\$11,351	377	716
		OAP OPT 2 BUY UP	\$5,724	\$165,114	\$12	\$49,713	\$709	\$221,271	(\$3,434)	\$217,837	\$4,043	135	259
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$169	\$33	\$0	\$0	\$16	\$218	\$0	\$218	\$108	3	12
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$28	\$901	\$0	\$26	\$11	\$966	\$0	\$966	\$72	2	2
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$257	\$22,382	\$0	\$12,829	\$32	\$35,500	\$0	\$35,500	\$179	5	16
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$88	\$20	\$0	\$234	\$21	\$363	\$0	\$363	\$179	5	5
	PRODUCT TYPE Total		\$20,827	\$398,421	\$12	\$166,127	\$2,819	\$588,206	(\$6,406)	\$581,799	\$15,933	527	1,010

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HILLSBOROUGH TRANSIT AUTHORITY (HART)

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

March 2016 thru February 2017

RAT : RETROSPECTIVELY RATED - PARTICIPATNG

Reported Premium: ASO Fees

Reported Claims: All Claims

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	BENEFIT OPTION	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	HAF	TOTAL CLAIMS	STOP LOSS	TOTAL CLAIMS & STOP LOSS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$653	\$12,881	\$0	(\$75)	\$95	\$13,553	\$0	\$13,553	\$682	19	42
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$932	\$5,251	\$0	\$121	\$95	\$6,399	\$0	\$6,399	\$646	22	61
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$734	\$1,326	\$0	\$62	\$268	\$2,389	\$0	\$2,389	\$1,830	51	51
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$885	\$12,865	\$0	\$1,171	\$341	\$15,263	\$0	\$15,263	\$2,297	66	66
	PRODUCT TYPE Total		\$3,205	\$32,323	\$0	\$1,279	\$798	\$37,604	\$0	\$37,604	\$5,455	158	220
Nov-2016 Total			\$24,031	\$430,744	\$12	\$167,406	\$3,617	\$625,810	(\$6,406)	\$619,404	\$21,388	685	1,230
Dec-16	OAPIN	OAP OPT 1 BASE	\$14,924	\$234,876	\$1,057	\$108,999	\$2,058	\$361,914	(\$10,773)	\$351,141	\$11,261	376	726
		OAP OPT 2 BUY UP	\$5,725	\$81,539	\$0	\$85,445	\$620	\$173,329	(\$425)	\$172,904	\$3,983	134	257
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$182	\$0	\$0	\$0	\$5	\$187	\$0	\$187	\$72	2	10
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$28	\$0	\$0	\$0	\$5	\$33	\$0	\$33	\$72	2	2
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$278	\$3,505	\$0	\$12,666	\$53	\$16,501	(\$10,157)	\$6,344	\$179	5	16
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$74	\$0	\$0	\$55	\$11	\$139	\$0	\$144	\$144	4	4
	PRODUCT TYPE Total		\$21,211	\$319,919	\$1,057	\$207,166	\$2,751	\$552,104	(\$21,355)	\$530,749	\$15,711	523	1,015
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$941	\$3,484	\$0	\$29	\$116	\$4,570	\$0	\$4,570	\$682	19	42
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$1,334	\$16,829	\$0	\$1,982	\$147	\$20,291	\$0	\$20,291	\$682	23	63
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$734	\$3,917	\$0	\$0	\$221	\$4,871	\$0	\$4,871	\$1,830	51	51
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$953	\$17,741	\$622	\$10,928	\$347	\$30,591	\$0	\$30,591	\$2,225	64	64
	PRODUCT TYPE Total		\$3,962	\$41,970	\$622	\$12,939	\$830	\$60,323	\$0	\$60,323	\$5,419	157	220
Dec-2016 Total			\$25,174	\$361,889	\$1,678	\$220,104	\$3,581	\$612,426	(\$21,355)	\$591,071	\$21,131	680	1,235
Jan-17	OAPIN	OAP OPT 1 BASE	\$15,076	\$211,781	\$455	\$99,720	\$0	\$327,032	(\$11,469)	\$315,563	\$11,486	390	743
		OAP OPT 2 BUY UP	\$6,352	\$127,188	\$0	\$37,576	\$0	\$171,116	(\$1,257)	\$169,859	\$3,357	115	223
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$141	\$1,105	\$0	\$51	\$0	\$1,296	\$0	\$1,296	\$68	2	4
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$28	\$0	\$0	\$15	\$0	\$43	\$0	\$43	\$34	1	1
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$257	\$21,547	\$0	\$182	\$0	\$21,986	(\$20,833)	\$1,153	\$306	9	34
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$60	\$37	\$0	\$140	\$0	\$236	\$0	\$236	\$102	3	3
	PRODUCT TYPE Total		\$21,913	\$361,658	\$455	\$137,684	\$0	\$521,710	(\$33,559)	\$488,151	\$15,352	520	1,008
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$643	\$1,480	\$0	\$0	\$0	\$2,122	\$0	\$2,122	\$543	16	46
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$975	\$4,567	\$0	\$116	\$0	\$5,658	\$0	\$5,658	\$951	32	81
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$730	\$12,549	\$0	\$0	\$0	\$13,280	\$0	\$13,280	\$1,426	42	42
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$914	\$9,879	\$0	\$12,804	\$0	\$23,597	\$0	\$23,597	\$2,377	72	72
	PRODUCT TYPE Total		\$3,262	\$28,476	\$0	\$12,920	\$0	\$44,657	\$0	\$44,657	\$5,296	162	241
Jan-2017 Total			\$25,175	\$390,134	\$455	\$150,604	\$0	\$566,367	(\$33,559)	\$532,808	\$20,648	682	1,249
Feb-17	OAPIN	OAP OPT 1 BASE	\$16,019	\$202,756	\$517	\$119,265	\$2,084	\$340,641	\$0	\$340,641	\$11,427	388	742
		OAP OPT 2 BUY UP	\$4,902	\$107,878	\$0	\$27,681	\$583	\$141,044	(\$120)	\$140,924	\$3,357	115	223
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$59	\$493	\$0	\$116	\$11	\$679	\$0	\$679	\$68	2	4
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$15	\$0	\$0	\$19	\$5	\$39	\$0	\$39	\$34	1	1
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$438	\$28,189	\$0	\$805	\$32	\$29,464	(\$1,448)	\$28,016	\$306	9	34
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$48	\$0	\$0	\$91	\$16	\$154	\$0	\$154	\$102	3	3
	PRODUCT TYPE Total		\$21,480	\$339,317	\$517	\$147,976	\$2,730	\$512,020	(\$1,568)	\$510,452	\$15,293	518	1,007
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$738	\$1,399	\$0	\$19	\$89	\$2,246	\$0	\$2,246	\$543	16	46
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$1,308	\$9,182	\$0	\$44	\$142	\$10,676	\$0	\$10,676	\$1,019	33	85
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$637	\$1,836	\$0	\$54	\$221	\$2,747	\$0	\$2,747	\$1,426	42	42
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$1,049	\$1,732	\$0	\$27	\$389	\$3,196	\$0	\$3,196	\$2,309	70	70
	PRODUCT TYPE Total		\$3,732	\$14,149	\$0	\$144,120	\$840	\$18,865	\$0	\$18,865	\$5,296	161	243
Feb-2017 Total			\$25,212	\$353,466	\$517	\$148,120	\$3,570	\$530,886	(\$1,568)	\$529,318	\$20,589	679	1,250
Grand Total			\$295,759	\$5,332,816	\$18,978	\$1,848,812	\$45,896	\$7,542,261	(\$178,270)	\$7,363,991	\$251,362	8,106	14,667

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March 2015 thru February 2016

RAT : RETROSPECTIVELY RATED - PARTICIPATING

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Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	BENEFIT OPTION	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	HAF	TOTAL CLAIMS	STOP LOSS	TOTAL CLAIMS & STOP LOSS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
Mar-15	OAPIN	OAP OPT 1 BASE	\$11,438	\$183,184	\$0	\$39,135	\$1,701	\$235,458	(\$401)	\$235,058	\$10,463	324	610
		OAP OPT 2 BUY UP	\$8,539	\$264,790	\$0	\$85,124	\$1,134	\$359,587	\$0	\$359,587	\$6,986	217	436
	PRODUCT TYPE Total		\$19,976	\$447,974	\$0	\$124,260	\$2,835	\$595,045	(\$401)	\$594,645	\$17,449	541	1,046
OAPINR	HRAF-HRA PLAN - EE+ FAMILY		\$587	\$8,593	\$0	\$0	\$84	\$9,264	\$0	\$9,264	\$605	16	42
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	11	30
		HRAI-HRA PLAN - INDIVIDUALS	\$1,500	\$13,056	\$0	(\$7,225)	\$446	\$7,776	\$0	\$7,776	\$3,292	86	92
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(10)	(16)
		PRODUCT TYPE Total		\$2,087	\$21,649	\$0	(\$7,225)	\$530	\$17,041	\$0	\$17,041	\$3,898	103
Mar-2015 Total			\$22,063	\$469,623	\$0	\$117,035	\$3,365	\$612,086	(\$401)	\$611,685	\$21,347	644	1,194
Apr-15	OAPIN	OAP OPT 1 BASE	\$11,696	\$123,060	\$0	\$46,843	\$1,727	\$183,326	\$0	\$183,326	\$10,718	322	604
		OAP OPT 2 BUY UP	\$8,765	\$187,027	\$0	\$208,491	\$1,145	\$405,427	\$0	\$405,427	\$7,146	219	440
	PRODUCT TYPE Total		\$20,461	\$310,087	\$0	\$255,334	\$2,872	\$588,754	\$0	\$588,754	\$17,864	541	1,044
OAPINR	HRAF-HRA PLAN - EE+ FAMILY		\$600	\$1,114	\$0	\$899	\$84	\$2,697	\$0	\$2,697	\$605	16	42
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	11	30
		HRAI-HRA PLAN - INDIVIDUALS	\$1,471	\$10,432	\$0	\$7,570	\$457	\$19,929	\$0	\$19,929	\$3,443	87	93
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(10)	(16)
		PRODUCT TYPE Total		\$2,070	\$11,546	\$0	\$8,468	\$541	\$22,626	\$0	\$22,626	\$4,049	104
Apr-2015 Total			\$22,532	\$321,633	\$0	\$263,802	\$3,413	\$611,380	\$0	\$611,380	\$21,913	645	1,193
May-15	OAPIN	OAP OPT 1 BASE	\$11,571	\$202,867	\$206	\$53,996	\$1,796	\$270,436	(\$1,240)	\$269,195	\$10,527	323	609
		OAP OPT 2 BUY UP	\$8,624	\$226,524	\$0	\$61,958	\$1,197	\$298,303	\$0	\$298,303	\$7,114	220	444
	PRODUCT TYPE Total		\$20,195	\$429,391	\$206	\$115,954	\$2,993	\$568,738	(\$1,240)	\$567,498	\$17,641	543	1,053
OAPINR	HRAF-HRA PLAN - EE+ FAMILY		\$591	\$13,961	\$0	\$1,179	\$84	\$15,815	\$0	\$15,815	\$605	16	45
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	11	30
		HRAI-HRA PLAN - INDIVIDUALS	\$1,515	\$15,965	\$0	\$132	\$499	\$18,110	\$0	\$18,110	\$3,254	86	92
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(10)	(16)
		PRODUCT TYPE Total		\$2,106	\$29,926	\$0	\$1,311	\$583	\$33,925	\$0	\$33,925	\$3,860	103
May-2015 Total			\$22,300	\$459,317	\$206	\$117,265	\$3,575	\$602,663	(\$1,240)	\$601,423	\$21,500	646	1,204
Jun-15	OAPIN	OAP OPT 1 BASE	\$11,867	\$230,554	\$1,413	\$57,641	\$1,817	\$303,292	\$36	\$303,328	\$10,687	327	611
		OAP OPT 2 BUY UP	\$8,844	\$230,074	\$0	\$95,780	\$1,181	\$335,879	\$0	\$335,879	\$7,114	219	443
	PRODUCT TYPE Total		\$20,712	\$460,628	\$1,413	\$153,421	\$2,998	\$639,171	\$36	\$639,207	\$17,800	546	1,054
OAPINR	HRAF-HRA PLAN - EE+ FAMILY		\$638	\$4,492	\$0	\$2,455	\$84	\$7,668	\$0	\$7,668	\$832	22	60
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	11	30
		HRAI-HRA PLAN - INDIVIDUALS	\$1,525	\$11,306	\$0	(\$7,177)	\$478	\$6,132	\$0	\$6,132	\$3,633	96	102
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(11)	(17)
		PRODUCT TYPE Total		\$2,163	\$15,797	\$0	(\$4,721)	\$562	\$13,800	\$0	\$13,800	\$4,465	118
Jun-2015 Total			\$22,874	\$476,425	\$1,413	\$148,699	\$3,560	\$652,972	\$36	\$653,008	\$22,265	664	1,229
Jul-15	OAPIN	OAP OPT 1 BASE	\$12,302	\$242,794	\$0	\$41,996	\$1,691	\$298,781	\$0	\$298,781	\$10,655	327	613
		OAP OPT 2 BUY UP	\$9,454	\$315,201	\$0	\$75,805	\$1,187	\$401,646	(\$10,447)	\$391,199	\$7,082	220	447
	PRODUCT TYPE Total		\$21,755	\$557,994	\$0	\$117,801	\$2,877	\$700,427	(\$10,447)	\$689,980	\$17,736	547	1,060
OAPINR	HRAF-HRA PLAN - EE+ FAMILY		\$862	\$873	\$0	\$1	\$147	\$1,883	\$0	\$1,883	\$832	22	60
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	11	30
		HRAI-HRA PLAN - INDIVIDUALS	\$2,365	\$39,842	\$470	\$6,351	\$499	\$49,528	\$0	\$49,528	\$3,595	93	99
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(11)	(17)
		PRODUCT TYPE Total		\$3,227	\$40,715	\$470	\$6,352	\$646	\$51,410	\$0	\$51,410	\$4,427	115
Jul-2015 Total			\$24,982	\$598,710	\$470	\$124,153	\$3,523	\$751,838	(\$10,447)	\$741,390	\$22,164	662	1,232
Aug-15	OAPIN	OAP OPT 1 BASE	\$11,796	\$187,561	\$0	\$64,930	\$1,796	\$266,083	\$0	\$266,083	\$10,463	324	605
		OAP OPT 2 BUY UP	\$8,757	\$184,499	\$0	\$94,673	\$1,192	\$289,121	(\$70,610)	\$218,511	\$6,986	219	449
	PRODUCT TYPE Total		\$20,552	\$372,061	\$0	\$159,603	\$2,987	\$555,204	(\$70,610)	\$484,594	\$17,449	543	1,054
OAPINR	HRAF-HRA PLAN - EE+ FAMILY		\$844	\$22,574	\$0	\$1,576	\$121	\$25,115	\$0	\$25,115	\$832	22	60
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10	28
		HRAI-HRA PLAN - INDIVIDUALS	\$1,578	\$38,501	\$0	\$10,615	\$509	\$51,203	\$0	\$51,203	\$3,595	94	100

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		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(11)	(17)
	PRODUCT TYPE Total		\$2,421	\$61,075	\$0	\$12,192	\$630	\$76,318	\$0	\$76,318	\$4,427	115	171
Aug-2015 Total			\$22,974	\$433,136	\$0	\$171,795	\$3,617	\$631,521	(\$70,610)	\$560,912	\$21,877	658	1,225
Sep-15	OAPIN	OAP OPT 1 BASE	\$11,270	\$346,106	\$663	\$59,251	\$1,696	\$418,987	(\$9,489)	\$409,497	\$10,431	319	599
		OAP OPT 2 BUY UP	\$8,650	\$208,552	\$0	\$82,036	\$1,139	\$300,378	(\$81,600)	\$218,778	\$6,986	218	448
	PRODUCT TYPE Total		\$19,920	\$554,658	\$663	\$141,287	\$2,835	\$719,364	(\$91,089)	\$628,275	\$17,417	537	1,047
	OAPINR	HRAF-HRA PLAN - EE+ FAMILY	\$877	\$9,996	\$0	(\$720)	\$121	\$10,274	\$0	\$10,274	\$832	22	60
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10	28
		HRAI-HRA PLAN - INDIVIDUALS	\$1,609	\$16,243	\$0	\$736	\$515	\$19,102	\$0	\$19,102	\$3,708	97	103
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(12)	(18)
	PRODUCT TYPE Total		\$2,486	\$26,239	\$0	\$16	\$635	\$29,376	\$0	\$29,376	\$4,541	117	173
Sep-2015 Total			\$22,406	\$580,897	\$663	\$141,303	\$3,470	\$748,740	(\$91,089)	\$657,651	\$21,958	654	1,220
Oct-15	OAPIN	OAP OPT 1 BASE	\$13,345	\$227,553	\$0	\$58,684	\$3,360	\$302,941	(\$10,869)	\$292,072	\$10,399	317	594
		OAP OPT 2 BUY UP	\$10,433	\$220,243	\$876	\$102,567	\$2,237	\$336,355	(\$56,624)	\$279,731	\$6,922	216	446
	PRODUCT TYPE Total		\$23,778	\$447,796	\$876	\$161,250	\$5,597	\$639,296	(\$67,493)	\$571,803	\$17,322	533	1,040
	OAPINR	HRAF-HRA PLAN - EE+ FAMILY	\$1,032	\$5,614	\$0	\$323	\$210	\$7,180	\$0	\$7,180	\$795	21	58
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$416	10	28
		HRAI-HRA PLAN - INDIVIDUALS	\$1,953	\$7,156	\$0	\$11,550	\$992	\$21,651	\$0	\$21,651	\$3,595	95	101
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$416)	(13)	(19)
	PRODUCT TYPE Total		\$2,985	\$12,770	\$0	\$11,874	\$1,202	\$28,831	\$0	\$28,831	\$4,389	113	168
Oct-2015 Total			\$26,763	\$460,566	\$876	\$173,124	\$6,799	\$668,127	(\$67,493)	\$600,634	\$21,711	646	1,208
Nov-15	OAPIN	OAP OPT 1 BASE	\$9,315	\$152,601	\$0	\$89,376	\$0	\$251,293	(\$41,560)	\$209,732	\$10,463	325	607
		OAP OPT 2 BUY UP	\$7,199	\$199,024	\$735	\$82,989	\$0	\$289,958	(\$19,344)	\$270,614	\$6,890	217	452
	PRODUCT TYPE Total		\$16,515	\$351,625	\$735	\$172,375	\$0	\$541,250	(\$60,904)	\$480,346	\$17,354	542	1,059
	OAPINR	HRAF-HRA PLAN - EE+ FAMILY	\$625	\$7,080	\$0	\$70	\$0	\$7,775	\$0	\$7,775	\$908	24	69
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$378	10	28
		HRAI-HRA PLAN - INDIVIDUALS	\$1,270	\$10,071	\$0	\$939	\$0	\$12,280	\$0	\$12,280	\$3,973	105	111
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$530)	(13)	(19)
	PRODUCT TYPE Total		\$1,895	\$17,151	\$0	\$1,009	\$0	\$20,055	\$0	\$20,055	\$4,730	126	189
Nov-2015 Total			\$18,409	\$368,776	\$735	\$173,384	\$0	\$561,305	(\$60,904)	\$500,401	\$22,084	668	1,248
Dec-15	OAPIN	OAP OPT 1 BASE	\$11,636	\$179,489	\$1,041	\$62,607	\$1,785	\$256,558	(\$19,470)	\$237,087	\$10,559	328	608
		OAP OPT 2 BUY UP	\$8,708	\$185,878	\$653	\$110,275	\$1,171	\$306,684	(\$9,708)	\$296,976	\$6,890	217	448
	PRODUCT TYPE Total		\$20,343	\$365,367	\$1,693	\$172,881	\$2,956	\$563,241	(\$29,178)	\$534,063	\$17,449	545	1,056
	OAPINR	HRAF-HRA PLAN - EE+ FAMILY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$908	0	0
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$974	\$6,765	\$0	\$1,140	\$142	\$9,020	\$0	\$9,020	\$378	34	97
		HRAI-HRA PLAN - INDIVIDUALS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,973	0	0
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$1,709	\$8,745	\$0	\$2,273	\$614	\$13,341	\$0	\$13,341	(\$151)	102	102
	PRODUCT TYPE Total		\$2,683	\$15,510	\$0	\$3,413	\$756	\$22,361	\$0	\$22,361	\$5,108	136	199
Dec-2015 Total			\$23,026	\$380,877	\$1,693	\$176,294	\$3,712	\$585,603	(\$29,178)	\$556,424	\$22,558	681	1,255
Jan-16	OAPIN	OAP OPT 1 BASE	\$12,572	\$358,369	\$86	\$77,176	\$0	\$448,203	(\$49,995)	\$398,209	\$10,932	365	693
		OAP OPT 2 BUY UP	\$10,334	\$68,303	\$0	\$44,903	\$0	\$123,541	(\$11,886)	\$111,654	\$4,582	154	290
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$0	\$0	\$0	\$27	\$0	\$27	\$0	\$27	\$72	2	6
		2HRAI-HRA PLAN-INDIVIDUALS HYBRID NON-PART	\$0	\$0	\$0	\$47	\$0	\$47	\$0	\$47	\$0	0	0
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$0	\$0	\$0	\$9	\$0	\$9	\$0	\$9	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$179	5	5
	PRODUCT TYPE Total		\$22,906	\$426,672	\$86	\$122,163	\$0	\$571,827	(\$61,881)	\$509,946	\$15,945	531	1,013
	OAPINR	HRAF-HRA PLAN - EE+ FAMILY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$908	0	0
		HRAF-HRA PLAN - EE + FAMILY NON-PART	\$2,543	\$21,811	\$0	\$660	\$0	\$25,014	\$0	\$25,014	(\$370)	15	36
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$790	22	63
		HRAI-HRA PLAN - INDIVIDUALS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,973	0	0
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$1,139	\$2,397	\$0	\$14,038	\$0	\$17,574	\$0	\$17,574	(\$2,466)	42	42
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$0	\$0	\$0	\$29	\$0	\$29	\$0	\$29	\$2,548	71	71



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HILLSBOROUGH TRANSIT AUTHORITY (HART)

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

March 2015 thru February 2016

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	BENEFIT OPTION	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	HAF	TOTAL CLAIMS	STOP LOSS	TOTAL CLAIMS & STOP LOSS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
	PRODUCT TYPE Total		\$3,682	\$24,208	\$0	\$14,727	\$0	\$42,617	\$0	\$42,617	\$5,384	150	212
Jan-2016 Total			\$26,588	\$450,880	\$86	\$136,890	\$0	\$614,444	(\$61,881)	\$552,563	\$21,328	681	1,225
Feb-16	OAPIN	OAP OPT 1 BASE	\$11,695	\$181,999	\$640	\$88,375	\$1,895	\$284,604	(\$82,511)	\$202,094	\$10,932	365	691
		OAP OPT 2 BUY UP	\$4,965	\$153,803	\$0	\$49,401	\$777	\$208,946	\$0	\$208,946	\$4,552	153	287
		2HRAF-HRA PLAN-EE + FAMILY HYBRID NON-PART	\$106	\$0	\$0	\$0	\$11	\$117	\$0	\$117	\$72	2	6
		2HRFP-HRA PLAN-EE + FAMILY HYBRID PARTICIPANT	\$329	\$348	\$0	\$63	\$26	\$767	\$0	\$767	\$179	5	19
		2HRIP-HRA PLAN-INDIVIDUALS HYBRID PARTICIPANT	\$89	\$0	\$0	\$86	\$26	\$201	\$0	\$201	\$179	5	5
	PRODUCT TYPE Total		\$17,185	\$336,150	\$640	\$137,926	\$2,735	\$494,635	(\$82,511)	\$412,124	\$15,915	530	1,008
	OAPINR	HRAF-HRA PLAN - EE + FAMILY NON-PART	\$568	\$4,035	\$515	\$19	\$242	\$5,379	\$0	\$5,379	\$574	16	38
		HRAFP-HRA PLAN - EE + FAMILY PARTICIPANT	\$1,038	\$1,434	\$0	\$1	\$116	\$2,589	\$0	\$2,589	\$790	22	63
		HRAI-HRA PLAN - INDIVIDUALS NON-PART	\$670	\$8,556	\$0	\$24	\$53	\$9,302	\$0	\$9,302	\$1,471	41	41
		HRAIP-HRA PLAN - INDIVIDUALS PARTICIPANT	\$1,258	\$6,939	\$0	\$939	\$373	\$9,509	\$0	\$9,509	\$2,476	69	69
	PRODUCT TYPE Total		\$3,534	\$20,964	\$515	\$983	\$782	\$26,779	\$0	\$26,779	\$5,312	148	211
Feb-2016 Total			\$20,719	\$357,114	\$1,155	\$138,908	\$3,518	\$521,414	(\$82,511)	\$438,903	\$21,227	678	1,219
Grand Total			\$275,637	\$5,357,952	\$7,299	\$1,882,652	\$38,551	\$7,562,091	(\$475,718)	\$7,086,373	\$261,931	7,927	14,652



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HILLSBOROUGH TRANSIT AUTHORITY (HART)

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

March 2014 thru February 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	BENEFIT OPTION	CAP	IN NETWORK	OUT OF NETWORK	DRUG	HAF	TOTAL CLAIMS	STOP LOSS	TOTAL CLAIMS & STOP LOSS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
Mar-14	OAPIN	OAP OPT 1 BASE	\$11,087	\$111,637	\$39	\$38,247	\$1,985	\$162,993	\$0	\$162,993	\$11,867	371	639
		OAP OPT 2 BUY UP	\$8,229	\$207,902	\$0	\$78,604	\$1,307	\$296,042	\$0	\$296,042	\$7,816	246	457
	PRODUCT TYPE Total		\$19,316	\$319,539	\$39	\$116,851	\$3,292	\$459,035	\$0	\$459,035	\$19,682	617	1,096
Mar-2014 Total			\$19,316	\$319,539	\$39	\$116,851	\$3,292	\$459,035	\$0	\$459,035	\$19,682	617	1,096
Apr-14	OAPIN	OAP OPT 1 BASE	\$11,294	\$91,859	\$0	\$36,317	\$1,958	\$141,428	\$0	\$141,428	\$11,899	372	637
		OAP OPT 2 BUY UP	\$9,303	\$118,393	\$0	\$76,508	\$1,292	\$205,495	\$0	\$205,495	\$7,624	239	448
	PRODUCT TYPE Total		\$20,597	\$210,252	\$0	\$112,825	\$3,250	\$346,924	\$0	\$346,924	\$19,523	611	1,085
Apr-2014 Total			\$20,597	\$210,252	\$0	\$112,825	\$3,250	\$346,924	\$0	\$346,924	\$19,523	611	1,085
May-14	OAPIN	OAP OPT 1 BASE	\$10,903	\$185,055	\$0	\$33,979	\$1,969	\$231,906	\$0	\$231,906	\$12,090	378	645
		OAP OPT 2 BUY UP	\$7,846	\$192,789	\$54	\$43,919	\$1,181	\$245,789	\$0	\$245,789	\$7,656	240	448
	PRODUCT TYPE Total		\$18,750	\$377,844	\$54	\$77,897	\$3,150	\$477,695	\$0	\$477,695	\$19,746	618	1,093
May-2014 Total			\$18,750	\$377,844	\$54	\$77,897	\$3,150	\$477,695	\$0	\$477,695	\$19,746	618	1,093
Jun-14	OAPIN	OAP OPT 1 BASE	\$11,012	\$162,563	\$0	\$34,784	\$1,979	\$210,339	\$0	\$210,339	\$12,154	380	650
		OAP OPT 2 BUY UP	\$8,031	\$201,924	\$0	\$66,456	\$1,255	\$277,666	\$0	\$277,666	\$7,624	239	442
	PRODUCT TYPE Total		\$19,043	\$364,487	\$0	\$101,240	\$3,234	\$488,005	\$0	\$488,005	\$19,778	619	1,092
Jun-2014 Total			\$19,043	\$364,487	\$0	\$101,240	\$3,234	\$488,005	\$0	\$488,005	\$19,778	619	1,092
Jul-14	OAPIN	OAP OPT 1 BASE	\$12,820	\$256,481	\$0	\$35,831	\$1,979	\$307,112	(\$25,443)	\$281,669	\$12,026	375	640
		OAP OPT 2 BUY UP	\$6,725	\$208,527	\$0	\$62,628	\$1,265	\$279,145	\$0	\$279,145	\$7,624	240	448
	PRODUCT TYPE Total		\$19,545	\$465,008	\$0	\$98,460	\$3,245	\$586,257	(\$25,443)	\$560,814	\$19,650	615	1,088
Jul-2014 Total			\$19,545	\$465,008	\$0	\$98,460	\$3,245	\$586,257	(\$25,443)	\$560,814	\$19,650	615	1,088
Aug-14	OAPIN	OAP OPT 1 BASE	\$11,211	\$350,640	\$0	\$48,113	\$2,069	\$412,033	(\$72,068)	\$339,965	\$12,186	376	643
		OAP OPT 2 BUY UP	\$8,066	\$263,754	\$0	\$132,441	\$1,265	\$405,526	(\$4,106)	\$401,421	\$7,560	237	444
	PRODUCT TYPE Total		\$19,277	\$614,395	\$0	\$180,553	\$3,334	\$817,559	(\$76,173)	\$741,385	\$19,746	613	1,087
Aug-2014 Total			\$19,277	\$614,395	\$0	\$180,553	\$3,334	\$817,559	(\$76,173)	\$741,385	\$19,746	613	1,087
Sep-14	OAPIN	OAP OPT 1 BASE	\$10,989	\$176,054	\$0	\$36,382	\$1,948	\$225,372	(\$9,612)	\$215,760	\$12,377	378	643
		OAP OPT 2 BUY UP	\$7,501	\$354,179	\$0	\$105,599	\$1,218	\$468,497	(\$103,063)	\$365,433	\$7,688	238	447
	PRODUCT TYPE Total		\$18,490	\$530,233	\$0	\$141,980	\$3,166	\$693,869	(\$112,676)	\$581,193	\$20,065	616	1,090
Sep-2014 Total			\$18,490	\$530,233	\$0	\$141,980	\$3,166	\$693,869	(\$112,676)	\$581,193	\$20,065	616	1,090
Oct-14	OAPIN	OAP OPT 1 BASE	\$11,733	\$462,190	\$73	\$38,482	\$2,032	\$514,509	(\$162,104)	\$352,405	\$12,345	377	641
		OAP OPT 2 BUY UP	\$8,235	\$262,072	\$0	\$107,882	\$1,255	\$379,444	(\$22,390)	\$357,054	\$7,688	235	444
	PRODUCT TYPE Total		\$19,968	\$724,262	\$73	\$146,363	\$3,287	\$893,953	(\$184,494)	\$709,458	\$20,033	612	1,085
Oct-2014 Total			\$19,968	\$724,262	\$73	\$146,363	\$3,287	\$893,953	(\$184,494)	\$709,458	\$20,033	612	1,085
Nov-14	OAPIN	OAP OPT 1 BASE	\$11,425	\$228,124	\$500	\$42,841	\$2,095	\$284,985	(\$47,557)	\$237,427	\$12,345	387	658
		OAP OPT 2 BUY UP	\$8,089	\$150,153	\$195	\$110,777	\$1,276	\$270,490	(\$43,292)	\$227,198	\$7,528	238	448
	PRODUCT TYPE Total		\$19,514	\$378,277	\$695	\$153,618	\$3,371	\$555,475	(\$90,849)	\$464,625	\$19,874	625	1,106
Nov-2014 Total			\$19,514	\$378,277	\$695	\$153,618	\$3,371	\$555,475	(\$90,849)	\$464,625	\$19,874	625	1,106
Dec-14	OAPIN	OAP OPT 1 BASE	\$11,751	\$388,801	\$0	\$39,722	\$2,095	\$442,369	(\$48,953)	\$393,416	\$12,824	402	689

Feb-15 Paid Claims includes a charge of \$17920.76 that was deducted from your account and paid as capitation to Cigna Behavioral Health.
HAF includes charges for such health advocacy programs as disease/condition management and health coaching.



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HILLSBOROUGH TRANSIT AUTHORITY (HART)

MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

March 2014 thru February 2015

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: ASO Fees

Reported Claims: All Claims

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	BENEFIT OPTION	CAP	IN NETWORK	OUT OF NETWORK	DRUG	HAF	TOTAL CLAIMS	STOP LOSS	TOTAL CLAIMS & STOP LOSS	TOTAL ASO FEES	TOTAL SUBS	TOTAL MBRS
		OAP OPT 2 BUY UP	\$8,996	\$361,618	\$486	\$113,741	\$1,297	\$486,138	(\$140,111)	\$346,027	\$7,592	240	455
	PRODUCT TYPE Total		\$20,747	\$750,419	\$486	\$153,463	\$3,392	\$928,507	(\$189,064)	\$739,442	\$20,416	642	1,144
Dec-2014 Total			\$20,747	\$750,419	\$486	\$153,463	\$3,392	\$928,507	(\$189,064)	\$739,442	\$20,416	642	1,144
Jan-15	OAPIN	OAP OPT 1 BASE	\$11,020	\$148,860	\$0	\$34,503	\$1,738	\$196,120	(\$45,154)	\$150,966	\$10,527	330	616
		OAP OPT 2 BUY UP	\$7,978	\$218,323	\$0	\$48,061	\$1,097	\$275,459	(\$12,871)	\$262,588	\$7,018	222	440
	PRODUCT TYPE Total		\$18,998	\$367,183	\$0	\$82,563	\$2,835	\$471,579	(\$58,025)	\$413,554	\$17,545	552	1,056
	OAPINR	HRAF-HRA PLAN - EE+ FAMILY	\$6	\$321	\$0	\$1,045	\$84	\$1,457	\$0	\$1,457	\$605	16	42
		HRAI-HRA PLAN - INDIVIDUALS	\$18	\$1,766	\$0	\$1,433	\$473	\$3,690	\$0	\$3,690	\$3,368	89	94
	PRODUCT TYPE Total		\$24	\$2,088	\$0	\$2,478	\$557	\$5,146	\$0	\$5,146	\$3,973	105	136
Jan-2015 Total			\$19,022	\$369,271	\$0	\$85,041	\$3,392	\$476,725	(\$58,025)	\$418,700	\$21,518	657	1,192
Feb-15	OAPIN	OAP OPT 1 BASE	\$11,443	\$343,742	\$730	\$51,921	\$1,727	\$409,564	(\$22,238)	\$387,326	\$10,431	327	614
		OAP OPT 2 BUY UP	\$9,182	\$307,994	\$1,014	\$109,382	\$1,139	\$428,711	\$0	\$428,711	\$6,954	220	439
	PRODUCT TYPE Total		\$20,625	\$651,736	\$1,744	\$161,303	\$2,867	\$838,274	(\$22,238)	\$816,036	\$17,386	547	1,053
	OAPINR	HRAF-HRA PLAN - EE+ FAMILY	\$591	\$16,011	\$0	\$0	\$84	\$16,686	\$0	\$16,686	\$605	16	42
		HRAI-HRA PLAN - INDIVIDUALS	\$2,224	\$6,953	\$0	\$7,307	\$462	\$16,947	\$0	\$16,947	\$3,292	87	92
	PRODUCT TYPE Total		\$2,814	\$22,965	\$0	\$7,307	\$546	\$33,633	\$0	\$33,633	\$3,898	103	134
Feb-2015 Total			\$23,439	\$674,701	\$1,744	\$168,610	\$3,413	\$871,907	(\$22,238)	\$849,669	\$21,283	650	1,187
Grand Total			\$237,707	\$5,778,687	\$3,090	\$1,536,904	\$39,522	\$7,595,910	(\$758,964)	\$6,836,946	\$241,315	7,495	13,345



ATTACHMENT 10 & 11

*Employee Census
Excel Format – Separate Attachment*
