

SUWANNEE COUNTY SCHOOL DISTRICT

JERRY TAYLOR
DISTRICT 1
NORMAN CRAWFORD
DISTRICT 2
TIM ALCORN
DISTRICT 3



ED DA SILVA
DISTRICT 4
RONALD WHITE
DISTRICT 5
LEONARD DIETZEN, III
BOARD ATTORNEY

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TED L. ROUSH
Superintendent of Schools

Addendum III

12/15/2022

Good afternoon Ms. Brown, on behalf of Bruce and Daniel Tillman at the Jordan Agency and Acentria Public Risk, we are excited to respond to the School Districts RFP#23-202. After our review, we have the following questions:

- Monitoring Report for a rolling 24 month period **Please see attached.**
- Large claim report with same time period as the monitoring report **Please see attached**
- Are you currently using an online enrollment system? If yes, What is the name of your system? **Yes, Explain My Benefits ("EMB")**
- Does your online enrollment system integrate with your payroll system. **Yes, and this feature is used during Open Enrollment to upload all insurance related payroll deductions and benefits. Otherwise, we currently enter payroll deductions and benefits manually into our Payroll System.**
- Does Gallagher pay for your online enrollment system. **A percentage of commission offsets PEPM expense of the enrollment platform Explain My Benefits, and the balance is paid by SCSD through wellness funds received from Florida Blue.**
- Please provide the name of your current payroll system. **Skyward.**
- Is the School district interested in a new online enrollment system? **Not currently, but open to suggestions if the system is better than current enrollment system.**
- What are your likes and dislikes with the system? **EMB is user friendly, reports are customizable, weekly file feeds to all carriers, and the service representatives are very accommodating and easy to get in touch with. They usually respond same day, and we have a great relationship with them.**
- Please provide us with a copy of your most recent Administrative Services Agreement with Florida Blue? **Please see attached ASA, and Exhibits to ASA.**
- What is the term date of the agreement? **The term date of our ASA with Florida Blue is 4/30/2023.**
- What is the pepm for the broker? **The PEPM is \$15.**
- Has the School District renewed their Stop loss coverage with Florida Blue yet? **Yes, for the period of 5/1/21-4/30/23.**
- Who administers your COBRA Administration? **Florida Blue administers COBRA for medical, WageWorks administers COBRA for dental and vision, WEX administers COBRA for F.S.A.**
- Who pays for your COBRA administration? **Florida Blue does not charge for COBRA administration. Otherwise, SCSD pays COBRA administration fees.**
- Does the School District currently utilize a call center for employee support and questions? **EMB provides a Call Center during Open Enrollment that is utilized, but historically most employees self enroll using the EMB platform. In addition, a large number of employees call our two Benefit Specialists at the District Office for assistance.**

The following Benefit Advocacy Center is provided by Gallagher at all times:

Benefit Advocacy Center (BAC):

- Dedicated toll free number and email address for benefits inquiries
- Team of advocates will support SCSD with the following customer service issues:
 - Explain SCSD's Benefits
 - Provider Find
 - Resolve ID Card Problems
 - Claim Resolution
 - Confirm Eligibility
 - Enrollment Questions
 - Navigating Claims Billing Issues

Medicare questions

- Additional Support (including multilingual support)
- Reporting Monthly Case and NPS (Net Promoter Score)
- Advise on Claims Appeal Process Monday thru Friday, 8 a.m. to p.m. EST)

We appreciate your time and look forward to receiving the above requested information. Thank you.

Kind regards,

ADMINISTRATIVE SERVICES AGREEMENT

between

BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. D/B/A FLORIDA BLUE

and

HEALTH OPTIONS, INC.

and

SUWANNEE COUNTY BOARD OF PUBLIC INSTRUCTION

This Administrative Services Agreement (hereinafter referred to as the "Agreement"), made this 27 day of August, 2020 is by and between Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue and Health Options, Inc. both Florida corporations having their principal place of business at 4800 Deerwood Campus Parkway, Jacksonville, Florida 32246 (hereinafter referred to as "Florida Blue and HOI") and Suwannee County Board of Public Instruction located at 1740 Ohio Avenue South, Live Oak, Florida 32064 (hereinafter referred to as the "Employer").

WHEREAS, Employer has established and currently sponsors a self-insured Employee Welfare Benefit Plan, to provide certain benefits (attached hereto as Exhibit "A" and hereinafter called the "Group Health Plan") for covered group members and their covered dependents; and

WHEREAS, except as otherwise specifically provided herein, Employer is to retain all liabilities under its Group Health Plan, and Florida Blue and HOI is to provide the agreed upon services to the Group Health Plan without assuming any such liability; and

WHEREAS, Employer desires that, with respect to the Group Health Plan, Florida Blue and HOI furnish certain claims processing and administrative services.

NOW, therefore, in consideration of the mutual promises contained herein, and other good and valuable consideration, the parties agree as follows:

SECTION I

TERM

1.1 Initial Term

The initial term of this Agreement shall be from May 1, 2020 (the effective date) and shall end on April 30, 2023 (the termination date), unless the Agreement is terminated earlier in accordance with the provisions of this Agreement.

1.2 Renewal Terms

After the Initial Term, this Agreement will automatically renew each anniversary date for successive one year terms at the renewal rates then in effect, unless

either party notifies the other party of its intent not to extend this Agreement at least 30 days prior to the applicable anniversary date.

SECTION II

DUTIES AND RESPONSIBILITIES OF EMPLOYER

2.1 Final Authority

Employer retains all final authority and responsibility for the Group Health Plan including, but not limited to eligibility and enrollment for coverage under the Group Health Plan, the existence of coverage, the benefits structure of the Group Health Plan, claims payment decisions, cost containment program decisions, utilization benefits management, compliance with the requirements of COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985, as amended), compliance with the requirements of ERISA (Employee Retirement Income Security Act of 1974, as amended), compliance with reporting and remitting abandoned property funds, and compliance with any other state and federal law or regulation applicable to Employer, the Group Health Plan, or the administration of the Group Health Plan.

Employer agrees to provide Florida Blue and HOI with any information Florida Blue and HOI reasonably requires in order to perform the administrative services set forth herein.

2.2 Eligibility and Enrollment

As of the first day of the term of this Agreement, Employer will have delivered to Florida Blue and HOI enrollment information regarding eligible and properly enrolled members, as determined by Employer. Employer shall deliver to Florida Blue and HOI all employee and dependent eligibility status changes on a monthly basis, or more frequently as mutually agreed by the parties.

Employer shall be responsible for providing each covered employee with a copy of the plan document which shall include the Group Health Plan.

2.3 Financial Obligations

A. Claims Payment

Employer is financially responsible for the payment of all claims paid under the Group Health Plan. Financial arrangements regarding the payment of such claims are set forth in Exhibit "B".

B. Administrative Fees

Employer agrees to promptly pay all administrative fees as set forth in Exhibit "B". Administrative fees are not subject to change during the initial

term of this Agreement, except as set forth below. The administrative fees shall be payable to Florida Blue and HOI within 10 days of written notification to Employer of the amount owed.

C. Late Charges

In the event Employer fails to pay any amount owed in full by the due date, Employer shall pay Florida Blue and HOI, in addition to the amount due, a late charge as set forth in Exhibit "B".

D. Modifications

Florida Blue and HOI may modify the administrative fees contained in Exhibit "B" at any time on or after the first anniversary of this Agreement's effective date, upon giving forty-five (45) days prior written notice to Employer. Additionally, Florida Blue and HOI, at any time, may modify the administrative fee, if Employer substantially modifies the Group Health Plan or changes enrollment.

2.4 Use of Names and Logos

Employer agrees to allow Florida Blue and HOI to use Employer's name and logo on I.D. cards and other forms necessary to effectuate this Agreement, and to promote Employer's relationship with Florida Blue and HOI to potential or existing providers. Florida Blue and HOI shall not use Employer's name or logo for any other purpose without the prior written consent of Employer.

Employer agrees that the names, logos, symbols, trademarks, tradenames, and service marks of Florida Blue and HOI, whether presently existing or hereafter established, are the sole property of Florida Blue and HOI retains the right to the use and control thereof. Employer shall not use Florida Blue and HOI's name, logos, symbols, trademarks or service marks in advertising or promotional materials or otherwise without the prior written consent of Florida Blue and HOI and shall cease any such usage immediately upon written notice by Florida Blue and HOI or upon termination of this Agreement, whichever is sooner.

2.5 Confidential and Trade Secret Information

Florida Blue and HOI maintains proprietary and confidential information and competitively-sensitive trade secret information, which information may be disclosed to Employer for the purposes of analyzing such information in conjunction with the services performed under the Agreement. Employer agrees to hold such confidential and/or trade secret information in confidence and only disclose such information to employees of Employer who have a need to know such information; provided however that such employees of Employer agree to maintain the confidentiality of the confidential and/or trade secret information and take all steps necessary to safeguard the confidential and/or trade secret information against unauthorized access, use, and disclosure to at least the

extent Employer maintains the confidentiality of its most proprietary and confidential information.

Employer shall not disclose such confidential and/or trade secret information to any third party without the express written permission of Florida Blue and HOI. If Florida Blue and HOI, in its sole discretion, approves release of confidential and/or trade secret information to a third party, the third party and Employer will be required to execute a Confidentiality & Indemnity Agreement, in a form specified by Florida Blue and HOI, prior to the release of the confidential information and/or trade secret information to the third party. For purposes of this paragraph, trade secret information is competitively sensitive information which is advantageous to Florida Blue and HOI in the marketplace and Florida Blue and HOI considers such information to be a trade secret protected from public disclosure, including protection from disclosure in any meeting which is subject to Florida's Government in the Sunshine Law Section 286.011, Florida Statutes.

SECTION III

DUTIES AND RESPONSIBILITIES OF FLORIDA BLUE AND HOI

3.1 Generally

It is understood and agreed that Florida Blue and HOI is empowered and required to act with respect to the Group Health Plan only as expressly stated herein.

Employer and Florida Blue and HOI agree that Florida Blue and HOI's role is to provide administrative claims payment services, that Florida Blue and HOI does not assume any financial risk or obligation with respect to claims, that the services rendered by Florida Blue and HOI under this Agreement shall not include the power to exercise control over the Group Health Plan's assets, if any, or discretionary authority over the Health Care Plan's operations, and that Florida Blue and HOI will not for any purpose, under ERISA or otherwise, be deemed to be the "Plan Administrator" of the Group Health Plan or a "fiduciary" with respect to the Group Health Plan. Florida Blue and HOI's services hereunder are intended to and shall consist only of ministerial functions. The Group Health Plan's "Administrator" for purposes of ERISA is Employer.

3.2 Enrollment; Forms and I.D. Cards

Florida Blue and HOI shall enroll those individuals who have completed an application and are identified by Employer as eligible for benefits under the Group Health Plan on the effective date of this Agreement, and subsequently during the continuance of this Agreement. Florida Blue and HOI shall be entitled to rely on the information furnished to it by Employer, and Employer shall hold Florida Blue and HOI harmless for any inaccuracy or failure to provide such information in a timely manner.

Florida Blue and HOI shall furnish to Employer, for distribution to persons participating in the Group Health Plan, a supply of identification cards, benefit plan descriptions, forms to be used for submission of claims and enrollment, and any other forms necessary for the administration of the Group Health Plan, as determined by Florida Blue and HOI.

Florida Blue and HOI shall furnish identification cards via U. S. mail to persons participating in the Group Health Plan.

3.3 Claims Processing

Florida Blue and HOI shall provide claims processing services on behalf of Employer for all properly submitted claims, in accordance with the benefits set forth in Exhibit "A", using funds solely supplied by Employer, as set forth in Exhibit "B". Florida Blue and HOI shall furnish each claimant with an explanation of each claim that is paid, rejected, suspended or denied.

For purposes of this Agreement, the term "claim(s)" shall be defined as the amount paid or payable by Florida Blue and HOI to providers of services and/or covered group members under this Agreement and the Group Health Plan, and in conformity with any agreements Florida Blue and HOI enters into with such providers of services, and includes capitation, physician incentives, pharmacy, physician, hospital and other fee-for-service claims expenditures. For value-based reimbursement programs Florida Blue and HOI enters into with participating providers, an applicable claim level surcharge may be included in the claim amount.

Claim level charges are used to fund a bonus pool for making quality improvement and financial performance incentive payments to providers which have entered into a value-based reimbursement arrangement with Florida Blue and HOI. The surcharge is only applicable to services provided by these providers, and shall not affect member cost sharing.

The accrued bonus pool, which shall be held in a non-interest bearing account, will include surcharge amounts contributed by other self-funded employers. All amounts in the bonus pool shall be available to fund incentive payments to providers who have entered into a value-based reimbursement arrangement with Florida Blue and HOI and who have achieved the requisite quality and financial goals.

The amount of the surcharge will be set by Florida Blue and HOI based on actuarially estimated incentive payments contractually due to providers. Florida Blue and HOI will perform periodic reconciliations of the bonus pool and may adjust the applicable claim level surcharge from time to time as it reasonably determines necessary to appropriately fund the bonus pool.

Such claims level surcharge amounts will not be refunded to Employer, including upon termination of this Agreement. Any surplus funds at the end of an

incentive payment measurement period shall be used to fund incentive payments in a subsequent period. Any deficit in funds at the end of an incentive payment measurement period shall be collected in the next period through an adjustment to the claims level surcharge amount which will cover the previous period shortfall.

For value-based reimbursement programs Florida Blue and HOI enters into with participating providers, an applicable per member per month charge may be included in lieu of a claim level surcharge.

Additionally, Florida Blue and HOI may enter into bundled payment arrangements with providers of service which require a single provider to be responsible for providing and/or arranging for the provision of a group of services for a defined episode of care (e.g., hospital, physician and/or ancillary services).

In processing such claims for the defined episode of care, notwithstanding the requirements of Exhibit "A", Florida Blue and HOI may calculate the member cost sharing based upon the status of the provider receiving the bundled payment without regard to the fact that other provider types may have provided certain components of the episode included in the bundled payment arrangement.

3.4 Program Administration

Florida Blue and HOI shall administer its established cost containment programs and utilization benefits management programs, as selected by Employer and described in the Group Health Plan.

Florida Blue and HOI shall make available its Preferred Provider Organization Program(s) to covered group members and their covered dependents, as set forth in the Group Health Plan. Any agreements between providers of services and Florida Blue and HOI are the sole property of Florida Blue and HOI and Florida Blue and HOI retains the right to the use and control thereof.

3.5 Inaccurate Payments

Whenever Florida Blue and HOI becomes aware that the payment of a claim under the Group Health Plan to any person was, or may have been, made which was not in accordance with the terms of the Group Health Plan, whether or not such payment was Florida Blue and HOI's fault, and whether or not such payment was more than or less than was appropriate under the terms of the Group Health Plan, Florida Blue and HOI shall investigate such payment in accordance with its standard commercial insurance business practices and either 1) for an overpayment of \$50.00 or more, make a diligent effort to recover any payment which was more than was appropriate under the Group Health Plan or 2) as the case may be, adjust any claim the payment of which was less than appropriate under the Group Health Plan. Employer delegates to Florida Blue and HOI the discretion and the authority to determine under what circumstances to compromise a claim or to settle for less than the full amount of the claim. In the

event any part of an inaccurate payment is recovered, Employer will receive a refund from Florida Blue and HOI. Nothing herein shall require Florida Blue and HOI to institute a legal action or suit to recover payments made by Florida Blue and HOI.

Additionally, Employer delegates to Florida Blue and HOI the discretion and authority to pursue recoveries for claims paid as a result of fraud, abuse or other inappropriate action by a third party, including the right to opt-out or opt-in Employer from any class action. These claims include, but are not limited to, all legal claims Employer can assert whether based on common law or statute such as RICO, antitrust, deceptive trade practices, consumer fraud, insurance fraud, unjust enrichment, breach of fiduciary duty, breach of contract, breach of covenant of good faith and fair dealing, torts (including fraud, negligence, and product liability), breach of warranty, medical monitoring, false claims and kickbacks. If Florida Blue and HOI obtains a recovery from any of these efforts, Florida Blue and HOI will reimburse Employer's pro rata share of the recovery. This share is calculated from Employer's claims history or covered members at the time of such recovery, less Employer's pro rata share of costs, if any, fees paid to outside counsel and any other costs incurred in obtaining that recovery. Florida Blue and HOI will not charge Employer for any costs if Florida Blue and HOI does not obtain a recovery that exceeds those costs.

3.6 Records and Reports

Florida Blue and HOI agrees to establish, maintain and provide to Employer, records and reports generated for the purposes of reporting claims experience and conducting audits of operations. Florida Blue and HOI will provide claims information only in accordance with Exhibit C (and Exhibit D, if applicable) to this Agreement. Florida Blue and HOI will not provide any information with regard to provider pricing agreements or any other information which is of a confidential or proprietary nature, as determined by Florida Blue and HOI.

For pharmacy carve-out reports, Employers will be required to pay \$6,000 per report in advance for open refill transfer files, paid claim files, and prior authorization files for non-specialty claims used to transfer covered group members to another pharmacy benefits manager. Additionally, Employer is responsible for all carve-out pharmacy benefits manager and/or vendors (collectively "PBM") PBM integration costs which will vary based on PBM and customization required.

3.7 Pharmacy Financial/Rebates Disclosure (Applicable if Employer has Florida Blue's Pharmacy Benefits)

In certain circumstances, Florida Blue, HOI and/or its PBM negotiate(s) and receive(s) formulary rebates, volume discounts, and/or fees from certain drug manufacturers/distributors as a result of the inclusion of such manufacturer's/distributor's branded products on Florida Blue's and HOI's formularies ("Rebates").

Employer acknowledges that Florida Blue and HOI currently has a non-controlling ownership interest in its PBM, Prime Therapeutics, LLC. Employer further understands and agrees that fees and compensation that the PBM receives related to the pharmacy benefit management program and/or the provision of pharmaceutical products may be revised from time to time. Some of these fees and compensation may be charged each time a claim is processed (or requested to be processed) through the PBM and/or each time a prescription is filled, and include, but are not limited to, administrative fees charged by the PBM to Florida Blue and HOI, administrative fees charged by the PBM to Network Participants, and administrative fees charged by the PBM to Manufacturers. As compensation for costs and services provided in connection with pharmacy benefit management and other services provided under this Agreement, Florida Blue and HOI will retain 100% of the manufacturer administrative fee rebates it receives from its pharmacy management vendor(s), unless otherwise indicated.

"Rebate(s)" is/are compensation or remuneration of any kind received or recovered by the PBM from any Manufacturer which is directly or indirectly attributable to purchase or utilization of Covered Prescription Drug Services by members. However, Rebates do not include Manufacturer Administration Fees which the PBM is entitled to retain pursuant to Exhibit E unless otherwise required by law and does not include drugs in which an over-the-counter drug is available.

Florida Blue and HOI may receive a portion of the Rebates on a prepaid, estimated basis, before any drug claims are filed and paid. To the extent that Florida Blue and HOI receives prepaid, estimated rebate amounts, Florida Blue and HOI retains, as part of its compensation, the interest earned on such amounts from the time it receives such prepayments until it forwards the Employer's Rebates. This time period is generally nine to twelve months. Florida Blue and HOI expects to earn interest at the rate of 1.25% per annum.

Florida Blue and HOI pays the Employer 80% of its Rebates of 80% or an amount indicated in Exhibit E after Florida Blue and HOI is able to determine the share attributable to the plan paid drug claims made by the Employer's group members. Rebates only apply to claims in which there is plan paid Employer responsibility. This typically occurs seven to nine months after the end of the calendar quarter in which the drugs were dispensed.

Florida Blue and HOI will establish (and amend from time to time) a uniform Ingredient Cost and/or Dispensing Fee for Covered Prescription Drug Services which is calculated to approximate any Aggregate Discount Guarantee set forth in Exhibit E. The Ingredient Cost and/or Dispensing Fee may vary between Brand Drugs and Generic Drugs. It may also vary between retail, specialty pharmacy ESN or Mail Service. The Ingredient Cost and/or Dispensing Fee may not be the same amount as Florida Blue and HOI pays to the Network Participant, specialty pharmacy or Mail Service. If the Ingredient Cost and/or Dispensing Fee is less than the actual amount paid to the Network Participant,

specialty pharmacy or Mail Service, the Employer shall not be responsible for the excess amount.

Florida Blue and HOI will provide more specific information on the amounts retained by Florida Blue, HOI or the PBM upon request by Employer. Florida Blue and HOI shall provide an annual report with details of prescription drug rebates collected and related to claim.

3.8 Claims Payments

The source or sources of payment under the Group Health Plan are to be only the assets of Employer, and Florida Blue and HOI will have no liability whatsoever for providing a source from which payments will be made under the Group Health Care Plan.

3.9 Providers Outside the State of Florida

A. Inter-Plan Arrangements

Florida Blue and HOI has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as "Inter-Plan Arrangements." These Inter-Plan Arrangements operate under rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever members access healthcare services outside the geographic area Florida Blue and HOI serves, the claim for those services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described generally below.

Typically, when accessing care outside the geographic area Florida Blue and HOI serves, members obtain care from healthcare providers that have a contractual agreement ("participating providers") with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). In some instances, members may obtain care from healthcare providers in the Host Blue geographic area that do not have a contractual agreement ("nonparticipating providers") with the Host Blue. Florida Blue and HOI remains responsible for fulfilling our contractual obligations to Employer. Florida Blue and HOI payment practices in both instances are described below.

This disclosure describes how claims are administered for Inter-Plan Arrangements and the fees that are charged in connection with Inter-Plan Arrangements. (Note that Dental Care Benefits, except when not paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by Florida Blue and HOI to provide the specific service or services are not processed through Inter-Plan Arrangements.)

B. BlueCard® Program

The BlueCard® Program is an Inter-Plan Arrangement. Under this Arrangement, when members access covered healthcare services within the geographic area served by a Host Blue, the Host Blue will be responsible for contracting and handling

all interactions with its participating healthcare providers. The financial terms of the BlueCard Program are described generally below.

1. Liability Calculation Method Per Claim – In General

a. Member Liability Calculation

Unless subject to a fixed dollar copayment, the calculation of the member liability on claims for covered healthcare services will be based on the lower of the participating provider's billed covered charges or the negotiated price made available to Florida Blue and HOI by the Host Blue.

b. Employer Liability Calculation

The calculation of Employer liability on claims for covered healthcare services processed through the BlueCard Program will be based on the negotiated price made available to Florida Blue and HOI by the Host Blue (under the contract between the Host Blue and the provider). Sometimes, this negotiated price may be greater for a given service or services than the billed charge in accordance with how the Host Blue has negotiated with its participating healthcare provider(s) for specific healthcare services. In cases where the negotiated price exceeds the billed charge, Employer may be liable for the excess amount even when the member's deductible has not been satisfied. This excess amount reflects an amount that may be necessary to secure (a) the provider's participation in the network and/or (b) the overall discount negotiated by the Host Blue. In such a case, the entire contracted price is paid to the provider, even when the contracted price is greater than the billed charge.

2. Claims Pricing

Host Blues determine a negotiated price, which is reflected in the terms of each Host Blue's provider contracts. The negotiated price made available to Florida Blue and HOI by the Host Blue may be represented by one of the following:

- (i) An actual price. An actual price is a negotiated rate of payment in effect at the time a claim is processed without any other increases or decreases; or
- (ii) An estimated price. An estimated price is a negotiated rate of payment in effect at the time a claim is processed, reduced or increased by a percentage to take into account certain payments negotiated with the provider and other claim- and non-claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, retrospective settlements and performance related bonuses or incentives; or
- (iii) An average price. An average price is a percentage of billed covered charges in effect at the time a claim is processed representing the aggregate payments negotiated by the Host Blue with all of its healthcare providers or a similar classification of its providers and other claim- and non-claim-related

transactions. Such transactions may include the same ones as noted above for an estimated price.

The Host Blue determines whether it will use an actual, estimated or average price. The use of estimated or average pricing may result in a difference (positive or negative) between the price Employer pays on a specific claim and the actual amount the Host Blue pays to the provider. However, the BlueCard Program requires that the amount paid by the member and Employer is a final price; no future price adjustment will result in increases or decreases to the pricing of past claims.

Any positive or negative differences in estimated or average pricing are accounted for through variance accounts maintained by the Host Blue and are incorporated into future claim prices. As a result, the amounts charged to Employer will be adjusted in a following year, as necessary, to account for over- or underestimation of the past years' prices. The Host Blue will not receive compensation from how the estimated price or average price methods, described above, are calculated. Because all amounts paid are final, neither positive variance account amounts (funds available to be paid in the following year), nor negative variance amounts (the funds needed to be received in the following year), are due to or from Employer. If Employer terminates, you will not receive a refund or charge from the variance account.

Variance account balances are small amounts relative to the overall paid claims amounts and will be liquidated over time. The timeframe for their liquidation depends on variables, including, but not limited to, overall volume/number of claims processed and variance account balance. Variance account balances may earn interest at the federal funds or similar rate. Host Blues may retain interest earned on funds held in variance accounts.

3. BlueCard Program Fees and Compensation

Employer understands and agrees to reimburse Florida Blue and HOI for certain fees and compensation which Florida Blue and HOI is obligated under the BlueCard Program to pay to the Host Blues, to the Association and/or to vendors of BlueCard Program related services. The specific BlueCard Program fees and compensation that are charged to Employer are set forth in Exhibit B. BlueCard Program Fees and compensation may be revised from time to time.

Only the BlueCard Program access fee may be charged separately each time a claim is processed through the BlueCard Program. All other BlueCard Program related fees are included in the Administrative Fee.

The access fee is charged by the Host Blue to Florida Blue and HOI for making its applicable provider network available to Employer's. The access fee will not apply to non-participating provider claims. The access fee is charged on a per claim basis and is charged as a percentage of the discount/differential Florida Blue and HOI receives from the applicable Host Blue subject to a maximum of \$2,000 per claim. When charged, Florida Blue and HOI passes the access fee directly on to Employer.

Instances may occur in which the claim payment is zero or Florida Blue and HOI pays only a small amount because the amounts eligible for payment were applied to patient cost sharing (such as a deductible or coinsurance). In these instances, Florida Blue and HOI will pay the Host Blue's access fee and pass it along directly to Employer as stated above even Employer paid little or had no claim liability.

An Administrative Fee encompasses fees Florida Blue and HOI charges to Employer for administering Employer's benefit plan. They may include both local (within Florida Blue and HOI's service area) and Inter-Plan fees. For purposes of this Agreement, they include the following BlueCard Program related fees other than the BlueCard Program access fee: namely, administrative expense allowance (AEA) fee, central financial agency fee, ITS transaction fee, toll free number fee, PPO provider directory fee and BlueCard Worldwide Program Fees, if applicable.

C. Special Cases: Value-Based Programs

Value-Based Programs Definitions

Accountable Care Organization (ACO): A group of healthcare providers who agree to deliver coordinated care and meet performance benchmarks for quality and affordability in order to manage the total cost of care for their member populations.

Global Payment/Total Cost of Care: A payment methodology that is defined at the patient level and accounts for either all patient care or for a specific group of services delivered to the patient such as outpatient, physician, ancillary, hospital services and prescription drugs.

Patient-Centered Medical Home (PCMH): A model of care in which each patient has an ongoing relationship with a primary care physician who coordinates a team to take collective responsibility for patient care and, when appropriate, arranges for care with other qualified physicians.

Shared Savings: A payment mechanism in which the provider and payer share cost savings achieved against a target cost budget based upon agreed upon terms and may include downside risk.

Value-Based Program (VBP): An outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment.

Value-Based Programs Overview

Employer's members may access covered healthcare services from providers that participate in a Host Blue's Value-Based Program. Value-Based Programs may be delivered either through the BlueCard Program or a Negotiated Arrangement. These Value-Based Programs may include, but are not limited to, Accountable Care Organizations, Global Payment/Total Cost of Care

arrangements, Patient Centered Medical Homes and Shared Savings arrangements.

Value-Based Programs under the BlueCard Program

Under Value-Based Programs, a Host Blue may pay providers for reaching agreed upon cost/quality goals in the following ways:

The Host Blue may pass these provider payments to Florida Blue and HOI, which Florida Blue and HOI will pass directly on to Employer as either an amount included in the price of the claim or an amount charged separately in addition to the claim.

When such amounts are included in the price of the claim, the claim may be billed using one of the following pricing methods, as determined by the Host Blue:

- (i) Actual Pricing: The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is part of the claim. These charges are passed to Employer via an enhanced provider fee schedule.
- (ii) Supplemental Factor: The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is a supplemental amount that is included in the claim as an amount based on a specified supplemental factor (e.g., a small percentage increase in the claim amount). The supplemental factor may be adjusted from time to time.

When such amounts are billed separately from the price of the claim, they may be billed as follows:

- Per Member Per Month (PMPM) Billings: Per member per month billings for Value-Based Programs incentives/Shared Savings settlements to accounts are outside of the claim system. Florida Blue and HOI will pass these Host Blue charges directly through to Employer as a separately identified amount on the group billings; or,
- Where Host Blues pass on the costs of Value-Based Programs to Florida Blue and HOI as PMPM amounts not attached to specific claims, Florida Blue and HOI may elect to pass these amounts to Employer as a claim amount.

The amounts used to calculate either the supplemental factors for estimated pricing or PMPM billings are fixed amounts that are estimated to be necessary to finance the cost of a particular Value-Based Program. Because amounts are estimates, there may be positive or negative differences based on actual experience, and such differences will be accounted for in a variance account maintained by the Host Blue (in the same manner as described in the BlueCard claim pricing section above) until the end of the applicable Value-Based Program payment and/or reconciliation measurement period. The amounts needed to fund a Value-Based Program may be changed before the end of the measurement period if it is determined that amounts being collected are projected to exceed the

amount necessary to fund the program or if they are projected to be insufficient to fund the program.

At the end of the Value-Based Program payment and/or reconciliation measurement period for these arrangements, Host Blues will take one of the following actions:

- Use any surplus in funds in the variance account to fund Value-Based Program payments or reconciliation amounts in the next measurement period.
- Address any deficit in funds in the variance account through an adjustment to the PMPM billing amount or the reconciliation billing amount for the next measurement period.

The Host Blue will not receive compensation resulting from how estimated, average or PMPM price methods, described above, are calculated. If Employer terminates, you will not receive a refund or charge from the variance account. This is because any resulting surpluses or deficits would be eventually exhausted through prospective adjustment to the settlement billings in the case of Value-Based Programs. The measurement period for determining these surpluses or deficits may differ from the term of this Agreement.

Variance account balances are small amounts relative to the overall paid claims amounts and will be liquidated over time. The timeframe for their liquidation depends on variables, including, but not limited to, overall volume/number of claims processed and variance account balance. Variance account balances may earn interest, and interest is earned at the federal funds or similar rate. Host Blues may retain interest earned on funds held in variance accounts.

Note: Members will not bear any portion of the cost of Value-Based Programs except when a Host Blue uses either average pricing or actual pricing to pay providers under Value-Based Programs.

Care Coordinator Fees

Host Blues may also bill Florida Blue and HOI for care coordinator fees for provider services which we will pass on to Employer as follows:

1. PMPM billings; or
2. Individual claim billings through applicable care coordination codes from the most current editions of either Current Procedural Terminology (CPT) published by the American Medical Association (AMA) or Healthcare Common Procedure Coding System (HCPCS) published by the U.S. Centers for Medicare and Medicaid Services (CMS).

As part of this Agreement, Florida Blue and HOI and Employer will not impose member cost sharing for care coordinator fees.

D. Return of Overpayments

Recoveries from a Host Blue or its participating and nonparticipating providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, healthcare provider/hospital bill audits, credit balance audits, utilization review refunds and unsolicited refunds. Recoveries will be applied in general, on either a claim-by-claim or prospective basis. If recovery amounts are passed on a claim-by-claim basis from a Host Blue to Florida Blue and HOI they will be credited to Employer. In some cases, the Host Blue will engage a third party to assist in identification or collection of recovery amounts. The fees of such a third party may be charged to Employer as a percentage of the recovery.

E. Inter-Plan Programs: Federal/State Taxes/Surcharges/Fees

In some instances federal or state laws or regulations may impose a surcharge, tax or other fee that applies to self-funded accounts. If applicable, Florida Blue and HOI will disclose any such surcharge, tax or other fee to Employer, which will be Employer's liability.

F. Nonparticipating Providers Outside Florida Blue and HOI 's Service Area

1. Member Liability Calculation

a. In General

When covered healthcare services are provided outside of Florida Blue and HOI 's service area by nonparticipating providers, the amount(s) a member pays for such services will be based on either the Host Blue's nonparticipating healthcare provider local payment or the pricing arrangements required by applicable state law. In these situations, the member may be responsible for the difference between the amount that the nonparticipating provider bills and the payment Florida Blue and HOI will make for the covered services as set forth in this paragraph. Payments for out-of-network emergency services will be governed by applicable federal and state law.

b. Exceptions

In some exception cases, at Employer's direction, Florida Blue and HOI may pay claims from nonparticipating healthcare providers outside of Florida Blue and HOI 's service area based on the provider's billed charge. This may occur in situations where a member did not have reasonable access to a participating provider, as determined by Florida Blue and HOI (in Florida Blue and HOI's sole and absolute discretion) or by applicable state law. In other exception cases, (at Employer's direction) Florida Blue and HOI may pay such claims based on the payment Florida Blue and HOI would make if Florida Blue and HOI were paying a nonparticipating provider inside of Florida Blue and HOI 's service area, as described elsewhere in this Agreement. This may occur where the Host Blue's corresponding payment would be more than Florida Blue and HOI's in-service area nonparticipating provider payment. Florida Blue and HOI may choose to negotiate a payment with such a provider on an exception basis.

Unless otherwise stated, in any of these exception situations, the member may be responsible for the difference between the amount that the nonparticipating healthcare provider bills and the payment Florida Blue and HOI will make for the covered services as set forth in this paragraph.

2. Fees and Compensation

Employer understands and agrees to reimburse Florida Blue and HOI for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blues, to the Association and/or to vendors of Inter-Plan Arrangement-related services. The specific fees and compensation that are charged to Employer are set forth in Exhibit B, if applicable. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time.

G. BlueCard Worldwide® Program

1. General Information

If members are outside the United States, (the Commonwealth of Puerto Rico and the U.S. Virgin Islands) (hereinafter: “BlueCard service area”), they may be able to take advantage of the BlueCard Worldwide Program when accessing covered healthcare services. The BlueCard Worldwide Program is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the BlueCard Worldwide Program assists members with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when members receive care from providers outside the BlueCard service area, the members will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

• Inpatient Services

In most cases, if members contact the BlueCard Worldwide Service Center for assistance, hospitals will not require members to pay for covered inpatient services, except for their cost-share amounts. In such cases, the hospital will submit member claims to the BlueCard Worldwide Service Center to initiate claims processing. However, if the member paid in full at the time of service, the member must submit a claim to obtain reimbursement for covered healthcare services. Members must contact Florida Blue and HOI to obtain precertification for non-emergency inpatient services.

• Outpatient Services

Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require members to pay in full at the time of service. Members must submit a claim to obtain reimbursement for covered healthcare services.

- Submitting a BlueCard Worldwide Claim

When members pay for covered healthcare services outside the BlueCard service area, they must submit a claim to obtain reimbursement. For institutional and professional claims, members should complete a BlueCard Worldwide International claim form and send the claim form with the provider's itemized bill(s) to the BlueCard Worldwide Service Center address on the form to initiate claims processing. The claim form is available from Florida Blue and HOI, the BlueCard Worldwide Service Center, or online at www.bluecardworldwide.com. If members need assistance with their claim submissions, they should call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, and seven days a week.

2. BlueCard Worldwide Program-Related Fees

Employer understands and agrees to reimburse Florida Blue and HOI for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blues, to the Association and/or to vendors of Inter-Plan Arrangement related services. The specific fees and compensation that are charged to Employer under the BlueCard Worldwide Program are set forth in Exhibit B, if applicable. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time.

SECTION IV

TERMINATION

4.1 Administration After Termination

Employer is solely liable and responsible for all claims incurred under the Group Health Plan by its covered group members and their dependents during the term of this Agreement, including those incurred claims which are not presented to Employer or Florida Blue and HOI during the term of this Agreement. Florida Blue and HOI will adjudicate all claims incurred during the term of this Agreement. For purposes of this Agreement, the date of an incurred claim is the date the particular service was rendered or the supply was furnished. After the effective date of termination of this Agreement, Employer will continue to provide Florida Blue and HOI with funds to pay claims incurred prior to the termination date and will continue to pay the applicable administrative fees as set forth in Exhibit "B".

4.2 Unilateral Termination

Employer or Florida Blue and HOI may unilaterally terminate this Agreement upon 90 days prior written notice to the other party after the initial term of this Agreement.

4.3 Termination On Anniversary Date

This Agreement shall terminate as of the date of any anniversary of the effective date of this Agreement, if either Employer or Florida Blue and HOI has given at least 30 days prior written notice to the other party of its intention not to renew this Agreement as of that anniversary date.

4.4 Termination Upon Default

Upon the occurrence of any of the following events, as determined by Florida Blue and HOI, this Agreement will automatically terminate at the end of the 8th business day following the day upon which Employer is notified in writing of any of the events of default set forth hereunder, and then only in the event that Employer has not cured the incident of default:

1. Employer's failure to provide adequate funds, as set in Exhibit "B", as necessary for the payment of claims pursuant to the Group Health Plan;
2. Employer's failure to pay any administrative fees or late penalty as set forth in Exhibit "B" of this Agreement;
3. Employer ceases to maintain a Group Health Plan;
4. Employer modifies the Group Health Plan without the prior written consent of Florida Blue and HOI;
5. At any time Florida Blue and HOI has reasonable grounds for insecurity with respect to Employer's financial ability to adequately fund the Group Health Plan, and Employer has failed to immediately provide adequate assurances of financial soundness to Florida Blue and HOI ;
6. At any time any judicial or regulatory body determines that this Agreement, or any provision of this Agreement, is invalid or illegal, or that this arrangement constitutes an insurance policy or program which is subject to state and/or federal insurance regulations and/or taxation;
7. At any time Employer otherwise materially breaches this Agreement.

4.5 Rights and Responsibilities Upon Termination

In the event of termination of this Agreement, Employer will immediately notify each covered group member of the termination date.

Termination of this Agreement for any reason shall not affect the rights or obligations of either party which arise prior to the date of termination.

SECTION V

LEGAL ACTION; INDEMNIFICATION

5.1 Standard of Care

Florida Blue and HOI and Employer shall each use the care, skill, prudence and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of like character and with like aims in the performance of its duties hereunder.

5.2 Liability; Indemnification

Florida Blue and HOI shall not be liable to Employer or any other person for any mistake of judgment or other action taken in good faith, or for any loss or damage occasioned thereby, unless the loss or damage is due to Florida Blue and HOI's gross negligence, criminal conduct or fraudulent acts.

Employer hereby agrees to indemnify and hold harmless Florida Blue and HOI , its directors, officers, employees and agents against any and all actions, claims, lawsuits, settlements, judgments, costs, interest, penalties, expenses and taxes, including but not limited to, attorneys' fees and courts costs, resulting from or arising directly or indirectly out of or in connection with any function of Florida Blue and HOI under this Agreement, including the administration of any Cost Containment or Utilization Benefit Management Programs, or payments made pursuant to the direction of Employer, or arising from any legal action or proceeding to recover benefits under this Agreement, in consequence of any acts or omissions occurring during the operation of this Agreement alleged to be a breach of fiduciary duty under ERISA, or arising from any allegation of a breach of confidentiality arising out of a release of confidential information to the Group or a third party unless it is determined that the direct and sole cause of such liability was the result of gross negligence, criminal conduct or fraudulent acts on the part of Florida Blue and HOI or any of its directors, officers, employees or agents. Further, Employer agrees to indemnify and hold harmless Florida Blue and HOI for any taxes or assessments, including penalties and interest, or any other amounts legally levied based on the terms of this Agreement. This provision applies to any amounts imposed, now or later, under the authority of any federal, state, or local taxing jurisdiction. This provision will continue in effect after termination of this Agreement for any reason.

5.3 Legal Actions

In the event Florida Blue and HOI is served with process in any lawsuit or is made a party to any arbitration proceeding or other legal action relating to any matter for which indemnification is required under the preceding paragraph, Employer shall, upon written request by Florida Blue and HOI, immediately furnish a defense to and indemnify and hold harmless Florida Blue and HOI in any such lawsuit, proceeding or other action and shall use its best efforts to secure, by motion or otherwise, the dismissal of Florida Blue and HOI from such lawsuit, proceeding or other action. Florida Blue and HOI will provide Employer with available data and materials that are reasonably necessary for the preparation of the defense of such lawsuit, proceeding or other action.

SECTION VI

MISCELLANEOUS PROVISIONS

6.1 Amendment

Except as otherwise provided for herein, this Agreement may be modified, amended, renewed, or extended only upon mutual agreement, in writing, signed by the duly authorized representatives of Employer and Florida Blue and HOI.

6.2 Subsidiaries and Affiliates

Any of the functions to be performed by Florida Blue and HOI under this Agreement may be performed by Florida Blue and HOI or any of its subsidiaries, affiliates, or designees.

6.3 Governing Law

This Agreement is subject to and shall be governed by the laws of the State of Florida, except where those laws are preempted by the laws of the United States.

6.4 Venue

All actions or proceedings instituted by Employer or Florida Blue and HOI hereunder shall be brought in a court of competent jurisdiction in Duval County, Florida.

6.5 Waiver of Breach

Waiver of a breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or a different provision.

6.6 Inconsistencies

If the provisions of this Agreement are in any way inconsistent with the provisions of the Group Health Plan, then the provisions of this Agreement shall prevail and

the other provisions shall be deemed modified, but only to the extent necessary to implement the intent of the parties expressed herein.

6.7 Notices

Any notice required to be given pursuant to this Agreement shall be in writing, postage pre-paid, and shall be sent by certified or registered mail, return receipt requested, or by Federal Express or other overnight mail delivery for which evidence of delivery is obtained by the sender, to Florida Blue and HOI or Employer at the addresses indicated on the first page of this Agreement, or such other addresses that the parties may hereafter designate. The notice shall be effective on the date the notice was posted.

6.8 Entire Agreement

This Agreement, including the attachments hereto, contains the entire agreement between Florida Blue and HOI and Employer with respect to the specific subject matter hereof. Any prior agreements, promises, negotiations or representations, either verbal or written, relating to the subject matter of this Agreement and not expressly set forth in this Agreement are of no force and effect.

6.9 Severability

In the event any provision of this Agreement is deemed to be invalid or unenforceable, all other provisions shall remain in full force and effect.

6.10 Binding Effect of Agreement

The Agreement shall be binding upon and inure to the benefit of the parties, their agents, servants, employees, successors, and assigns unless otherwise set forth herein or agreed to by the parties.

6.11 Survival

The rights and obligations of the parties as set forth herein shall survive the termination of this Agreement to the extent necessary to effectuate the intent of the parties as expressed herein.

6.12 Independent Relationship

Notwithstanding any other provision of this Agreement, in the performance of the obligations of this Agreement, each party is at all times acting and performing as an independent contractor with respect to the other party. It is further expressly agreed that no work, act, commission or omission of either party (or any of its agents or employees) pursuant to the terms and conditions of this Agreement,

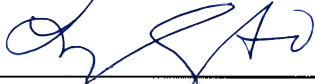
shall be construed to make or render such party (or any of its agents or employees) an agent, servant, representative, or employee of, or joint venture with, such other party.

6.13 Execution of Agreement

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and such counterparts shall constitute one and the same instrument.

IN WITNESS WHEREOF, on the date first written above, the parties have caused this Agreement to be executed by their duly authorized representatives.

BLUE CROSS AND BLUE SHIELD
FLORIDA, INC. D/B/A FLORIDA
BLUE



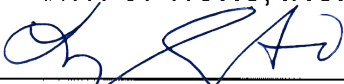
Vice President, Sales Operations
Signature

Lynn Esposito
Name (Printed)

Vice President, Sales Operations

8/27/2020
Date

HEALTH OPTIONS, INC.



Vice President, Sales Operations
Signature

Lynn Esposito
Name (Printed)

Vice President, Sales Operations

8/27/2020
Date

SUWANNEE COUNTY BOARD OF
PUBLIC INSTRUCTION



Signature

Ted L. Roush
Name (Printed)

Superintendent
Title

6/17/2020
Date

EXHIBIT "A"
to the
ADMINISTRATIVE SERVICES AGREEMENT
between
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.D/B/A FLORIDA BLUE
and
HEALTH OPTIONS, INC.
and
SUWANNEE COUNTY BOARD OF PUBLIC INSTRUCTION
GROUP HEALTH PLAN

The entire Group Health Plan is attached hereto and made a part of this Agreement.

EXHIBIT "B"
to the
ADMINISTRATIVE SERVICES AGREEMENT
between
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. D/B/A FLORIDA BLUE
and
HEALTH OPTIONS, INC.
and
SUWANNEE COUNTY BOARD OF PUBLIC INSTRUCTION
FINANCIAL ARRANGEMENTS

I. **Effective Date**

The effective date of this Exhibit is May 1, 2020.

II. **Monthly Payments.**

- A. Each month, Florida Blue and HOI will notify Employer of the amount due to satisfy the previous month's paid claims liability. Florida Blue and HOI also will provide Employer with a detailed printout of the previous month's claims payments. Employer agrees to pay the full amount of the bill within ten (10) days of the written notification. If the payment is not received by Florida Blue and HOI by the payment due date, the payment will be considered past due and subject to a late payment charge, as set forth below. Additionally, Florida Blue and HOI will immediately suspend claims until payment is received by Florida Blue and HOI.
- B. Employer agrees to pay to Florida Blue and HOI, each month during and after the term of this Agreement, an administrative fee, as set forth below. Employer agrees to pay to Florida Blue and HOI, each month, the administrative fee within ten (10) days of the written notification of the amount due. If payment is not received by Florida Blue and HOI by the due date, the payment will be considered past due and subject to a late payment charge, as set forth below. Additionally, Florida Blue and HOI will immediately suspend claims until payment is received by Florida Blue and HOI.

III. **Funding Information**

- A. Method of Funding Transfer: ACH

IV. Administrative Fees:

A. Administrative fees during the term of the Agreement:

\$63.00 per employee per month from May 1, 2020 through April 30, 2022. This fee includes a \$1.00 discount fee, since Employer retains Stop Loss with Florida Blue and HOI. If Employer doesn't retain Stop Loss with Florida Blue and HOI the fee will be \$64.00 per employee per month.

\$64.64 per employee per month from May 1, 2022 through April 30, 2023. This fee includes a \$1.00 discount fee, since Employer retains Stop Loss with Florida Blue and HOI. If Employer doesn't retain Stop Loss with Florida Blue and HOI the fee will be \$65.64 per employee per month.

B. Administrative fees after the termination of the Agreement: 15% of claims paid.

C. Florida Blue and HOI will pay Employer a \$50,000 wellness contribution in 2020, when this Agreement is executed, for any wellness related initiatives or activities. In 2021 Florida Blue and HOI will pay Employer a \$40,000 wellness contribution, upon renewal of the Agreement, for any wellness related initiatives or activities and in 2022 Florida Blue and HOI will pay Employer a \$30,000 wellness contribution, upon renewal of the Agreement, for any wellness related initiatives or activities.

D. Access fees of up to 3.97% of Network Savings may be assessed for claims incurred in states under the BlueCard program as explained in more detail under Section 3.9 below. This access fee will not exceed two thousand dollars (\$2,000) for any one claim and will not apply in Florida and Alabama.

Network Savings is defined as the total of the amounts computed by subtracting each "allowed amount" for a particular service under the terms of a participating provider's written agreement from each "billed amount" for such service. In no event shall the term "Network Savings" include duplicate charges or billed amounts for services or supplies not covered under the Employer's Plan. The term "allowed amount" means the amount received as payment in full by a participating provider, under that provider's written agreement, from both Florida Blue and HOI and covered individuals under Employer's Plan for claims submitted to, and paid by Florida Blue and HOI for a particular covered service, and the term "billed amount" means the amount which would be received by such provider for the same covered service utilizing that provider's charges.

V. Late Payment Penalty

- A. A daily charge of .00038 times the amount of overdue payment.

VI. Expected Enrollment

- A. The administrative fees referenced above are based on an expected enrollment of: 550.
- B. If the actual enrollment is materially different from this expected enrollment, Florida Blue and HOI reserve the right to adjust the administrative fees as set forth in the Agreement. Administrative fees will be charged based on actual enrollment.

EXHIBIT "C"
to the
ADMINISTRATIVE SERVICES AGREEMENT
between
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. D/B/A FLORIDA BLUE
and
HEALTH OPTIONS, INC.
and
SUWANNEE COUNTY BOARD OF PUBLIC INSTRUCTION

HIPAA-AS ADDENDUM TO ADMINISTRATIVE SERVICES AGREEMENT

This addendum ("Addendum") is effective upon execution and amends that Administrative Services Agreement ("Agreement") made as of May 1, 2020 by and among Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue and HOI ("Florida Blue and HOI"); Suwannee County Board of Public Instruction ("Employer") and Suwannee County Board of Public Instruction Group Health Plan ("GHP").

WHEREAS, Employer has established and maintains GHP as a self-insured employee welfare benefit plan, as described in GHP's Plan Document (referred to in the Agreement as the Group Health Plan); and

WHEREAS, Employer and GHP desire to retain Florida Blue and HOI to provide certain claim processing and administrative services with respect to GHP; and

WHEREAS, Employer, GHP, and Florida Blue and HOI agree to modify the Agreement to incorporate the provisions of this Addendum to address applicable requirements of the implementing regulations, codified at 45 Code of Federal Regulations ("C.F.R.") Parts 160-64, for the Administrative Simplification provisions of Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 (collectively, "HIPAA-AS"), so that GHP may meet its compliance obligations under HIPAA-AS, and to include additional provisions that Employer, GHP, and Florida Blue and HOI desire to have as part of the Agreement;

NOW, THEREFORE, in consideration of the mutual promises contained herein, Employer, GHP, and Florida Blue and HOI hereby agree as follows:

PART 1—DEFINITIONS

I. DEFINITIONS

All capitalized terms in this Addendum that are not defined by this Addendum will have the meaning ascribed to them by 45 C.F.R. Parts 160-64. The following terms have the following meanings when used in this Addendum:

- A. "Breach" means the unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of PHI.
- B. "Covered Employee" means the person to whom coverage under GHP has been extended by Employer.
- C. "Covered Person" means the Covered Employee and any other persons to whom coverage has been extended under GHP as specified by GHP's Plan Document.
- D. "Creditable Coverage Certificate" means a certificate disclosing information relating to an individual's creditable coverage under a health care benefit program for purposes of reducing any preexisting condition limitation or exclusion imposed by any group health plan coverage.
- E. "Disclose" and "disclosure" mean, with respect to Protected Health Information, release, transfer, providing access to or divulging to a person or entity not within Florida Blue and HOI.
- F. "Electronic Protected Health Information" means Protected Health Information that is (1) transmitted by electronic media or (2) maintained in electronic media.
- G. "Protected Health Information" means the Protected Health Information, as that term is defined in 45 C.F.R. § 160.103, that Florida Blue and HOI creates or receives for, on behalf of, or from GHP (or from a GHP Business Associate) in the performance of Florida Blue and HOI's duties under the Agreement and this Addendum. For purposes of this Addendum, Protected Health Information encompasses Electronic Protected Health Information.
- H. "Plan Document" means GHP's written documentation that informs Covered Persons of the benefits to which they are entitled from GHP and describes the procedures for (1) establishing and carrying out funding of the benefits to which Covered Persons are entitled under GHP, (2) allocating and delegating responsibility for GHP's operation and administration, and (3) amending the Plan Document. Employer and GHP represent and warrant that GHP's Plan Document provides for the allocation and delegation of the responsibilities assigned to Florida Blue and HOI under the Agreement.
- I. "Unsecured PHI" means PHI that is not secured through the use of technology or methods approved by the Secretary of Health and Human Services to render the PHI unusable, unreadable or indecipherable to unauthorized individuals.

- J. "Use" means, with respect to Protected Health Information, utilization, employment, examination, analysis or application within Florida Blue and HOI.

PART 2--FLORIDA BLUE'S RESPONSIBILITIES

II. SERVICES PROVIDED BY FLORIDA BLUE AND HOI

During the continuance of the Agreement, Florida Blue and HOI will perform the services set forth in the Agreement with respect to the benefits offered to Covered Persons by GHP.

III. PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION

A. Preservation of Privacy

Florida Blue and HOI will keep confidential all Protected Health Information that Florida Blue and HOI creates or receives on GHP's behalf or receives from GHP (or another Business Associate of GHP) in the performance of its duties under the Agreement and this Addendum.

B. Prohibition on Non-Permitted Use or Disclosure

Florida Blue and HOI will neither use nor disclose Protected Health Information (including any Protected Health Information that Florida Blue and HOI may receive from a GHP Business Associate) except (1) as permitted or required by this Addendum, (2) as permitted or required in writing by GHP, or (3) as Required by Law.

C. Permitted Uses and Disclosures

Florida Blue and HOI will be permitted to use or disclose Protected Health Information only as follows:

1. GHP's Payment Activities and Health Care Operations

Florida Blue and HOI will be permitted to use and disclose Protected Health Information for Payment, Health Care Operations, and Data Aggregation for GHP, including programs administered by Florida Blue and HOI for GHP that may improve the quality and reduce the cost of care Covered Persons receive. Those programs administered by Florida Blue and HOI for GHP:

 X include (but are not limited to)

 do not include

a payer-based health record program (*i.e.*, Care Profile).

2. **Another Covered Entity's Payment Activities and Health Care Operations**

Florida Blue and HOI will be permitted to disclose Protected Health Information in accordance with 45 C.F.R. § 164.506(c) for the Payment activities of another Covered Entity or Health Care Provider and for the qualifying Health Care Operations of another Covered Entity.

3. **Provider's Treatment Activities**

Florida Blue and HOI will be permitted to disclose Protected Health Information in accordance with 45 C.F.R. § 164.506(c) for the Treatment activities of a Health Care Provider.

4. **Covered Person Permission**

Florida Blue and HOI will be permitted to use or disclose Protected Health Information in accordance with an authorization or other permission granted by an Individual (or the Individual's Personal Representative) in accordance with 45 C.F.R. § 164.508 or 45 C.F.R. § 164.510, as applicable.

5. **Florida Blue and HOI's Own Management and Administration**

a. **Protected Health Information Use**

Florida Blue and HOI will be permitted to use Protected Health Information as necessary for Florida Blue and HOI's proper management and administration or to carry out Florida Blue and HOI's legal responsibilities.

b. **Protected Health Information Disclosure**

Florida Blue and HOI will be permitted to disclose Protected Health Information as necessary for Florida Blue and HOI's proper management and administration or to carry out Florida Blue and HOI's legal responsibilities only (i) if the disclosure is Required by Law, or (ii) if before the disclosure, Florida Blue and HOI obtains from the entity to which the disclosure is to be made reasonable assurance, evidenced by written contract, that the entity will (1) hold Protected Health Information in confidence, (2) use or further disclose Protected Health Information only for the purposes for which Florida Blue and HOI disclosed it to the entity or as Required by Law; and (3) notify Florida Blue and HOI of any instance of which the entity becomes aware in which the confidentiality of any Protected Health Information was breached.

6. De-Identified Health Information

Florida Blue and HOI may use Protected Health Information to create De-Identified Health Information in conformance with 45 C.F.R. § 164.514(b). Florida Blue and HOI may use and disclose De-Identified Health Information for any purpose, including after any termination of the Agreement and this Addendum.

7. Limited Data Set

a. **Creation of Limited Data Set.** Florida Blue and HOI may use Protected Health Information to create a Limited Data Set:

- i. that contains the minimum amount of Protected Health Information reasonably necessary to accomplish the purposes set out in Paragraph b of this Section III.C.6, below; and
- ii. from which have been removed all of the direct identifiers, as specified in 45 C.F.R. § 164.514(e)(2), of the Individuals whose Protected Health Information is included in the Limited Data Set or of the relatives, household members and employers of those Individuals.

b. **Florida Blue and HOI 's Permitted Uses and Disclosures.** Florida Blue and HOI may use and disclose the Limited Data Set for only Health Care Operations permitted by this Addendum.

c. **Prohibition on Unauthorized Use or Disclosure.**

- i. Florida Blue and HOI will neither use nor disclose the Limited Data Set for any purpose other than as permitted by Paragraph b of this Section III.C.6, as otherwise permitted in writing by GHP, or as Required by Law.
- ii. Florida Blue and HOI is not authorized to use or disclose the Limited Data Set in a manner that would violate the Privacy Rule, 45 C.F.R. Part 164, Subpart E, if done by GHP.
- iii. Florida Blue and HOI will not attempt to identify the information contained in the Limited Data Set or

contact any Individual who may be the subject of information contained in the Limited Data Set.

- d. **Information Safeguards.** Florida Blue and HOI will adopt and use appropriate administrative, physical, and technical safeguards to preserve the integrity and confidentiality of the Limited Data Set and to prevent its use or disclosure other than as permitted by this Section III.C.6.
- e. **Permitted Subcontractors, and Agents.** Florida Blue and HOI will require any agent or subcontractor to which it discloses the Limited Data Set, to agree to comply with the same restrictions and conditions that apply to Florida Blue and HOI's use and disclosure of the Limited Data Set pursuant to this Section III.C.6.

D. Minimum Necessary

Florida Blue and HOI will, in the performance of its functions and activities on GHP's behalf under the Agreement and this Addendum, make reasonable efforts to use, to disclose, or to request of a Covered Entity only the minimum necessary amount of Protected Health Information to accomplish the intended purpose of the use, the disclosure, or the request, except that Florida Blue and HOI will not be obligated to comply with this minimum necessary limitation with respect to:

- 1. Disclosures to GHP, as distinguished from disclosures to Employer;
- 2. Disclosure to or request by a health care provider for Treatment;
- 3. Use with or disclosure to a Covered Person who is the subject of Protected Health Information, or that Covered Person's Personal Representative;
- 4. Use or disclosure made pursuant to an authorization compliant with 45 C.F.R. § 164.508 that is signed by an Individual who is the subject of Protected Health Information to be used or disclosed, or by that Individual's Personal Representative, as defined in 45 C.F.R. § 164.502(g);
- 5. Disclosure to the United States Department of Health and Human Services ("DHHS") in accordance with Section VIII below;
- 6. Use or disclosure that is Required by Law; or
- 7. Any other use or disclosure that is excepted from the minimum necessary limitation as specified in 45 C.F.R. § 164.502(b)(2).

E. Disclosure to GHP and GHP's Business Associates

Other than disclosures permitted by Section III.C. above, Florida Blue and HOI will not disclose Protected Health Information to GHP, a GHP Business Associate, or a GHP Vendor, except as directed by GHP in writing.

F. Disclosure to Florida Blue and HOI 's Subcontractors and Agents

Florida Blue and HOI may disclose Protected Health Information to a subcontractor or agent. Florida Blue and HOI will require each subcontractor and agent to which Florida Blue and HOI may disclose Protected Health Information to provide reasonable assurance, evidenced by written contract, that such subcontractor or agent will comply with the same privacy and security obligations with respect to Protected Health Information as this Addendum applies to Florida Blue and HOI.

G. Disclosure to Employer

Florida Blue and HOI will not disclose any Protected Health Information to Employer, except as permitted by and in accordance with PART 3 below.

H. Reporting Non-Permitted Use or Disclosure and Security Incidents

1. Privacy Breach

Florida Blue and HOI will report to GHP any use or disclosure of Protected Health Information of which Florida Blue and HOI becomes aware that is not permitted by this Addendum and that constitutes Breaches of Unsecured PHI of which Florida Blue and HOI becomes aware. GHP hereby delegates to Florida Blue and HOI (i) the responsibility for determining whether any use or disclosure of PHI under this Addendum constitutes a Breach of Unsecured PHI, and (ii) the implementation of notification and reporting obligations associated with a Breach of Unsecured PHI in accordance with relevant legal requirements.

2. Security Incidents

Florida Blue will report to GHP any security incident of which Florida Blue becomes aware that constitutes (a) a successful unauthorized access, use or disclosure of Electronic Protected Health Information in its information system; or (b) a successful major (i) modification or destruction of Electronic Protected Health Information or (ii) interference with system operations in its information system containing Electronic Protected Health Information. GHP hereby acknowledges that Florida Blue may experience unsuccessful or minor security incidents that do not result in unauthorized access, use, disclosure, modification, or destruction of Electronic Protected

Health Information or interference with system operations in its Information System.

I. Duty to Mitigate

Florida Blue and HOI will mitigate to the extent practicable any harmful effect of which Florida Blue and HOI is aware that is caused by any use or disclosure of Protected Health Information in violation of this Addendum.

J. Termination of Addendum

GHP will have the right to terminate the Agreement and this Addendum if Florida Blue and HOI has engaged in a pattern of activity or practice that constitutes a material breach or violation of Florida Blue and HOI's obligations regarding Protected Health Information under this Addendum and, on notice of such material breach or violation from GHP, fails to take reasonable steps to cure the breach or end the violation. If Florida Blue and HOI fails to cure the material breach or end the violation within 90 days after receipt of GHP's notice, GHP may terminate the Agreement and this Addendum by providing Florida Blue and HOI written notice of termination, stating the uncured material breach or violation that provides the basis for the termination and specifying the effective date of the termination.

K. Disposition of Protected Health Information

1. Return or Destruction Feasible

Upon termination of the Addendum, Florida Blue and HOI will, if feasible, return to GHP or destroy all Protected Health Information in Florida Blue and HOI's custody or control (or in the custody or control of any subcontractor or agent to which Florida Blue and HOI disclosed Protected Health Information). Florida Blue and HOI will complete such return or destruction as promptly as practical after termination of the Addendum.

2. Return or Destruction Not Feasible

Florida Blue and HOI will identify for GHP any Protected Health Information that Florida Blue and HOI (or any subcontractor or agent to which Florida Blue and HOI disclosed Protected Health Information) cannot feasibly return to GHP or destroy upon termination of the Addendum and will describe the purposes that make the return to GHP or destruction infeasible. Florida Blue and HOI will limit its (and, by its written contract pursuant to Section III.F. above, any subcontractor's or agent's) further use or disclosure of Protected Health Information after termination of the Addendum to the purposes that make return to GHP or destruction infeasible and to those uses or disclosures Required by Law.

3. Ongoing Privacy and Security Obligations

Florida Blue and HOI's obligations to preserve the privacy and safeguard the security of Protected Health Information as specified in this Addendum will survive termination or other conclusion of the Agreement and this Addendum.

IV. ACCESS, AMENDMENT, AND DISCLOSURE ACCOUNTING FOR PROTECTED HEALTH INFORMATION

A. Access

Florida Blue and HOI will, consistent with 45 C.F.R. § 164.524(b)(2), make available to the Covered Person (or the Covered Person's Personal Representative) for inspection and copying any of the Protected Health Information about the Covered Person that qualifies as part of a Designated Record Set that Florida Blue and HOI has in its custody or control, and that is not exempted from access by 45 C.F.R. § 164.524(a), so that GHP can meet its access obligations under 45 C.F.R. § 164.524.

B. Amendment

Florida Blue and HOI will, consistent with 45 C.F.R. § 164.526(b) (2), amend, pursuant to a Covered Person's written request to amend (or a written request to amend by the Covered Person's Personal Representative), any portion of Protected Health Information about the Covered Person that qualifies as part of a Designated Record Set that Florida Blue and HOI has in its custody or control, so that GHP can meet its amendment obligations under 45 C.F.R. § 164.526.

C. Disclosure Accounting

So that GHP may meet its disclosure accounting obligations under 45 C.F.R. § 164.528, Florida Blue and HOI will do the following:

1. Disclosure Tracking

Starting April 14, 2003, Florida Blue and HOI will, consistent with 45 C.F.R. § 164.528(b), record each disclosure of Protected Health Information that is not excepted from disclosure accounting under 45 C.F.R. § 164.528(a) that Florida Blue and HOI makes to GHP or to a third party ("Accountable Disclosures").

2. Disclosure Tracking Time Periods

Florida Blue and HOI will have available for Covered Person the disclosure information for each Accountable Disclosure for at least six (6) years immediately following the date of the Accountable Disclosure (except

Florida Blue and HOI will not be required to have disclosure information for disclosures occurring before April 14, 2003).

3. Provision of Disclosure Information

Florida Blue and HOI will, consistent with 45 C.F.R. § 164.528(c)(1), make available to the Covered Person (or the Covered Person's Personal Representative) the disclosure information regarding the Covered Person, so that GHP can meet its disclosure accounting obligations under 45 C.F.R. § 164.528.

D. Restriction Requests

GHP will direct a Covered Person to promptly notify Florida Blue and HOI in the manner designated by Florida Blue and HOI of any request for restriction on the use or disclosure of Protected Health Information about a Covered Person that may affect Florida Blue and HOI. Consistent with 45 C.F.R. § 164.522(a), and on behalf of GHP, Florida Blue and HOI will agree to or deny any such restriction request. Florida Blue and HOI will not be in breach of the Agreement or this Addendum for failure to comply with a restriction request on the use or disclosure of Protected Health Information about a Covered Person unless GHP or the Covered Person (or the Covered Person's Personal Representative) notifies Florida Blue and HOI in the manner designated by Florida Blue and HOI of the terms of the restriction and Florida Blue and HOI agrees to the restriction request in writing.

E. Confidential Communications

Florida Blue and HOI will provide a process for a Covered Person to request that Florida Blue and HOI communicate with the Covered Person about Protected Health Information about the Covered Person by confidential alternative location, and Covered Person to provide Florida Blue and HOI with the information that Florida Blue and HOI needs to be able to evaluate that request. Consistent with 45 C.F.R. § 164.522(b) and on behalf of GHP, Florida Blue and HOI will agree to or deny any confidential communication request. Furthermore, Florida Blue and HOI will develop policies and procedures consistent with 45 C.F.R. § 164.522(b) to fulfill its obligations under this paragraph.

Florida Blue and HOI will provide a process for termination of any requirement to communicate with the Covered Person about Protected Health Information about the Covered Person by confidential alternative location.

F. Complaint Process

Florida Blue and HOI will, consistent with 45 C.F.R. § 164.530(d) and on behalf of GHP, provide a process for Covered Persons (or Covered Person's Personal Representative) to make complaints concerning Florida Blue and HOI's policies and

procedures, which policies and procedures GHP hereby adopts as its own so that GHP can meet its compliance obligations under 45 C.F.R. Part 164.

V. GHP'S PRIVACY PRACTICES NOTICE

A. Preparation of GHP's Privacy Practices Notices

Florida Blue and HOI will prepare a Notice of Privacy Practices pertaining to the benefit plans that Florida Blue and HOI administer for GHP under the Agreement and reflective of the requirements of 45 C.F.R. Part 164 pertaining to use and disclosure of Protected Health Information and Covered Person's rights with respect to Protected Health Information. Unless otherwise agreed upon by the Parties, GHP hereby adopts Florida Blue's and HOI's Notice of Privacy Practices attached as **EXHIBIT 1**, and any future revisions thereof, as its own.

B. Distribution of GHP's Privacy Practices Notice

Unless otherwise agreed to by the Parties, GHP will distribute GHP's then effective Notice of Privacy Practices in accordance with the HIPAA_AS requirements pertaining to the provision of the Notice of Privacy Practices.

C. Florida Blue and HOI to Comply with Notices

Florida Blue and HOI will neither use nor disclose Protected Health Information in any manner inconsistent with the content of Florida Blue's and HOI's then current Notice of Privacy Practices applicable to the benefit plans that Florida Blue and HOI administers for GHP under the Agreement.

VI. ISSUANCE OF CERTIFICATE OF CREDITABLE COVERAGE

At the written or electronic direction of Employer or GHP, Florida Blue and HOI may use and disclose Protected Health Information to issue to each Covered Person, whose coverage under a benefits plan administered pursuant to the Agreement terminates during the term of the Agreement, a Certificate of Creditable Coverage. The Certificate of Creditable Coverage will be based upon the coverage that the Covered Person had under the benefits plan administered pursuant to the Agreement and the information that Employer or GHP provides to Florida Blue and HOI regarding the Covered Person's coverage eligibility and coverage termination under that benefits plan.

VII. SAFEGUARDING PROTECTED HEALTH INFORMATION

A. Privacy of Protected Health Information

Florida Blue and HOI will maintain reasonable and appropriate administrative, physical, and technical safeguards, consistent with 45 C.F.R. § 164.530(c) and any other implementing regulations issued by DHHS that are applicable to Florida Blue and HOI

as GHP's Business Associate, to protect against reasonably anticipated threats or hazards to and to ensure the security and integrity of Protected Health Information, to protect against reasonably anticipated unauthorized use or disclosure of Protected Health Information, and to reasonably safeguard Protected Health Information from any intentional or unintentional use or disclosure in violation of this Addendum.

B. Security of Electronic Protected Health Information

Florida Blue and HOI will develop, implement, maintain, and use administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information that Florida Blue and HOI creates, receives, maintains, or transmits on behalf of GHP consistent with the Security Rule, 45 C.F.R. Part 164, Subpart C.

VIII. INSPECTION OF INTERNAL PRACTICES, BOOKS, AND RECORDS

Florida Blue and HOI will make its internal practices, books, and records relating to its use and disclosure of Protected Health Information available to GHP and to DHHS to determine GHP's compliance with 45 C.F.R. Part 164, Subpart E "Privacy of Individually Identifiable Health Information."

PART 3—EMPLOYER'S RESPONSIBILITIES

IX. DATA EXCHANGE BETWEEN EMPLOYER AND FLORIDA BLUE AND HOI

A. Enrollment Data

Florida Blue and HOI may disclose to Employer the minimum necessary information regarding whether an individual is a Covered Person participating in GHP or enrolled or disenrolled from coverage under the GHP.

Employer may electronically exchange data with Florida Blue and HOI regarding the enrollment and disenrollment of Covered Persons as participants in GHP using the Enrollment and Disenrollment in Health Plan Standard Transaction (ASC X12N 834-Benefit Enrollment and Maintenance) as specified in 45 C.F.R. Part 162, Subpart O.

B. Other Data Exchanges and Notifications

Employer will exchange with Florida Blue and HOI all data not otherwise addressed in this Section IX and any notification by using such forms, tape formats, or electronic formats as Florida Blue and HOI may approve. Employer will furnish all information reasonably required by Florida Blue and HOI to affect such data exchanges or notifications.

X. SUMMARY HEALTH INFORMATION

Upon Employer's written request for the purpose either (A) to obtain premium bids for providing health insurance coverage under GHP, or (B) to modify, amend, or terminate GHP, Florida Blue and HOI will provide Summary Health Information regarding the Covered Persons participating in GHP to Employer.

XI. EMPLOYER'S CERTIFICATION

Employer hereby makes the certification specified in **EXHIBIT 2** so that Employer may request and receive the minimum necessary Protected Health Information from Florida Blue and HOI for those plan administration functions that Employer will perform for GHP. GHP therefore authorizes Florida Blue and HOI to disclose the minimum necessary Protected Health Information to those authorized representatives of Employer as specified in **EXHIBIT 3** for the plan administration functions that Employer will perform for GHP as specified in GHP's Plan Document as amended and in **EXHIBIT 3**. Florida Blue and HOI may rely on Employer's certification and GHP's authorization that Employer has provided the requisite certification and will have no obligation to verify (1) that GHP's Plan Document has been amended to comply with the requirements of 45 C.F.R. § 164.504(f)(2), 45 C.F.R. § 164.314(b)(2), or this Section XI, or (2) that Employer is complying with GHP's Plan Document as amended.

PART 4—MISCELLANEOUS

XII. AUTOMATIC AMENDMENT TO CONFORM TO APPLICABLE LAW

Upon the compliance date of any final regulation or amendment to final regulation with respect to Protected Health Information, Standard Transactions, the security of Health Information, or other aspects of HIPAA-AS applicable to this Addendum or to the Agreement, this Addendum will automatically amend such that the obligations imposed on Employer, GHP, and Florida Blue and HOI remain in compliance with such regulations, unless Florida Blue and HOI elects to terminate the Agreement by providing Employer and GHP notice of termination in accordance with the Agreement at least **90** days before the compliance date of such final regulation or amendment to final regulation.

XIII. CONFLICTS

The provisions of this Addendum will override and control any conflicting provision of the Agreement. All nonconflicting provisions of the Agreement will remain in full force and effect.

XIV. ADD GHP AS A PARTY TO AGREEMENT

Notwithstanding Section 3.1 of the Agreement, in order to make clear the respective HIPAA-AS compliance obligations of Florida Blue and HOI, GHP, and Employer, as set

forth in this Addendum, GHP shall hereby be added as a separate party to the Agreement.

XV. REVISION TO SECTION 3.3

The first sentence of Section 3.3 of the Agreement shall be deleted and replaced as follows: "The Florida Blue and HOI shall provide claims processing services on behalf of the Group Health Plan."

XVI. REVISION TO SECTION 3.6


In order for GHP to be able to comply with its obligations under the HIPAA-AS Privacy and Security Rules and for Employer and Florida Blue and HOI to be able to comply with their obligations hereunder, the terms and conditions of Section 3.6 of the Agreement, and any subsequent amendments made thereto by the parties, shall be made subject to this Addendum.

XVII. REVISION TO SECTION 6.6


Section 6.6 of the Agreement shall be given effect except with respect to the subject matter of this Addendum, in which case Section XIII of this Addendum shall control.

PART 5—SIGNATURES


**BLUE CROSS AND BLUE SHIELD
OF FLORIDA D/B/A FLORIDA BLUE:**

By: 
Title: Vice President, Sales Operations
Date: 8/27/2020


**SUWANNEE COUNTY BOARD OF
PUBLIC INSTRUCTION GROUP
HEALTH PLAN:**

By: 
Title: Superintendent
Date: 6/17/2020

**HEALTH OPTIONS, INC.
OF FLORIDA D/B/A FLORIDA BLUE:**

By: 
Title: Vice President, Sales Operations
Date: 8/27/2020

**SUWANNEE COUNTY BOARD OF
PUBLIC INSTRUCTION:**

By: 
Title: Superintendent
Date: 6/17/2020

NOTICE OF PRIVACY PRACTICES

As of the date of signature of this Agreement, Florida Blue's and HOI's current HIPAA Notice of Privacy Practices can be found at: <https://www.floridablue.com/general/hipaa-notice-privacy-practice>.

EXHIBIT 2—EMPLOYER'S CERTIFICATION

PART 1 – Employer to Amend Plan Documents for Privacy provisions

Employer certifies that Employer has amended GHP's Plan Document to incorporate the provisions required by 45 C.F.R. § 164.504(f)(2), as set forth below, and agrees to comply with GHP's Plan Document as amended.

1. Neither use nor further disclose Protected Health Information, except as permitted or required by GHP's Plan Document or as required by law.
2. Neither use nor disclose Protected Health Information for any employment-related action or decision, or in connection with any other benefit or employee benefit plan of Employer.
3. Ensure adequate separation between Employer and GHP by (a) describing those employees or classes of employees or other persons under Employer's control who will be given access to Protected Health Information to perform plan administration functions for GHP, (b) restricting the access to and use of Protected Health Information by such employees or other persons to the plan administration functions that Employer will perform for GHP, and (c) instituting an effective mechanism for resolving any noncompliance with GHP's Plan Document by such employees or other persons.
4. Ensure that any subcontractor or agent to which Employer provides Protected Health Information agrees to the restrictions and conditions of GHP's Plan Document with respect to Protected Health Information.
5. Report to GHP any use or disclosure of Protected Health Information of which Employer becomes aware that is inconsistent with the uses and disclosures allowed by GHP's Plan Document.
6. Make Protected Health Information available to GHP or, at GHP's direction, to the Covered Person who is the subject of Protected Health Information (or the Covered Person's Personal Representative) so that GHP can meet its access obligations under 45 C.F.R. § 164.524.
7. Make Protected Health Information available to GHP for amendment and, on notice from GHP, amend Protected Health Information, so that GHP can meet its amendment obligations under 45 C.F.R. § 164.526.

8. Record Disclosure Information as defined above for each disclosure that Employer makes of Protected Health Information that is not excepted from disclosure accounting and provide that Disclosure Information to GHP on request so that GHP can meet its disclosure accounting obligations under 45 C.F.R. § 164.528.
9. Make its internal practices, books, and records relating to its use and disclosure of Protected Health Information available to GHP and to DHHS to determine GHP's compliance with 45 C.F.R. Part 164, Subpart E "Privacy of Individually Identifiable Health Information."
10. Return to GHP or destroy if feasible all Protected Health Information in whatever form or medium that Employer (and any subcontractor or agent of Employer) received from GHP or Florida Blue and HOI , including all copies thereof and all data, compilations, and other works derived there from that allow identification of any present or past Covered Person who is the subject of Protected Health Information, when Employer no longer needs Protected Health Information for the plan administration functions for which the Employer received Protected Health Information. Employer will limit the use or disclosure of any of Protected Health Information that Employer (or any subcontractor or agent of Employer) cannot feasibly return to GHP or destroy to the purposes that make its return to GHP or destruction infeasible.

PART 2 - Employer to Amend Plan Documents for Security provisions

Employer further certifies that Employer has amended GHP's Plan Document to incorporate the provisions required by 45 C.F.R. § 164.314(b)(2), as set forth below, and agrees to comply with GHP's Plan Document as amended.

1. Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of Electronic Protected Health Information that Employer creates, receives, maintains or transmits on GHP's behalf.
2. Ensure that the adequate separation between Employer and GHP required by 45 C.F.R. § 164.504(f)(2)(iii) (as described in item 3 above) is supported by reasonable and appropriate Security Measures.
3. Ensure that any subcontractor or agent to which Employer provides Electronic Protected Health Information agrees to implement reasonable and appropriate Security Measures to protect the Electronic Protected Health Information.
4. Report to GHP any incident of which Employer becomes aware that is (a) a successful unauthorized access, use or disclosure of Electronic Protected Health Information; or (b) a successful major (i) modification or destruction of Electronic Protected Health Information or (ii) interference with system operations in an

Information System containing Electronic Protected Health Information. Upon GHP's request, Employer will report any incident of which Employer becomes aware that is a successful minor (a) modification or destruction of Electronic Protected Health Information or (b) interference with system operations in an Information System containing Electronic Protected Health Information.

EXHIBIT 3— DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PLAN ADMINISTRATION

Group Health Plan ("GHP") must promptly notify Florida Blue and HOI in writing if any of the information contained in EXHIBIT 3 changes.

PART 1

Name(s) and Title(s) of Employer representatives (i.e. employees of Employer) authorized to request and receive the minimum necessary Protected Health Information from Florida Blue and HOI :

Vickie DePratter, Chief Financial Officer Marsha Brown, Assistant Chief Financial Officer Teresa Jones, Employee Benefits Specialist
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for the performance of the following plan administration functions for GHP unless otherwise indicated by GHP:

- Actuarial and statistical analysis
- Claims/membership inquiries
- Procurement of reinsurance or stop loss coverage
- Quality assessment and improvement activities
- Performance monitoring
- Other health care operations
- Payment activities

PART 2

Identify the name(s), title(s) and company name(s) of any individual(s) from organizations other than Employer or Group Health Plan ("GHP") (examples of such "GHP Vendor" types of services include, but are not limited to, stop-loss carriers; reinsurers; agents, brokers or consultants; or external auditors) that Employer or GHP hereby authorizes to request and receive the minimum necessary Protected Health Information to perform plan administration functions and/or assist with the procurement of reinsurance or stop-loss coverage. Indicate by checking the available box below if Employer or GHP authorizes the Company to receive highly confidential Protected Health Information ("Sensitive Codes"). Sensitive Codes include Protected Health Information that, in addition to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), are covered by other federal and state laws that provide greater privacy protections to

individuals' personally identifiable information or "PII". These laws further restrict the disclosure of PII that may reveal certain diseases or medical conditions, including, but not limited to, sexually transmitted diseases, HIV/AIDS, genetic testing, psychotherapy and other mental health treatment, and treatment for substance use disorders.

Company Name	Type of Service Performed (Example: stop-loss carrier, reinsurer, agent, broker)	Name of Individual Performing Service	Title of Individual Performing Service
Arthur J Gallagher	Broker	Julie Calvitt	Sr. Client Manger
Arthur J Gallagher	Broker	Tyson Johnson	Area
Arthur J Gallagher	Broker	Mac Whalen	Underwriting Analyst
Arthur J Gallagher	Broker	Glen Volk	Consulting Actuary
Arthur J Gallagher	Broker	Meena Ayyaswami	Client IT Applications Specialist
Arthur J Gallagher	Broker	Charlie Connolly	Client IT Applications Specialist

AMENDMENT TO ADMINISTRATIVE SERVICES AGREEMENT

THIS AMENDMENT, entered into on MAY 10, 2021 is by and between Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue and Health Options, Inc. (hereinafter called "Florida Blue and HOI") and Suwannee County Board of Public Instruction. In consideration of the mutual and reciprocal promises herein contained, the Administrative Services Agreement between Florida Blue and the Employer (hereinafter "Agreement") effective May 1, 2020 is amended as follows:

1. Exhibit D, Pharmacy Related Financial Arrangements, is hereby attached and made part of the Agreement.
2. Except as otherwise specifically noted in this Amendment, all other terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, this Amendment has been executed by the duly authorized representatives of the parties.

BLUE CROSS AND BLUE SHIELD
OF FLORIDA, INC. D/B/A FLORIDA BLUE

By: Carlton A. Hgoal

Title: VP, Sales

Date: May 10, 2021

SUWANNEE COUNTY BOARD OF
PUBLIC INSTRUCTION

By: Vickie DeBratter

Title: CFO

Date: 5/4/21

HEALTH OPTIONS, INC.

By: Carlton A. Hgoal

Title: VP, Sales

Date: May 10, 2021

EXHIBIT "D"
to the
ADMINISTRATIVE SERVICES AGREEMENT
between
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. D/B/A Florida Blue
and
HEALTH OPTIONS, INC.
and
School Board of Suwannee

PHARMACY RELATED FINANCIAL ARRANGEMENTS

I. Effective Date

The effective date of this exhibit is May 1, 2021. This Exhibit may be terminated by either party upon 90 days written notice to the other party.

II. Definitions

For purposes of this Exhibit D, the following definitions shall apply:

- A. "Annual Reconciliation Period" is the one-year time period commencing as of the Effective Date and each one-year Anniversary thereof during which any guarantees will be measured and reconciled.
- B. "Average Wholesale Price" or "AWP" means the average wholesale price of a prescription drug as set forth by Florida Blue AND HOI's designated Pharmacy Benefit Manager's ("PBM") pricing file at the time a Claim is processed. The price file will be a nationally recognized Pricing Source such as Medispan and will be updated no less frequently than weekly, or as required by law, through the PBM's Pricing Source. The applicable AWP used for any Network Participant other than Mail Service will be based on the package size submitted. The applicable AWP for Mail Service will be based on the package size of 100, as applicable. Otherwise AWP will be based on the actual 11 digit National Drug Code (NDC) dispensed.
- C. "Brand Drugs" means those pharmaceuticals designated by the PBM's Pricing Source as having a multi-source indicator of M, N or O.
- D. "Brand Effective" means the actual performance of all drugs not considered Generic Drugs.
- E. "Claim" or "Claims" means requests for payment submitted by Network Participants (also referred to as pharmacies) or members for pharmacy benefit services covered under the Group Health Plan.

- F. "Claims Adjudication" means the determination of whether a given Claim is entitled to reimbursement pursuant the terms and conditions of a Benefit Plan and the amount payable to or by a Network Participant or member pursuant to such Benefit Plan, the applicable Network Contract and any other applicable factors, including any copayment/deductible or coinsurance payable by a member, as well as concurrent (on-line at point of service) drug utilization review. Claims Adjudication shall accommodate any e-prescribing procedures that may be adopted after the date hereof.
- G. "Coinsurance" means that portion of the amount claimed for Covered Prescription Drug Services, calculated as a percentage of the eligible charge (or its substitute) for such services, which is to be paid by Member pursuant to Member's Benefit Plan.
- H. "Copayment/Deductible" means a fixed dollar portion of the amount claimed for Covered Prescription Drug Services that is to be paid by Member pursuant to Member's Benefit Plan.
- I. "Covered Prescription Drug Services" means the pharmacy services and/or drugs available to members and eligible for reimbursement pursuant to the Benefit Plan.
- J. "Dispensing Fee" means the amount payable by Group for a Network Participant or Mail Service to dispense a Covered Prescription Drug Service.
- K. "Drug Utilization Review" or "DUR" means the process whereby the therapeutic effects and cost effectiveness of various drug therapies are reviewed, monitored and acted upon consistent with the Benefit Plan. DUR can be prospective, concurrent or retrospective.
- L. "Extended Supply Network" or "ESN" means the retail Network Participants who have agreed to provide members more than a one-month's supply (31 + day supply) of Covered Prescription Drug Services provided that the Benefit Plan has a Mail Service benefit and a retail quantity days supply limit of one month (or as mutually agreed).
- M. "Formulary" or "Drug Formulary" means a list of pharmaceutical products which is available to pharmacies, members, physicians or other health care providers for purposes of guiding the prescribing and dispensing of pharmaceutical products.
- N. "Generic Drug" means those pharmaceuticals designated by the PBM or other Pricing Sources as having a multi-source indicator of Y.
- O. "Generic Effective" means the actual blended pricing performance of Maximum Allowable Cost ("MAC") and non-MAC generic discounts.

- P. "Ingredient Cost" means the ingredient cost amount charged to Group for each Claim subject to the provision set forth in section IV.
- Q. "Mail Service" means the service through which covered persons may receive prescription drugs through the mail from the PBM's mail order pharmacy.
- R. "Manufacturer" means a company that manufactures, and/or distributes pharmaceutical drug products.
- S. "Manufacturer Administration Fee" means all fixed fees received by the PBM from any given Manufacturer relating to administration of Rebates under a manufacturer agreement.
- T. "Maximum Allowable Cost" or "MAC" refers to a proprietary price list(s) (out of state, In-State and Mail Service claims) owned and maintained by the PBM, of readily available multi-source pharmaceutical drug products and supplies which are deemed to require pricing management due to the number of manufacturers and competitive nature of the marketplace pricing volatility.
- U. "Network Participant" means each individual pharmacy, chain or pharmacy service administrative organization (PSAO) that has entered into an agreement with the PBM or Florida Blue AND HOI ("Network Contract") to provide Covered Prescription Drug Products and Services to members, as may be amended from time to time.
- V. "Open Refill Transfer File" is a data file created by the Employer's previous PBM containing its members' mail prescriptions, thus enabling a subsequent PBM to continue to fill those open mail prescriptions.
- W. "Paper Claims" means prescription drug services that are submitted to Florida Blue AND HOI for adjudication through the use of a paper claim form, generally by a member subsequent to the point of sale.
- X. "Pharmacy Benefit Manager" ("PBM") means Florida Blue AND HOI's pharmacy program administrator, currently Prime Therapeutics L.L.C.
- Y. "Pricing Source" means Medispan, or such other national drug database as designated by Florida Blue AND HOI's PBM. In the event the Pricing Source changes, notification will be provided to the Employer.
- Z. "Provider Tax" means any tax on a Covered Prescription Drug Service required to be collected or paid by a Network Participant for a Covered Prescription Drug Service.
- AA. "Rebate(s)" means compensation or remuneration of any kind received or recovered by the PBM from any Manufacturer which is directly or indirectly attributable to purchase or utilization of Covered Prescription Drug Services by members. However, Rebates do not include Manufacturer Administration Fees

which the PBM is entitled to retain pursuant to this Exhibit unless otherwise required by law and does not include drugs in which an over-the-counter drug is available.

AB. "Specialty Drugs" means an FDA-approved prescription drug that has been designated by Florida Blue AND HOI as a Specialty Drug due to requirements such as special handling, storage, training, distribution, and management of the therapy.

AC. "Specialty Pharmacy Drugs", as used in this Agreement, refers to the list of drugs which will be available upon request.

AD. "Specialty Pharmacy" means a participating preferred pharmacy designated to dispense Specialty Drugs by Florida Blue AND HOI.

AE. "Usual and Customary" or "U&C" means the amounts that Network Participants normally charge cash paying patients.

AF. "Utilization Management" means a broad collection of standard clinical products and services that may be selected by Employer that are designed to encourage proper drug utilization in order to enhance member outcomes while managing drug benefit costs for Employer. Such services include, but are not limited to: Formulary exception, prior authorization, step therapy, quantity limits and retrospective DUR.

III. PHARMACY CLAIM PRICING. To be included in Appendix A

It is agreed that all pharmacy claims for services covered under the Group Health Plan will be priced as follows:

A. Retail Pharmacy Claims, up to a 30 day supply: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with the pharmacy for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments. Refer to section V. B for guarantee restrictions.

B. Mail Service claims: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with its third party provider of Mail Service services for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments. Refer to section V. B for guarantee restrictions.

C. Retail ESN pharmacy claims, 31 + day supply: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with the pharmacy for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments.

- D. Specialty Pharmacy claims, up to a 30 day supply: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with the specialty pharmacy for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments

IV. Guarantee Reconciliation

At the end of each Annual Reconciliation Period, Florida Blue AND HOI will separately calculate the actual aggregate discount effective rate, the actual average Dispensing Fee, generic fill rate guarantee (if applicable) and the actual Rebates applicable for such Annual Reconciliation Period as defined in Appendix A. For the aggregate discount effective rate, Florida Blue AND HOI will use the AWP then in effect on the date of service. Florida Blue AND HOI will aggregate and submit a report to Group with the achieved discounts, dispensing fees and manufacturer rebates with similar amounts pursuant to the Administrative Service Agreement between Florida Blue AND HOI and Group on a quarterly basis. Any excess achieved will be used to offset any other guarantee shortfall. To the extent that there is a shortfall in the aggregate for all such guarantees, Florida Blue AND HOI will, within 180 days after the end of the Annual Reconciliation Period, pay to Group an amount necessary for Group to have received the full benefit of such guarantees.

V. GENERAL PROVISIONS

The following terms and conditions apply to this Exhibit D:

- A. Florida Blue AND HOI reserves the right to modify or amend the financial provisions of this Exhibit upon prior notice to Employer in the event of (a) any material changes in the ASO Agreement or the Group Health Plan that results in a material change in any of the services provided by Florida Blue AND HOI under the terms of this Exhibit included in Appendix A
- B. The Aggregate Discount Guarantees, Average Dispensing Fee Guarantees and Rebate Guarantees as defined in Appendix A will only apply to any Annual Reconciliation Period during which this Exhibit E has been in effect for the full 12 months of such Annual Reconciliation Period.
- C. Group must be actively enrolled at time of annual reconciliation to be eligible for performance guarantee payments as defined in Appendix A.
- D. Credits and allowances paid by Florida Blue AND HOI may be returned to Florida Blue AND HOI if enrollment is terminated without cause within the initial 12 month enrollment period.

VII. INSPECTION AND AUDIT

Employer and the State of Florida Auditor General's Office or designee has the right, subject to applicable law, to inspect, upon reasonable advance notice and during reasonable times, the PBM's records relating to this Agreement. Notwithstanding the foregoing, there shall be no more than one (1) audit during any twelve (12) month period and audits shall be limited to claims adjudicated during the current year and the preceding year unless a longer time period is mutually agreed upon by the parties. Employer and State Auditors will strive to provide a minimum of thirty (30) days' advance written notice of its intent to audit and the scope of the audit. A member of Florida Blue AND HOI's External Audit Team and the PBM's account management team will coordinate the audit and all audits will take place during normal business hours. Employer and/or its auditor must follow the PBM's visitor security policy if on-site.

Any third party auditor must be reasonably acceptable to both Florida Blue AND HOI and the PBM and must enter into a Confidentiality and Non-Disclosure Agreement (C&I) approved by both legal departments before any information is exchanged. The C&I will specify the information provided by the PBM to the auditor is to be used solely for the purpose of conducting the immediate audit and the information may not be used for any other purpose. The parties agree to collaborate in good faith to develop a reasonable procedure for conducting the audit (e.g. 100 claims to be reviewed).

Only the information necessary for Employer to conduct a fair and valid audit will be disclosed. Any unnecessary information will be redacted. If access to Network Contracts or Manufacturer (Rebate) Agreements is requested, the PBM will provide access as long as the PBM is legally or contractually able to do so and only the relevant page(s) or exhibits (that is, not the entire contract) will be provided for review.

Unless otherwise contractually specified, Employer will bear all costs and expenses related to the audit. Additionally, Employer will reimburse the PBM for all reasonable actual out of pocket expenses incurred by the PBM in compliance with an audit. The auditor cannot keep or make copies of any documents provided by the PBM without the PBM's express written consent. The PBM will provide screen-shots of the claims adjudication system. The auditor will not have access to the live claims adjudication system without prior approval by the PBM. Except as may otherwise be required by applicable law, reporting of the audit results will be restricted to the Employer and its auditor's internal use only. The auditor will provide copies of the audit report to the Employer and the PBM.

Appendix A

School Board of Suwannee		Members:	649
Effective Date: 5/1/2021		Employees:	537
PASS-THROUGH PRICING			
RETAIL			
Brand		Generic	
AWP minus		AWP minus	
5/1/2021	20.50%	5/1/2021	87.05%
5/1/2022	20.60%	5/1/2022	87.15%
5/1/2023	20.70%	5/1/2023	87.25%
DISPENSING FEE			
Brand		Generic	
5/1/2021	\$0.20	5/1/2021	\$0.20
5/1/2022	\$0.20	5/1/2022	\$0.20
5/1/2023	\$0.20	5/1/2023	\$0.20
Rebates to Client:			
Per All Brand Rx	5/1/2021	\$412.41	
	5/1/2022	\$497.28	
	5/1/2023	\$587.35	
Administration Fees PEPM	5/1/2021	\$0.00	
	5/1/2022	\$0.00	
	5/1/2023	\$0.00	

Notes:

- Members will pay the lower of the contracted rate, U&C, or their applicable copayment. Zero balance logic is not employed.
- Discounts are based on the actual NDC-11 dispensed on the fill date.
- Guarantees will be reconciled annually and applied in aggregate.
- Pricing excludes the value of U&C.
- Discounts provided do not include savings from DUR or other clinical programs.
- Guaranteed offer is based on adoption of the Florida Blue 3-Tier formulary and may be amended in the event there is a change in the formulary, implementation of new clinical programs, changes to the pharmacy benefit plan design, lock-out of drug classes, or unexpected generic launches.
- Assumes client does not have 340B pricing.
- Pricing is based upon the Florida Blue Standard PPO HMO Network of 65,000+ pharmacies.
- Pricing is based upon an implemented Florida Blue Extended Supply Network (90-day retail) of 55,000+ pharmacies.
- Paper claims are excluded from pricing.
- Compound, OTC, 100% member paid, and vaccine claims are excluded from rebate guarantees.
- Rebates are contingent upon adherence to the Florida Blue 3-Tier formulary, including associated utilization management and clinical programs.
- For the purpose of reconciliation, all rebate guarantees are considered one component.
- Rebate guarantees may be adjusted for unexpected market events such as generic launches, authorized generic launches, products launched at risk, client formulary changes, introduction of biosimilars, implementation of new clinical programs or removal of existing clinical programs, changes to pharmacy benefit plan design or products under patent litigation, new lower cost NDC priced net of rebates from the innovator.
- Discount rates exclude compounds, foreign claims and non-specialty discounts exclude specialty (as defined by the Florida Blue Specialty Fee Schedule).
- Pricing assumes 1% Mail penetration, if that differs by 3%, Florida Blue reserves the right to revise pricing terms and financials accordingly.
- Pricing assumes 33% ESN penetration, if that differs by 5%, Florida Blue reserves the right to revise pricing terms and financials accordingly.
- In the event the number of covered members or pharmacy claims volume varies by greater than 10%, Florida Blue reserves the right to revise the pricing terms and financials accordingly.
- If changes occur within the PBM marketplace which lead to a significant deviation from the current economic environment, both parties agree to proactively amend the contract to make all parties commercially reasonably economically neutral.
- Guarantees are subject to change in the event that any law, regulation, interpretation of a law or regulation, or any change within the PBM marketplace would lead to a deviation from the current economic environment upon which these guarantees are based.
- Brand drugs are defined as all drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- Generic drugs are defined as all drugs available in sufficient supply that have a Medi-Span multisource code field equal to "Y".

**EXHIBIT 3— DISCLOSURE OF PROTECTED HEALTH INFORMATION
FOR PLAN ADMINISTRATION**

**BlueCross and BlueShield of Florida, Inc. and
Suwannee County Board of Public Instruction**

Group Health Plan ("GHP") must promptly notify Administrator in writing if any of the information contained in EXHIBIT 3 changes.

PART I

Name(s) and Title(s) of Employer representatives (i.e. employees of Employer) authorized to request and receive the minimum necessary Protected Health Information from Administrator:

Vickie DePratter, Chief Financial Officer
Marsha Brown, Assistant Chief Financial Officer
Teresa Jones, Employee Benefits Specialist

for the performance of the following plan administration functions for GHP unless otherwise indicated by GHP:

- Actuarial and statistical analysis
- Claims/membership inquiries
- Procurement of reinsurance or stop loss coverage
- Quality assessment and improvement activities
- Performance monitoring
- Other health care operations
- Payment activities

PART II

Identify the name(s), title(s) and company name(s) of any individual(s) from organizations other than Employer or Group Health Plan ("GHP") (examples of such "GHP Vendor" types of services include, but are not limited to, stop-loss carriers; reinsurers; agents, brokers or consultants; or external auditors) that Employer or GHP hereby authorizes to request and receive the minimum necessary Protected Health Information to perform plan administration functions and/or assist with the procurement of reinsurance or stop-loss coverage. Indicate by checking the available box below if Employer or GHP authorizes the Company to receive highly confidential Protected Health Information ("Sensitive Codes"). Sensitive Codes include Protected Health Information that, in addition to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), are covered by other federal and state laws that provide greater privacy protections to individuals' personally identifiable information or "PII". These laws further restrict the disclosure of PII that may reveal certain diseases or medical conditions, including, but not limited to, sexually transmitted diseases, HIV/AIDS, genetic testing, psychotherapy and other mental health treatment, and treatment for substance use disorders.

Company Name	Type of Service Performed (Example: stop-loss carrier, reinsurer, agent, broker)	Name of Individual Performing Service	Title of Individual Performing Service	Authorized to receive sensitive codes
Arthur J. Gallagher	Broker	Julie Calvitt	Sr. Client Manager	Yes
First Choice IFS	Consultant/Broker	Tyson Johnson	Consultant	Yes
Arthur J. Gallagher	Broker	Eric Scott	Consultant	Yes
Arthur J. Gallagher	Broker	Glen Volk	Consulting Actuary	Yes
Arthur J. Gallagher	Broker	Sally Donovan	Financial Benefits Analyst	Yes
Arthur J. Gallagher	Broker	Sharon Leach	Actuarial Consultant	Yes
Arthur J Gallagher	Broker	Meena Ayyaswami	Client IT Applications	Yes
Arthur J Gallagher	Broker	Princy Thomas	Director, Data Warehouse	Yes

To be signed and dated by a representative of the GHP who has the authority to sign contracts.

Ted L. Roush

Print Name

Signature

Superintendent of Schools

Title

21 September 2021

Date updated and signed

EXHIBIT “D”
to the
ADMINISTRATIVE SERVICES AGREEMENT
between
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. D/B/A Florida Blue
and
HEALTH OPTIONS, INC.
and
School Board of Suwannee

PHARMACY RELATED FINANCIAL ARRANGEMENTS

I. Effective Date

The effective date of this exhibit is May 1, 2021. This Exhibit may be terminated by either party upon 90 days written notice to the other party.

II. Definitions

For purposes of this Exhibit D, the following definitions shall apply:

- A. “Annual Reconciliation Period” is the one-year time period commencing as of the Effective Date and each one-year Anniversary thereof during which any guarantees will be measured and reconciled.
- B. “Average Wholesale Price” or “AWP” means the average wholesale price of a prescription drug as set forth by Florida Blue AND HOI’s designated Pharmacy Benefit Manager’s (“PBM”) pricing file at the time a Claim is processed. The price file will be a nationally recognized Pricing Source such as Medispan and will be updated no less frequently than weekly, or as required by law, through the PBM’s Pricing Source. The applicable AWP used for any Network Participant other than Mail Service will be based on the package size submitted. The applicable AWP for Mail Service will be based on the package size of 100, as applicable. Otherwise AWP will be based on the actual 11 digit National Drug Code (NDC) dispensed.
- C. “Brand Drugs” means those pharmaceuticals designated by the PBM’s Pricing Source as having a multi-source indicator of M, N or O.
- D. “Brand Effective” means the actual performance of all drugs not considered Generic Drugs.
- E. “Claim” or “Claims” means requests for payment submitted by Network Participants (also referred to as pharmacies) or members for pharmacy benefit services covered under the Group Health Plan.

- F. "Claims Adjudication" means the determination of whether a given Claim is entitled to reimbursement pursuant the terms and conditions of a Benefit Plan and the amount payable to or by a Network Participant or member pursuant to such Benefit Plan, the applicable Network Contract and any other applicable factors, including any copayment/deductible or coinsurance payable by a member, as well as concurrent (on-line at point of service) drug utilization review. Claims Adjudication shall accommodate any e-prescribing procedures that may be adopted after the date hereof.
- G. "Coinsurance" means that portion of the amount claimed for Covered Prescription Drug Services, calculated as a percentage of the eligible charge (or its substitute) for such services, which is to be paid by Member pursuant to Member's Benefit Plan.
- H. "Copayment/Deductible" means a fixed dollar portion of the amount claimed for Covered Prescription Drug Services that is to be paid by Member pursuant to Member's Benefit Plan.
- I. "Covered Prescription Drug Services" means the pharmacy services and/or drugs available to members and eligible for reimbursement pursuant to the Benefit Plan.
- J. "Dispensing Fee" means the amount payable by Group for a Network Participant or Mail Service to dispense a Covered Prescription Drug Service.
- K. "Drug Utilization Review" or "DUR" means the process whereby the therapeutic effects and cost effectiveness of various drug therapies are reviewed, monitored and acted upon consistent with the Benefit Plan. DUR can be prospective, concurrent or retrospective.
- L. "Extended Supply Network" or "ESN" means the retail Network Participants who have agreed to provide members more than a one-month's supply (31 + day supply) of Covered Prescription Drug Services provided that the Benefit Plan has a Mail Service benefit and a retail quantity days supply limit of one month (or as mutually agreed).
- M. "Formulary" or "Drug Formulary" means a list of pharmaceutical products which is available to pharmacies, members, physicians or other health care providers for purposes of guiding the prescribing and dispensing of pharmaceutical products.
- N. "Generic Drug" means those pharmaceuticals designated by the PBM or other Pricing Sources as having a multi-source indicator of Y.
- O. "Generic Effective" means the actual blended pricing performance of Maximum Allowable Cost ("MAC") and non-MAC generic discounts.

- P. "Ingredient Cost" means the ingredient cost amount charged to Group for each Claim subject to the provision set forth in section IV.
- Q. "Mail Service" means the service through which covered persons may receive prescription drugs through the mail from the PBM's mail order pharmacy.
- R. "Manufacturer" means a company that manufactures, and/or distributes pharmaceutical drug products.
- S. "Manufacturer Administration Fee" means all fixed fees received by the PBM from any given Manufacturer relating to administration of Rebates under a manufacturer agreement.
- T. "Maximum Allowable Cost" or "MAC" refers to a proprietary price list(s) (out of state, In-State and Mail Service claims) owned and maintained by the PBM, of readily available multi-source pharmaceutical drug products and supplies which are deemed to require pricing management due to the number of manufacturers and competitive nature of the marketplace pricing volatility.
- U. "Network Participant" means each individual pharmacy, chain or pharmacy service administrative organization (PSAO) that has entered into an agreement with the PBM or Florida Blue AND HOI ("Network Contract") to provide Covered Prescription Drug Products and Services to members, as may be amended from time to time.
- V. "Open Refill Transfer File" is a data file created by the Employer's previous PBM containing its members' mail prescriptions, thus enabling a subsequent PBM to continue to fill those open mail prescriptions.
- W. "Paper Claims" means prescription drug services that are submitted to Florida Blue AND HOI for adjudication through the use of a paper claim form, generally by a member subsequent to the point of sale.
- X. "Pharmacy Benefit Manager" ("PBM") means Florida Blue AND HOI's pharmacy program administrator, currently Prime Therapeutics L.L.C.
- Y. "Pricing Source" means Medispan, or such other national drug database as designated by Florida Blue AND HOI's PBM. In the event the Pricing Source changes, notification will be provided to the Employer.
- Z. "Provider Tax" means any tax on a Covered Prescription Drug Service required to be collected or paid by a Network Participant for a Covered Prescription Drug Service.
- AA. "Rebate(s)" means compensation or remuneration of any kind received or recovered by the PBM from any Manufacturer which is directly or indirectly attributable to purchase or utilization of Covered Prescription Drug Services by members. However, Rebates do not include Manufacturer Administration Fees

which the PBM is entitled to retain pursuant to this Exhibit unless otherwise required by law and does not include drugs in which an over-the-counter drug is available.

AB. "Specialty Drugs" means an FDA-approved prescription drug that has been designated by Florida Blue AND HOI as a Specialty Drug due to requirements such as special handling, storage, training, distribution, and management of the therapy.

AC. "Specialty Pharmacy Drugs", as used in this Agreement, refers to the list of drugs which will be available upon request.

AD. "Specialty Pharmacy" means a participating preferred pharmacy designated to dispense Specialty Drugs by Florida Blue AND HOI.

AE. "Usual and Customary" or "U&C" means the amounts that Network Participants normally charge cash paying patients.

AF. "Utilization Management" means a broad collection of standard clinical products and services that may be selected by Employer that are designed to encourage proper drug utilization in order to enhance member outcomes while managing drug benefit costs for Employer. Such services include, but are not limited to: Formulary exception, prior authorization, step therapy, quantity limits and retrospective DUR.

III. PHARMACY CLAIM PRICING. To be included in Appendix A

It is agreed that all pharmacy claims for services covered under the Group Health Plan will be priced as follows:

A. Retail Pharmacy Claims, up to a 30 day supply: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with the pharmacy for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments. Refer to section V. B for guarantee restrictions.

B. Mail Service claims: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with its third party provider of Mail Service services for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments. Refer to section V. B for guarantee restrictions.

C. Retail ESN pharmacy claims, 31 + day supply: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with the pharmacy for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments.

- D. Specialty Pharmacy claims, up to a 30 day supply: All claims will be billed at a pass through rate equal to the amount that Florida Blue AND HOI is contracted with the specialty pharmacy for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments

IV. Guarantee Reconciliation

At the end of each Annual Reconciliation Period, Florida Blue AND HOI will separately calculate the actual aggregate discount effective rate, the actual average Dispensing Fee, generic fill rate guarantee (if applicable) and the actual Rebates applicable for such Annual Reconciliation Period as defined in Appendix A. For the aggregate discount effective rate, Florida Blue AND HOI will use the AWP then in effect on the date of service. Florida Blue AND HOI will aggregate and submit a report to Group with the achieved discounts, dispensing fees and manufacturer rebates with similar amounts pursuant to the Administrative Service Agreement between Florida Blue AND HOI and Group on a quarterly basis. Any excess achieved will be used to offset any other guarantee shortfall. To the extent that there is a shortfall in the aggregate for all such guarantees, Florida Blue AND HOI will, within 180 days after the end of the Annual Reconciliation Period, pay to Group an amount necessary for Group to have received the full benefit of such guarantees.

V. GENERAL PROVISIONS

The following terms and conditions apply to this Exhibit D:

- A. Florida Blue AND HOI reserves the right to modify or amend the financial provisions of this Exhibit upon prior notice to Employer in the event of (a) any material changes in the ASO Agreement or the Group Health Plan that results in a material change in any of the services provided by Florida Blue AND HOI under the terms of this Exhibit included in Appendix A
- B. The Aggregate Discount Guarantees, Average Dispensing Fee Guarantees and Rebate Guarantees as defined in Appendix A will only apply to any Annual Reconciliation Period during which this Exhibit E has been in effect for the full 12 months of such Annual Reconciliation Period.
- C. Group must be actively enrolled at time of annual reconciliation to be eligible for performance guarantee payments as defined in Appendix A.
- D. Credits and allowances paid by Florida Blue AND HOI may be returned to Florida Blue AND HOI if enrollment is terminated without cause within the initial 12 month enrollment period.

VII. INSPECTION AND AUDIT

Employer and the State of Florida Auditor General's Office or designee has the right, subject to applicable law, to inspect, upon reasonable advance notice and during reasonable times, the PBM's records relating to this Agreement. Notwithstanding the foregoing, there shall be no more than one (1) audit during any twelve (12) month period and audits shall be limited to claims adjudicated during the current year and the preceding year unless a longer time period is mutually agreed upon by the parties. Employer and State Auditors will strive to provide a minimum of thirty (30) days' advance written notice of its intent to audit and the scope of the audit. A member of Florida Blue AND HOI's External Audit Team and the PBM's account management team will coordinate the audit and all audits will take place during normal business hours. Employer and/or its auditor must follow the PBM's visitor security policy if on-site.

Any third party auditor must be reasonably acceptable to both Florida Blue AND HOI and the PBM and must enter into a Confidentiality and Non-Disclosure Agreement (C&I) approved by both legal departments before any information is exchanged. The C&I will specify the information provided by the PBM to the auditor is to be used solely for the purpose of conducting the immediate audit and the information may not be used for any other purpose. The parties agree to collaborate in good faith to develop a reasonable procedure for conducting the audit (e.g. 100 claims to be reviewed).

Only the information necessary for Employer to conduct a fair and valid audit will be disclosed. Any unnecessary information will be redacted. If access to Network Contracts or Manufacturer (Rebate) Agreements is requested, the PBM will provide access as long as the PBM is legally or contractually able to do so and only the relevant page(s) or exhibits (that is, not the entire contract) will be provided for review.

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Appendix A

School Board of Suwannee		Members:	649
Effective Date: 5/1/2021		Employees:	537
PASS-THROUGH PRICING			
RETAIL			
Brand		Generic	
AWP minus		AWP minus	
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5/1/2022	20.60%	5/1/2022	87.15%
5/1/2023	20.70%	5/1/2023	87.25%
DISPENSING FEE			
Brand		Generic	
5/1/2021	\$0.20	5/1/2021	\$0.20
5/1/2022	\$0.20	5/1/2022	\$0.20
5/1/2023	\$0.20	5/1/2023	\$0.20
Rebates to Client:			
Per All Brand Rx	5/1/2021	\$412.41	
	5/1/2022	\$497.28	
	5/1/2023	\$587.35	
Administration Fees PEP	5/1/2021	\$0.00	
	5/1/2022	\$0.00	
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Notes:

- Members will pay the lower of the contracted rate, U&C, or their applicable copayment. Zero balance logic is not employed.
- Discounts are based on the actual NDC-11 dispensed on the fill date.
- Guarantees will be reconciled annually and applied in aggregate.
- Pricing excludes the value of U&C.
- Discounts provided do not include savings from DUR or other clinical programs.
- Guaranteed offer is based on adoption of the Florida Blue 3-Tier formulary and may be amended in the event there is a change in the formulary, implementation of new clinical programs, changes to the pharmacy benefit plan design, lock-out of drug classes, or unexpected generic launches.
- Assumes client does not have 340B pricing.
- Pricing is based upon the Florida Blue Standard PPO HMO Network of 65,000+ pharmacies.
- Pricing is based upon an implemented Florida Blue Extended Supply Network (90-day retail) of 55,000+ pharmacies.
- Paper claims are excluded from pricing.
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- Rebates are contingent upon adherence to the Florida Blue 3-Tier formulary, including associated utilization management and clinical programs.
- For the purpose of reconciliation, all rebate guarantees are considered one component.
- Rebate guarantees may be adjusted for unexpected market events such as generic launches, authorized generic launches, products launched at risk, client formulary changes, introduction of biosimilars, implementation of new clinical programs or removal of existing clinical programs, changes to pharmacy benefit plan design or products under patent litigation, new lower cost NDC priced net of rebates from the innovator.
- Discount rates exclude compounds, foreign claims and non-specialty discounts exclude specialty (as defined by the Florida Blue Specialty Fee Schedule).
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- Pricing assumes 33% ESN penetration, if that differs by 5%, Florida Blue reserves the right to revise pricing terms and financials accordingly.
- In the event the number of covered members or pharmacy claims volume varies by greater than 10%, Florida Blue reserves the right to revise the pricing terms and financials accordingly.
- If changes occur within the PBM marketplace which lead to a significant deviation from the current economic environment, both parties agree to proactively amend the contract to make all parties commercially reasonably economically neutral.
- Guarantees are subject to change in the event that any law, regulation, interpretation of a law or regulation, or any change within the PBM marketplace would lead to a deviation from the current economic environment upon which these guarantees are based.
- Brand drugs are defined as all drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- Generic drugs are defined as all drugs available in sufficient supply that have a Medi-Span multisource code field equal to "Y".

AMENDMENT TO ADMINISTRATIVE SERVICES AGREEMENT

THIS AMENDMENT, entered into on Jul 26, 2022, 2022 is by and between Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue and Health Options, Inc. (hereinafter called "Florida Blue and HOI") and Suwannee County Board of Public Instruction. In consideration of the mutual and reciprocal promises herein contained, the Administrative Services Agreement between Florida Blue and the Employer (hereinafter "Agreement") effective May 1, 2020 is amended as follows:

1. Exhibit D, Pharmacy Related Financial Arrangements, is hereby attached and made part of the Agreement.
2. Except as otherwise specifically noted in this Amendment, all other terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, this Amendment has been executed by the duly authorized representatives of the parties.

BLUE CROSS AND BLUE SHIELD
OF FLORIDA, INC. D/B/A FLORIDA BLUE

By: Warren Mills
Warren Mills (Jul 27, 2022 08:02 EDT)

Title: VP Sales Operations

Date: Jul 27, 2022

SUWANNEE COUNTY BOARD OF
PUBLIC INSTRUCTION

By: Vickie DePratter
Vickie DePratter (Jul 26, 2022 16:31 EDT)

Title: Chief Financial Officer

Date: Jul 26, 2022

HEALTH OPTIONS, INC.

By: Warren Mills
Warren Mills (Jul 27, 2022 08:02 EDT)

Title: VP Sales Operations

Date: Jul 27, 2022

EXHIBIT "E"
to the
ADMINISTRATIVE SERVICES AGREEMENT
between
BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. D/B/A FLORIDA BLUE
and
HEALTH OPTIONS, INC.
and
Suwannee County Schools

PHARMACY RELATED FINANCIAL ARRANGEMENTS

I. Effective Date

The effective date of this exhibit is May 1, 2022. This Exhibit may be terminated by either party upon 90 days written notice to the other party.

II. Definitions

For purposes of this Exhibit E, the following definitions shall apply:

- A. "340B Claims" mean claims submitted by 340B pharmacies with a Submission Clarification Code of "20" or Claims identified by Manufacturer as "340B" claims and rejected by the applicable Manufacturer for invoicing of Rebates.
- B. "Annual Reconciliation Period" is the one-year time period commencing as of the Effective Date and each one-year Anniversary thereof during which any guarantees will be measured and reconciled.
- C. "Authorized Generics" shall mean prescription drugs that are produced by an innovator (i.e., the brand manufacturer) under a New Drug Application (NDA), or licensed to be produced by a generic company under the New Drug Application (NDA), and are marketed, sold and/or distributed as generics under private label. Further, an Authorized Generic is identical to its brand counterpart in dosage form, safety, strength, route of administration, intended use, active and inactive ingredients and, as applicable, size, shape, color, taste, smell and mouth feel.
- D. "Average Wholesale Price" or "AWP" means the average wholesale price of a prescription drug as published by MediSpan at the time a Claim is processed. The price file will be updated no less frequently than once every three (3) business days through the Pricing Source."
- E. "Brand drugs" are defined as drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- F. "Claim" or "Claims" means requests for payment submitted by Network Participants (also referred to as pharmacies) or members for pharmacy benefit services covered under the Group Health Plan.
- G. "Claims Adjudication" means the determination of whether a given Claim is entitled to reimbursement pursuant the terms and conditions of a Benefit Plan and the amount payable to or by a Network Participant or member pursuant to such Benefit

Plan, the applicable Network Contract and any other applicable factors, including any copayment/deductible or coinsurance payable by a member, as well as concurrent (on-line at point of service) drug utilization review. Claims Adjudication shall accommodate any e-prescribing procedures that may be adopted after the date hereof.

- H. "Coinsurance" means that portion of the amount claimed for Covered Prescription Drug Services, calculated as a percentage of the eligible charge (or its substitute) for such services, which is to be paid by Member pursuant to Member's Benefit Plan.
- I. "COB (Secondary Payor) Claim" shall mean a claim which processed with an Other Coverage Code of 2 indicating that the Client is the secondary payer.
- J. "Compound Drug" means a claim where two or more solid, semi-solid, or liquid medications are mixed. The product must not be available in an equivalent commercial form. The product will not be considered a Compound Drug if it is reconstituted or if, to the active ingredient, only water, alcohol, flavoring, coloring, or sodium chloride solutions are added. Compound Drugs shall be priced using the NCPDP D.0 standard which shall capture each ingredient used in the medication.
- K. "Copayment/Deductible" means a fixed dollar portion of the amount claimed for Covered Prescription Drug Services that is to be paid by Member pursuant to Member's Benefit Plan.
- L. "Covered Prescription Drug Services" means the pharmacy services and/or drugs available to members and eligible for reimbursement pursuant to the Benefit Plan.
- M. "Dispensing Fee" means the fee paid to the Network Participant for the professional service of filling a prescription and is added to the submitted ingredient cost or contracted rate.
- N. "Drug Utilization Review" or "DUR" means the process whereby the therapeutic effects and cost effectiveness of various drug therapies are reviewed, monitored and acted upon consistent with the Benefit Plan. DUR can be prospective, concurrent or retrospective.
- O. "Extended Supply Network" or "ESN" means the retail Network Participants who have agreed to provide members more than a one-month's supply (84 + day supply) of Covered Prescription Drug Services provided that the Benefit Plan has a Mail Service benefit and a retail quantity days' supply limit of one month (or as mutually agreed).
- P. "Formulary" or "Drug Formulary" means a list of pharmaceutical products which is available to pharmacies, members, physicians or other health care providers for purposes of guiding the prescribing and dispensing of pharmaceutical products.
- Q. "Generic Drug" means those pharmaceuticals designated by the PBM or other Pricing Sources as having a multi-source indicator of Y.
- R. "Generic Drug" means those pharmaceuticals designated by the PBM or other Pricing Sources as having a multi-source indicator of Y. May exclude single source generic with less than 3 manufactures. Generic Effective" means the actual blended pricing performance of Maximum Allowable Cost ("MAC") and non-MAC generic discounts.
- S. "Ingredient Cost" means the ingredient cost amount charged to Group for each Claim subject to the provision set forth in section IV.
- T. "Limited Distribution Drug" means a Specialty Pharmacy Product identified as having a limited distribution network.

- U. "Mail Service" means the service through which covered persons may receive prescription drugs through the mail from the PBM's mail order pharmacy.
- V. "Manufacturer" means a company that manufactures, and/or distributes pharmaceutical drug products.
- W. "Manufacturer Administration Fee" means all fixed fees received by the PBM from any given Manufacturer relating to administration of Rebates under a manufacturer agreement.
- X. "Maximum Allowable Cost" or "MAC" means the highest cost at which a Benefit Plan will reimburse Network Participants or Members for pharmaceutical products present on the MAC list at the time of service. Florida Blue agrees to provide Group and/or Groups third party consultant a copy of the actual MAC list with pricing used for Group, upon request.
- Y. "Network Participant" means each individual pharmacy, chain or pharmacy service administrative organization (PSAO) that has entered into an agreement with the PBM or Florida Blue ("Network Contract") to provide Covered Prescription Drug Products and Services to members, as may be amended from time to time.
- Z. "Open Refill Transfer File" is a data file created by the Employer's previous PBM containing its members' mail prescriptions, thus enabling a subsequent PBM to continue to fill those open mail prescriptions.
- AA. "Over-the-Counter" or "OTC" shall mean products that are identified by MediSpan RXOTC Indicator as OTC.
- BB. "Paper Claims" means prescription drug services that are submitted to Florida Blue for adjudication through the use of a paper claim form, generally by a member subsequent to the point of sale.
- CC. "Pharmacy Benefit Manager" ("PBM") means Florida Blue's pharmacy program administrator, currently Prime Therapeutics L.L.C.
- DD. "Pricing Source" means Medispan, or such other national drug database as designated by Florida Blue's PBM. In the event the Pricing Source changes, notification will be provided to the Employer.
- EE. "Provider Tax" means any tax on a Covered Prescription Drug Service required to be collected or paid by a Network Participant for a Covered Prescription Drug Service.
- FF. "Rebate(s)" means compensation or remuneration of any kind received or recovered by the PBM from any Manufacturer which is directly or indirectly attributable to purchase or utilization of Covered Prescription Drug Services by members. However, Rebates do not include Manufacturer Administration Fees which the PBM is entitled to retain pursuant to this Exhibit unless otherwise required by law.
- GG. "Single Source Generic Drugs" or "SSGs" shall mean those Generic Drugs that are only available from one manufacturer and labeler, including generics with limited availability, exclusivity, or competition, including Authorized Generics . When a drug is identified as Single Source Generic Drug, it shall be considered a Single Source Generic Drug for all purposes, including Eligible Member Cost Share, therapeutic classification, pricing and all related guarantees.
- HH. "Specialty Drugs" means an FDA-approved prescription drug that has been designated by Florida Blue as a Specialty Drug due to requirements such as special handling, storage, training, distribution, and management of the therapy.

- II. "Specialty Pharmacy Drugs", as used in this Agreement, refers to the list of drugs which will be available upon request.
- JJ. "Specialty Pharmacy" means a participating preferred pharmacy designated to dispense Specialty Drugs by Florida Blue.
- KK. "Usual and Customary" or "U&C" means the lowest price, including any Dispensing Fee, a pharmacy would charge a customer without any insurance coverage if such customer were paying cash for the identical drug on the date dispensed. This includes any applicable discounts, including but not limited to, senior discounts, frequent shopper discounts, and other special discounts offered to customers.
- LL. "Utilization Management" means a broad collection of standard clinical products and services that may be selected by Employer that are designed to encourage proper drug utilization in order to enhance member outcomes while managing drug benefit costs for Employer. Such services include, but are not limited to: Formulary exception, prior authorization, step therapy, quantity limits and retrospective DUR.
- MM. "Zero Balance Claim" or "Zero Balance Due" shall mean a claim for which there is no balance due from the Client following the application of the Eligible Member Cost Share to the cost of the claim.

III. PHARMACY RELATED ADMINISTRATIVE FEES

A. Fee for PBM Services

For the provision of PBM Services, Employer will pay Florida Blue the following administrative fees:

Administrative Fee	Fee
Per paid retail and mail order prescription	\$0

B. Other Fees

Service	Fee	Occurrence, Frequency
Clinical prior authorizations	\$0	Per claim, billed quarterly
Administrative prior authorizations	\$0	Per claim, billed quarterly
Member submitted claims	\$0	Per claim, billed quarterly
Responsible Rx Program	\$0	Per claim, billed quarterly

IV. PHARMACY CLAIM PRICING.

A. Pharmacy Network Services

It is agreed that all pharmacy claims for services covered under the Group Health Plan will be priced as follows:

- A. Retail Pharmacy Claims, up to a 30-day supply: All claims will be billed at a pass through rate equal to the amount that PBM on behalf of HOI is contracted with the pharmacy for such claim in regard to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments.
- B. Mail Service claims: All claims will be billed at a pass through rate equal to the amount that PBM on behalf of HOI is contracted with its third party provider of Mail Service services for such claim in regards to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments.
- C. Retail ESN pharmacy claims, 31 + day supply: All claims will be billed at a pass through rate equal to the amount that PBM on behalf of HOI is contracted with the pharmacy for such claim in regard to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments.
- D. Specialty Pharmacy claims, up to a 30-day supply: All claims will be billed at a pass through rate equal to the amount that HOI and or PBM is contracted with the specialty pharmacy for such claim in regard to discounts and Dispensing Fees, plus any applicable taxes and minus any copayments

V. Annual Reconciliation.

At the end of each Annual Reconciliation Period, Florida Blue will separately calculate the actual aggregate discount effective rate, the actual average Dispensing Fee and the actual Rebates applicable for such Annual Reconciliation Period. For the aggregate discount effective rate, Florida Blue will use the AWP then in effect on the date of service. Florida Blue will aggregate and submit a report to Group with the achieved discounts, dispensing fees and manufacturer rebates with similar amounts pursuant to the Administrative Service Agreement between Florida Blue and Group on a quarterly basis. Any excess achieved will be used to offset any other guarantee shortfall or may be retained by Florida Blue. To the extent that there is a shortfall in the aggregate for all such guarantees, Florida Blue will, within 180 days after the end of the Annual Reconciliation Period, pay to Group an amount necessary for Group to have received the full benefit of such guarantees.

The Aggregate Discount Guarantee, Average Dispensing Fee Guarantee and Rebate Guarantees will only apply to any Annual Reconciliation Period during which this Exhibit has been in effect for the full 12 months of such Annual Reconciliation Period. Group must be actively enrolled at time of annual reconciliation to be eligible for performance guarantee payments.

Specialty drugs dispensed through the medical benefit will not be included in this guarantee reconciliation.

Group agrees that any earnings which may accrue on amounts collected by Florida Blue from Employer related to Claims during any Annual Reconciliation Period may be retained by Florida Blue.

VI. GENERAL PROVISIONS

The following terms and conditions apply to this Exhibit E:

- A. Florida Blue reserves the right to modify or amend the financial provisions of this Exhibit upon prior notice to Employer in the event of (a) any material changes in the ASO Agreement or the Group Health Plan that results in a material change in any of the services provided by Florida Blue under the terms of this Exhibit; (b) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make Florida Blue's performance of its duties hereunder materially more burdensome or expensive; (c) a material change in the scope of services to be performed under this Agreement upon which the financial provisions included in this Exhibit are based and (d) significant changes made to the AWP benchmark or the methodology by which AWP is calculated or reported;
- B. Formulary rebates may not be available or may be adjusted for as a result of a greater than fifty percent (50%) member cost share on an aggregate annual basis, participation in a high deductible health plan/consumer driven health plan and/or any other material change that impacts rebate performance not agreed to by Florida Blue and Pharmacy Benefit Manager.
- C. Rebate guarantees are for actual Rebates received from pharmaceutical manufacturers and do not include other amounts including, but not limited to, therapeutic interchange savings
- D. Rebate guarantee payments will not be adjusted on the average days' supply of claims in any contract period.
- E. Mail pricing is not dependent on the days' supply of a claim.
- F. Eligible Members will always pay the lower of the client negotiated price or Eligible Member Cost Share. Any excess Eligible Member Cost Share will not be retained by Florida Blue.
- G. Any postage increases, shipping & handling increases, will not result in increases to dispensing fees or any other pricing component and will not be billed back to Group.
- H. Aggregate Specialty Guarantees are based upon an exclusive Specialty arrangement.
- I. Group may perform a market check once during the second year of the agreement. The market check may be conducted by Group or Group's third party consultant of their choosing. Florida Blue will review and evaluate market check results that have been conducted based on similar clients in terms of size, composition, line of business, pricing and network arrangement, and formulary type; Group, or Groups's third party consultant, will provide a blinded comparison of benchmark clients used in the analysis; no other restrictions are required. Group

will provide Florida Blue written notice if a qualified bidder provides better financial terms. Florida Blue will have 20 business days to respond to market checks as to whether PBM agrees to provide Group with equivalent or superior financial terms. If market check audit report indicates current market conditions can yield a 5% or more savings of net plan costs, the parties will reach mutual agreement on revised pricing terms and other applicable provisions.

- J. Florida Blue will allow Group to terminate the agreement with or without cause, and without termination charges, with 90 days written notice. Group will be the only party to have termination for convenience rights.

VII. INSPECTION AND AUDIT

Employer and the State of Florida Auditor General's Office or designee has the right, subject to applicable law, to inspect, upon reasonable advance notice and during reasonable times, the PBM's records relating to this Agreement. Notwithstanding the foregoing, there shall be no more than one (1) audit during any twelve (12) month period and audits shall be limited to claims adjudicated during the current year and the preceding year unless a longer time period is mutually agreed upon by the parties. Employer and State Auditors will strive to provide a minimum of thirty (30) days' advance written notice of its intent to audit and the scope of the audit. A member of Florida Blue's External Audit Team and the PBM's account management team will coordinate the audit and all audits will take place during normal business hours. Employer and/or its auditor must follow the PBM's visitor security policy if on-site.

Any third-party auditor must be reasonably acceptable to both Florida Blue and the PBM and must enter into a Confidentiality and Non-Disclosure Agreement (C&I) approved by both legal departments before any information is exchanged. The C&I will specify the information provided by the PBM to the auditor is to be used solely for the purpose of conducting the immediate audit and the information may not be used for any other purpose. The parties agree to collaborate in good faith to develop a reasonable procedure for conducting the audit (e.g., 100 claims to be reviewed).

Only the information necessary for Employer to conduct a fair and valid audit will be disclosed. Any unnecessary information will be redacted. If access to Network Contracts or Manufacturer (Rebate) Agreements is requested, the PBM will provide access as long as the PBM is legally or contractually able to do so and only the relevant page(s) or exhibits (that is, not the entire contract) will be provided for review.

Unless otherwise contractually specified, Employer will bear all costs and expenses related to the audit. Additionally, Employer will reimburse the PBM for all reasonable actual out of pocket expenses incurred by the PBM in compliance with an audit. The auditor cannot keep or make copies of any documents provided by the PBM without the PBM's express written consent. The PBM will provide screenshots of the claims adjudication system. The

auditor will not have access to the live claims adjudication system without prior approval by the PBM. Except as may otherwise be required by applicable law, reporting of the audit results will be restricted to the Employer and its auditor's internal use only. The auditor will provide copies of the audit report to the Employer and the PBM.

Appendix A

SCHOOL BOARD OF SUWANNEE	
Effective Date:	5/1/2022
Members:	1,207
Employees:	629

CUSTOM PASSTHROUGH PRICING	
Contract Period	Standard PPO HMO
BRAND DISCOUNTS	
Retail Network	
5/1/2022 to 4/30/2023	18.95%
5/1/2023 to 4/30/2024	19.00%
5/1/2024 to 4/30/2025	19.05%
Extended Supply Network (ESN) - 90 Day Channel	
5/1/2022 to 4/30/2023	25.00%
5/1/2023 to 4/30/2024	25.10%
5/1/2024 to 4/30/2025	25.20%
Mail	
5/1/2022 to 4/30/2023	24.50%
5/1/2023 to 4/30/2024	24.50%
5/1/2024 to 4/30/2025	24.50%
GENERIC DISCOUNTS	
Retail Network	
5/1/2022 to 4/30/2023	85.65%
5/1/2023 to 4/30/2024	85.75%
5/1/2024 to 4/30/2025	85.85%
Extended Supply Network (ESN) - 90 Day Channel	
5/1/2022 to 4/30/2023	88.85%
5/1/2023 to 4/30/2024	88.95%
5/1/2024 to 4/30/2025	89.05%
Mail	
5/1/2022 to 4/30/2023	87.80%
5/1/2023 to 4/30/2024	87.90%
5/1/2024 to 4/30/2025	88.00%
BRAND DISPENSING FEES	
Retail Network	
5/1/2022 to 4/30/2023	\$0.20
5/1/2023 to 4/30/2024	\$0.20
5/1/2024 to 4/30/2025	\$0.20
Extended Supply Network (ESN) - 90 Day Channel	
5/1/2022 to 4/30/2023	\$0.00
5/1/2023 to 4/30/2024	\$0.00
5/1/2024 to 4/30/2025	\$0.00
Mail	
5/1/2022 to 4/30/2023	\$0.00
5/1/2023 to 4/30/2024	\$0.00
5/1/2024 to 4/30/2025	\$0.00
GENERIC DISPENSING FEES	
Retail Network	
5/1/2022 to 4/30/2023	\$0.20
5/1/2023 to 4/30/2024	\$0.20
5/1/2024 to 4/30/2025	\$0.20
Extended Supply Network (ESN) - 90 Day Channel	
5/1/2022 to 4/30/2023	\$0.00
5/1/2023 to 4/30/2024	\$0.00
5/1/2024 to 4/30/2025	\$0.00
Mail	
5/1/2022 to 4/30/2023	\$0.00
5/1/2023 to 4/30/2024	\$0.00
5/1/2024 to 4/30/2025	\$0.00
AGGREGATE SPECIALTY	
Discount	
5/1/2022 to 4/30/2023	22.00%
5/1/2023 to 4/30/2024	22.00%
5/1/2024 to 4/30/2025	22.00%
Specialty Pharmacy Dispensing Fee	
5/1/2022 to 4/30/2023	\$0.00
5/1/2023 to 4/30/2024	\$0.00
5/1/2024 to 4/30/2025	\$0.00

Notes:

- Discounts are based on the actual NDC-11 dispensed on the fill date.
- Guarantees are based upon the above selected Florida Blue Network.
- Guarantees are based upon an implemented Florida Blue Extended Supply Network (90-day retail). If not implemented, Retail rates apply.
- Discount and dispensing fee rates exclude compound, long term care (LTC) pharmacy, home infusion (HIF) pharmacy, veterans affairs (VA) pharmacy, Indian/tribal/urban (I/T/U) pharmacy, 340B, Medicare/Medicaid, out-of-network, member-submitted, foreign, coordination of benefits (COB), 100% member-paid plans (i.e. discount cards not including MedsYourWay drug discount card program), subrogation, paper, invalid, usual and customary (U&C) claims and non-specialty discount and dispensing fees also exclude specialty (as defined by the Florida Blue specialty drug management list) claims.
- For discount purposes, Specialty is defined by the Florida Blue specialty drug management list.
- Guarantees are based upon a limited specialty network arrangement.
- Aggregate Specialty discount guarantees do not include limited distribution drugs nor any new specialty drugs brought to market and added to the specialty list during the term of each contract year.
- For discount and dispensing fees, Brand drugs are defined as drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- For discount and dispensing fees, Generic drugs are defined as drugs available in sufficient supply that have a Medi-Span multisource code field equal to "Y".
- Guarantees are based upon MedsYourWay Amazon mail being the exclusive mail provider and reconciliation is inclusive of all claims dispensed at Amazon.

SCHOOL BOARD OF SUWANNEE	
Effective Date:	5/1/2022
Members:	1,207
Employees:	629

CUSTOM PASSTHROUGH PRICING	
Contract Period	FL 3 Tier
REBATE PER BRAND	
Retail and Extended Supply Network (ESN) - 30/90 Day Channels	
5/1/2022 to 4/30/2023	\$279.67
5/1/2023 to 4/30/2024	\$319.57
5/1/2024 to 4/30/2025	\$355.03
Mail	
5/1/2022 to 4/30/2023	\$466.82
5/1/2023 to 4/30/2024	\$492.38
5/1/2024 to 4/30/2025	\$518.99
Specialty	
5/1/2022 to 4/30/2023	\$1,821.26
5/1/2023 to 4/30/2024	\$2,103.42
5/1/2024 to 4/30/2025	\$2,442.92

Notes:

- For rebate purposes, Specialty is defined by the Florida Blue specialty drug management list.
- Compound, long term care (LTC) pharmacy, home infusion (HIF) pharmacy, veterans affairs (VA) pharmacy, Indian/tribal/urban (I/T/U) pharmacy, 340b, Medicare/Medicaid, out of network, member-submitted, foreign, coordination of benefits (COB), 100% member-paid plan (i.e. discount card), subrogation, paper, invalid, vaccine, zero balance due (100% member paid), and biosimilar claims are excluded from rebate guarantees.
- For rebate purposes, Brand drugs are defined as all drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".

SCHOOL BOARD OF SUWANNEE	
Effective Date:	5/1/2022
Members:	1,207
Employees:	629

CUSTOM PASSTHROUGH PRICING	
ADMINISTRATIVE FEE	
Contract Period	Per Employee Per Month
5/1/2022 to 4/30/2023	\$0.00
5/1/2023 to 4/30/2024	\$0.00
5/1/2024 to 4/30/2025	\$0.00

Notes:

- Administrative Fees will be charged at the above rate on a per employee per month basis.

Additional Caveats:

- For the purpose of reconciliation at contract year end, all guarantees are reconciled in aggregate, as long as the contract remains in effect.
- Guarantees are based on adoption and adherence of an above Florida Blue formulary, including associated utilization management and clinical programs. Florida Blue reserves the right to equitably adjust guarantees for the following: changes in any law or regulation, changes in interpretation of a law or regulation, changes within PBM marketplace which lead to a significant deviation from the current economic environment, unexpected market events, unexpected generic launches, authorized generic launches, biosimilar launches, products launched at risk, products under patent litigation, new lower cost NDCs priced net of rebates from the innovator, products with AWP decreases, implementation of new clinical programs, removal of existing clinical programs, changes in pharmacy benefit plan design, or drug list changes.
- Members will pay the lower of the contracted rate, U&C, or their applicable copayment. Zero balance logic is not employed.
- Assumes client does not have 340B pricing.
- Guarantees provided does not include savings from DUR or other clinical programs.
- Specialty drugs dispensed through the medical benefit will not be included in reconciliation of guarantees.
- Guarantees assumes 34% ESN penetration, if that differs significantly, Florida Blue reserves the right to revise guarantees terms and financials.
- Guarantees assumes 1% Mail penetration, if that differs significantly, Florida Blue reserves the right to revise guarantees terms and financials.
- Florida Blue reserves the right to equitably adjust the guarantees in the event the number of covered members or pharmacy claims volume materially changes over the course of the contract.
- Covid-19 related testing, vaccines, and treatments are excluded from guarantee reconciliation.

Key Indicators

Company: SUWANNEE CNTY BOARD OF PUBLIC

Group: 78170

Current Paid Period: From 07/2021 to 06/2022

Prior Paid Period: From 07/2020 to 06/2021

	Current	Prior	Change	Change %
Payments Per Employee Per Year	\$7,607.04	\$7,888.20	(\$281.16)	-3.56%
Payments Per Member Per Year	\$6,319.68	\$6,514.56	(\$194.88)	-2.99%
Enrollment:				
Employees	515	534	(20)	-3.68%
Members	620	647	(28)	-4.25%
Payments:				
Inpatient Facility	\$967,887.86	\$893,782.67	\$74,105.19	8.29%
Outpatient Facility	\$1,019,074.36	\$1,037,576.57	(\$18,502.21)	-1.78%
Total Facility	\$1,986,962.22	\$1,931,359.24	\$55,602.98	2.88%
Professional	\$839,971.23	\$963,096.69	(\$123,125.46)	-12.78%
PCP	\$104,837.56	\$100,761.41	\$4,076.15	4.05%
Specialist	\$735,133.67	\$862,335.28	(\$127,201.61)	-14.75%
Capitation	\$10,747.94	\$39,251.73	(\$28,503.79)	-72.62%
Value Based Programs	\$18,402.39	\$3,232.98	\$15,169.41	469.21%
Pharmacy	\$1,059,027.28	\$1,277,993.81	(\$218,966.53)	-17.13%
Grand Total	\$3,915,111.06	\$4,214,934.45	(\$299,823.39)	-7.11%

	Current	Prior	Change	Change %
Payments Per Member Per Month:				
Inpatient Facility	\$130.19	\$115.11	\$15.08	13.10%
Outpatient Facility	\$137.08	\$133.63	\$3.45	2.58%
Total Facility	\$267.28	\$248.75	\$18.53	7.45%
Professional	\$112.99	\$124.04	(\$11.05)	-8.91%
PCP	\$14.10	\$12.97	\$1.13	8.71%
Specialist	\$98.88	\$111.06	(\$12.18)	-10.97%
Capitation	\$1.44	\$5.05	(\$3.61)	-71.49%
Value Based Programs	\$2.47	\$0.41	\$2.06	\$5.02
Pharmacy	\$142.45	\$164.60	(\$22.15)	-13.46%
Grand Total	\$526.64	\$542.88	(\$16.24)	-2.99%

Other Key Payment Indicators:				
Inpatient Payments/Day	\$8,416.41	\$4,857.51	\$3,558.90	73.27%
Inpatient Payments/Admissions	\$23,044.94	\$19,430.05	\$3,614.89	18.60%
Outpatient Payments/Visit	\$1,553.46	\$1,764.58	(\$211.12)	-11.96%
Professional Payments/Service	\$87.89	\$93.69	(\$5.80)	-6.19%
PCP Payments/Service	\$41.24	\$42.23	(\$0.99)	-2.34%
Specialist Payments/Service	\$104.80	\$109.25	(\$4.45)	-4.07%
Pharmacy Payments/Script	\$139.36	\$154.19	(\$14.83)	-9.62%

	Current	Prior	Change	Change %
Key Utilization Indicators:				
Inpatient Facility				
Inpatient Days/1000 Members	186	284	(99)	-34.73%
Inpatient Admissions/1000 Members	68	71	(3)	-4.64%
Average Length of Inpatient Stay	2.74	4.00	(1.26)	-31.55%
% Facility Admissions > 10	0.00%	15.22%		
Outpatient Facility				
Outpatient Visits/1000 Members	1,059	909	150	16.52%
Emer Rm Visits/1000 Members	181	182	(2)	-0.87%
Other Visits/1000 Members	878	726	152	20.88%
Professional				
Professional Services/1000 Members	15,425	15,887	(462)	-2.91%
PCP Services/1000 Members	4,103	3,688	416	11.27%
Specialist Services/1000 Members	11,322	12,199	(877)	-7.19%
Pharmacy:				
Pharmacy Scripts/1000 Members	12,266	12,810	(544)	-4.24%

Value Based Programs line includes earned incentives for managing quality with cost efficiencies. Supplemental detail included on MBI EBP report.

Included in the Valued Based Program line are CBF Care Coordination Fees and Shared Savings that members have incurred outside of Florida

Monitoring by Utilization and Enrollment

Company: SUWANNEE CNTY BOARD OF PUBLIC
Group: 78170
Current Paid Period: From 07/2021 to 06/2022

	Enrollment		Premium			Capitation				Fee for Service Claims						
Paid Year Month	Contracts	Members	ASO/MPP Fee	Stoploss Premium	Total Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total
202107	504	608	\$66,090.69	\$0.00	\$66,090.69	\$0.00	\$869.16	\$869.16	\$680.85	\$189,876.74	\$77,970.59	\$33,867.57	\$22,060.00	\$323,774.90	\$69,973.89	\$395,298.80
202108	492	592	\$31,122.00	\$0.00	\$31,122.00	\$0.00	\$875.39	\$875.39	\$691.05	\$49,022.27	\$117,030.49	\$48,940.57	\$45,224.62	\$260,217.95	\$81,872.14	\$343,656.53
202109	495	596	\$30,555.00	\$0.00	\$30,555.00	\$0.00	\$870.62	\$870.62	\$1,020.84	\$260,247.07	\$124,242.36	\$42,441.34	\$11,576.08	\$438,506.85	\$132,504.93	\$572,903.24
202110	526	635	\$32,382.00	\$0.00	\$32,382.00	\$0.00	\$918.55	\$918.55	\$977.40	\$20,278.66	\$87,709.87	\$35,619.77	\$20,330.69	\$163,938.99	\$78,642.65	\$244,477.59
202111	523	633	\$34,022.10	\$0.00	\$34,022.10	\$0.00	\$912.96	\$912.96	\$973.78	\$6,814.24	\$92,218.64	\$67,681.25	\$10,935.79	\$177,649.92	\$86,291.69	\$265,828.35
202112	522	631	\$32,883.90	\$0.00	\$32,883.90	\$0.00	\$911.55	\$911.55	\$956.30	\$44,183.33	\$77,986.81	\$44,990.48	\$25,075.97	\$192,236.59	\$120,259.09	\$314,363.53
202201	521	632	\$32,697.00	\$0.00	\$32,697.00	\$0.00	\$915.11	\$915.11	\$957.29	\$90,188.09	\$77,100.21	\$30,382.49	\$16,683.15	\$214,353.94	\$64,520.55	\$280,746.89
202202	520	632	\$32,949.00	\$0.00	\$32,949.00	\$0.00	\$887.24	\$887.24	\$1,033.94	\$37,385.55	\$94,286.45	\$24,391.61	\$14,668.58	\$170,732.19	\$48,142.94	\$220,796.31
202203	521	633	\$32,760.00	\$0.00	\$32,760.00	\$0.00	\$909.48	\$909.48	\$3,123.82	\$89,451.13	\$102,893.21	\$43,724.68	\$23,513.17	\$259,582.19	\$106,119.20	\$369,734.69
202204	518	628	\$32,760.00	\$0.00	\$32,760.00	\$0.00	\$923.66	\$923.66	\$3,123.82	\$48,349.34	\$63,761.29	\$47,537.74	\$11,998.82	\$171,647.19	\$88,284.40	\$263,979.07
202205	522	612	\$33,810.00	\$0.00	\$33,810.00	\$0.00	\$873.67	\$873.67	\$3,113.49	\$3,976.72	\$30,502.35	\$109,001.28	\$15,805.59	\$159,285.94	\$72,703.53	\$235,976.63
202206	512	602	\$33,356.39	\$0.00	\$33,356.39	\$0.00	\$880.55	\$880.55	\$1,749.81	\$128,114.72	\$73,372.09	\$72,183.57	\$21,336.42	\$295,006.80	\$109,712.27	\$407,349.43
Total	6,176	7,434	\$425,388.08	\$0.00	\$425,388.08	\$0.00	\$10,747.94	\$10,747.94	\$18,402.39	\$967,887.86	\$1,019,074.36	\$600,762.35	\$239,208.88	\$2,826,933.45	\$1,059,027.28	\$3,915,111.06
Grouping Avg	515	620	\$35,449.01	\$0.00	\$35,449.01	\$0.00	\$895.66	\$895.66	\$1,533.53	\$80,657.32	\$84,922.86	\$50,063.53	\$19,934.07	\$235,577.79	\$88,252.27	\$326,259.26
Monthly Avg	515	620	\$35,449.01	\$0.00	\$35,449.01	\$0.00	\$895.66	\$895.66	\$1,533.53	\$80,657.32	\$84,922.86	\$50,063.53	\$19,934.07	\$235,577.79	\$88,252.27	\$326,259.26

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

Monitoring by Utilization and Enrollment

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
202107	452	11	36	5	0	0	0	504	608
202108	441	11	35	5	0	0	0	492	592
202109	444	11	35	5	0	0	0	495	596
202110	471	12	37	6	0	0	0	526	635
202111	468	12	37	6	0	0	0	523	633
202112	468	11	37	6	0	0	0	522	631
202201	467	10	38	6	0	0	0	521	632
202202	466	9	38	7	0	0	0	520	632
202203	467	9	38	7	0	0	0	521	633
202204	464	9	39	6	0	0	0	518	628
202205	479	6	32	5	0	0	0	522	612
202206	469	6	32	5	0	0	0	512	602
Total	5,556	117	434	69	0	0	0	6,176	7,434
Grouping Avg	463	10	36	6	0	0	0	515	620
Monthly Avg	463	10	36	6	0	0	0	515	620

Notes:

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

CURRENT		Inpatient		Outpatient		Professional		Pharmacy		Other			
Rank	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Claim Count	Paid Amt	Total Paid Amt	Total Billed Amt
1	5	1	\$88,297.44	25	\$277,518.39	62	\$32,403.55	14	\$150.44	0	\$0.00	\$398,369.82	\$1,066,071.54
2	0	0	\$0.00	14	\$280,027.66	35	\$5,190.76	1	\$40.00	0	\$0.00	\$285,258.42	\$626,496.84
3	0	0	\$0.00	17	\$3,437.31	77	\$3,356.61	44	\$138,207.70	0	\$0.00	\$145,001.62	\$439,657.22
4	0	0	\$0.00	5	\$17,721.79	32	\$2,848.29	18	\$121,906.81	0	\$0.00	\$142,476.89	\$317,411.23
5	5	1	\$118,122.01	0	\$0.00	16	\$5,853.05	4	\$12.54	0	\$0.00	\$123,987.60	\$261,941.91
6	0	0	\$0.00	0	\$0.00	10	\$1,228.00	19	\$109,739.31	0	\$0.00	\$110,967.31	\$143,174.85
7	1	1	\$32,899.00	9	\$806.68	39	\$10,893.51	30	\$57,277.37	0	\$0.00	\$101,876.56	\$335,371.04
8	0	0	\$0.00	1	\$82.80	75	\$77,730.08	15	\$449.40	0	\$0.00	\$78,262.28	\$312,201.93
9	4	2	\$58,936.10	5	\$4,492.67	59	\$14,204.76	14	\$215.01	0	\$0.00	\$77,848.54	\$455,454.00
10	0	0	\$0.00	2	\$1,444.00	41	\$1,386.95	75	\$67,956.54	0	\$0.00	\$70,787.49	\$178,896.88
11	2	1	\$43,423.31	30	\$12,262.28	63	\$13,614.24	29	\$585.58	0	\$0.00	\$69,885.41	\$498,582.68
12	1	1	\$51,027.65	4	\$8,720.52	49	\$5,688.61	29	\$2,395.65	0	\$0.00	\$67,832.43	\$227,150.26
13	0	0	\$0.00	6	\$5,074.41	19	\$4,852.75	16	\$57,605.74	0	\$0.00	\$67,532.90	\$114,058.60
14	0	0	\$0.00	1	\$13,573.40	201	\$51,786.30	21	\$179.98	0	\$0.00	\$65,539.68	\$328,096.05
15	0	0	\$0.00	36	\$56,338.06	33	\$7,558.21	12	\$241.96	0	\$0.00	\$64,138.23	\$154,310.27
16	0	0	\$0.00	1	\$1,092.00	18	\$3,331.05	34	\$58,909.43	0	\$0.00	\$63,332.48	\$104,074.55
17	0	0	\$0.00	0	\$0.00	22	\$2,926.78	26	\$56,746.43	0	\$0.00	\$59,673.21	\$87,189.58
18	1	1	\$43,448.77	1	\$0.00	36	\$10,657.78	15	\$895.06	0	\$0.00	\$55,001.61	\$361,697.63
Total	19	8	\$436,154.28	157	\$682,591.97	887	\$255,511.28	416	\$673,514.95	0	\$0.00	\$2,047,772.48	\$6,011,837.06

PRIOR		Inpatient		Outpatient		Professional		Pharmacy		Other			
Rank	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Claim Count	Paid Amt	Total Paid Amt	Total Billed Amt
1	9	1	\$59,445.52	53	\$153,880.20	163	\$29,098.18	12	\$212.74	0	\$0.00	\$242,636.64	\$803,649.71
2	9	3	\$25,652.81	10	\$172.88	46	\$3,136.71	64	\$151,325.21	0	\$0.00	\$180,287.61	\$558,244.33
3	36	3	\$123,289.72	4	\$4,077.12	104	\$18,871.85	40	\$8,507.03	0	\$0.00	\$154,745.72	\$681,105.87
4	25	2	\$113,835.89	3	\$24,784.72	89	\$14,650.29	5	\$92.39	0	\$0.00	\$153,363.29	\$1,314,516.51
5	0	0	\$0.00	6	\$1,256.20	270	\$128,749.28	13	\$267.96	0	\$0.00	\$130,273.44	\$350,792.38
6	0	0	\$0.00	0	\$0.00	75	\$17,613.21	25	\$111,388.00	0	\$0.00	\$129,001.21	\$291,315.14
7	0	0	\$0.00	1	\$1,150.16	15	\$1,293.06	24	\$116,123.59	0	\$0.00	\$118,566.81	\$260,018.80
8	0	0	\$0.00	0	\$0.00	10	\$648.37	17	\$106,128.49	0	\$0.00	\$106,776.86	\$135,537.26
9	1	1	\$13,308.00	7	\$64,284.32	108	\$17,031.52	65	\$1,580.74	0	\$0.00	\$96,204.58	\$354,161.57
10	0	0	\$0.00	0	\$0.00	42	\$2,686.13	37	\$87,550.81	0	\$0.00	\$90,236.94	\$166,758.26
11	0	0	\$0.00	1	\$2,228.00	9	\$521.05	23	\$74,898.05	0	\$0.00	\$77,647.10	\$103,939.95
12	0	0	\$0.00	15	\$75,929.50	22	\$1,449.25	3	\$28.39	0	\$0.00	\$77,407.14	\$172,330.71
13	0	0	\$0.00	0	\$0.00	10	\$2,841.78	34	\$72,245.76	0	\$0.00	\$75,087.54	\$115,883.67
14	0	0	\$0.00	2	\$808.05	59	\$71,797.68	23	\$159.51	0	\$0.00	\$72,765.24	\$300,532.30
15	0	0	\$0.00	1	\$50,701.93	37	\$17,449.40	32	\$82.46	0	\$0.00	\$68,233.79	\$168,367.44
16	0	0	\$0.00	24	\$1,699.24	19	\$1,205.78	35	\$54,622.34	0	\$0.00	\$57,527.36	\$81,044.19
17	9	1	\$45,206.93	2	\$1,398.90	49	\$4,940.91	35	\$5,470.46	0	\$0.00	\$57,017.20	\$125,263.41
18	0	0	\$0.00	0	\$0.00	9	\$619.85	20	\$55,749.21	0	\$0.00	\$56,369.06	\$94,718.56
19	2	1	\$45,206.93	1	\$1,068.90	50	\$3,418.07	34	\$4,186.70	0	\$0.00	\$53,880.60	\$92,432.48
20	0	0	\$0.00	4	\$44,152.90	45	\$8,301.59	29	\$381.53	0	\$0.00	\$52,836.02	\$352,732.70
21	0	0	\$0.00	13	\$41,048.99	37	\$10,634.58	42	\$200.40	0	\$0.00	\$51,883.97	\$196,366.20
Total	91	12	\$425,945.80	147	\$468,642.01	1,268	\$356,958.54	612	\$851,201.77	0	\$0.00	\$2,102,748.12	\$6,719,711.44

Company: SUWANNEE CNTY BOARD OF PUBLIC
Group: 78170
Current Paid Period: From 07/2021 to 06/2022
Prior Paid Period: From 07/2020 to 06/2021
Rank: 25

Top Provider Type by Paid

Inpatient																				
Provider Full Name	Rank		Paid Amt			Members		Admits		Paid Per Admit			Admits/1000		Days		Days/1000		ALOS	
	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Prior	Current	Prior	Current	Prior
HCA FLORIDA NORTH FLORIDA HOSPITAL	1	3	\$440,383.74	\$188,016.13	134.23%	25	19	21	18	\$20,970.65	\$10,445.34	100.77%	33.90	27.82	41	50	66.18	77.28	1.95	2.78
HCA FLORIDA LAKE CITY HOSPITAL	2	2	\$226,214.22	\$198,807.71	13.79%	7	7	6	6	\$37,702.37	\$33,134.61	13.79%	9.69	9.27	17	31	27.44	47.91	2.83	5.17
SHANDS AND UNIVERSITY OF FLORIDA HEALTH CARE NTWK	3	1	\$183,061.15	\$252,200.42	-27.41%	6	9	6	10	\$30,510.19	\$25,220.04	20.98%	9.69	15.46	20	46	32.28	71.10	3.33	4.60
MAYO CLINIC FLORIDA HOSPITAL	4	0	\$37,179.21	\$0.00	0.00%	1	0	1	0	\$37,179.21	\$0.00	0.00%	1.61	0.00	1	0	1.61	0.00	1.00	0.00
SHANDS VISTA, SHANDS AT VISTA	5	10	\$24,063.44	\$9,457.86	154.43%	2	2	3	2	\$8,021.14	\$4,729.88	69.62%	4.84	3.08	14	6	22.60	9.27	4.67	3.00
BAPTIST MEDICAL CENTER	6	0	\$21,601.44	\$0.00	0.00%	1	0	1	0	\$21,601.44	\$0.00	0.00%	1.61	0.00	8	0	12.91	0.00	8.00	0.00
TALLAHASSEE MEMORIAL HEALTHCARE INC	7	6	\$10,785.62	\$32,812.91	-67.13%	1	1	1	1	\$10,785.62	\$32,812.91	-67.13%	1.61	1.55	2	1	3.23	1.55	2.00	1.00
HCA FLORIDA ORANGE PARK HOSPITAL	8	0	\$10,679.30	\$0.00	0.00%	1	0	1	0	\$10,679.30	\$0.00	0.00%	1.61	0.00	4	0	6.46	0.00	4.00	0.00
NORTH FLORIDA REGIONAL MEDICAL CENTER	9	0	\$8,720.00	\$0.00	0.00%	1	0	1	0	\$8,720.00	\$0.00	0.00%	1.61	0.00	5	0	8.07	0.00	5.00	0.00
SOUTH FLORIDA MEDICAL CEN	10	0	\$5,199.74	\$0.00	0.00%	1	0	1	0	\$5,199.74	\$0.00	0.00%	1.61	0.00	3	0	4.84	0.00	3.00	0.00
All Other			\$0.00	\$212,487.54	-100.00%	3	8	0	9	\$0.00	\$23,609.72	-100.00%	0.00	13.91	0	50	0.00	77.28	0.00	5.56
Total			\$967,887.86	\$893,782.67	8.29%	45	40	42	46	\$23,044.94	\$19,430.05	18.60%	67.80	71.10	115	184	185.63	284.39	2.74	4.00

Outpatient															
Provider Full Name	Rank		Paid Amt			Members		Prior		Paid Per Visit			Visits/1000		
	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Visits	Current	Prior	% Chg	Current	Prior	
SHANDS AND UNIVERSITY OF FLORIDA HEALTH CARE NTWK	1	1	\$657,249.20	\$339,674.74	93.49%	62	54	201	172	\$3,269.90	\$1,974.85	65.58%	324.46	265.84	
HCA FLORIDA NORTH FLORIDA HOSPITAL	2	2	\$138,647.26	\$315,390.49	-56.04%	34	31	34	34	\$4,077.86	\$9,276.19	-56.04%	54.88	52.55	
HCA FLORIDA LAKE CITY HOSPITAL	3	3	\$116,611.81	\$231,813.53	-49.70%	111	102	182	146	\$640.72	\$1,587.76	-59.65%	293.79	225.66	
SOUTH GEORGIA MEDICAL CEN	4	7	\$16,720.14	\$9,399.13	77.89%	3	2	3	5	\$5,573.38	\$1,879.83	196.48%	4.84	7.73	
MAYO CLINIC FLORIDA HOSPITAL	5	14	\$16,192.68	\$4,199.28	285.61%	6	3	12	11	\$1,349.39	\$381.75	253.47%	19.37	17.00	
NORTH FLORIDA SURGICAL PAVILION	6	13	\$14,250.63	\$4,554.24	212.91%	6	2	6	2	\$2,375.11	\$2,277.12	4.30%	9.69	3.09	
LAKE CITY SURGERY CENTER	7	8	\$7,697.31	\$7,469.76	3.05%	19	19	21	20	\$366.54	\$373.49	-1.86%	33.90	30.91	
ORTHOPAEDIC SURGERY CENTER	8	6	\$7,563.96	\$12,931.98	-41.51%	7	6	7	6	\$1,080.57	\$2,155.33	-49.87%	11.30	9.27	
H2 HEALTH	9	12	\$6,230.73	\$5,467.25	13.96%	18	13	132	114	\$47.20	\$47.96	-1.56%	213.08	176.20	
NAPLES COMMUNITY HOSPITAL	10	0	\$6,054.00	\$0.00	0.00%	1	0	1	0	\$6,054.00	\$0.00	0.00%	1.61	0.00	
NORTH FLORIDA ENDOSCOPY CTR	11	11	\$5,968.66	\$6,113.54	-2.37%	9	6	9	6	\$663.18	\$1,018.92	-34.91%	14.53	9.27	
SHANDS HOMECARE	12	16	\$5,267.64	\$2,362.91	122.93%	4	2	6	3	\$877.94	\$787.64	11.47%	9.69	4.64	
IMPLANTABLE PROVIDER GROUP INC	13	5	\$4,171.93	\$15,165.28	-72.49%	2	4	2	5	\$2,085.97	\$3,033.06	-31.23%	3.23	7.73	
SHANDS RECOVERY, LLC.	14	0	\$2,800.60	\$0.00	0.00%	1	0	3	0	\$933.53	\$0.00	0.00%	4.84	0.00	
LASER AND OUTPATIENT SURGERY CENTER INC	15	10	\$2,423.71	\$6,851.32	-64.62%	2	5	2	6	\$1,211.86	\$1,141.89	6.13%	3.23	9.27	
US DEPARTMENT OF VETERANS AFFAIRS	16	27	\$2,321.28	\$2,124.43	992.73%	2	1	8	4	\$290.16	\$53.11	446.44%	12.91	6.18	
HCA FLORIDA BRANDON HOSPITAL	17	0	\$1,950.00	\$0.00	0.00%	1	0	1	0	\$1,950.00	\$0.00	0.00%	1.61	0.00	
MADISON COUNTY MEMORIAL HOSPITAL	18	24	\$1,473.60	\$518.93	183.97%	5	6	6	8	\$245.60	\$64.87	278.66%	9.69	12.36	
GULF BREEZE HOSPITAL	19	28	\$1,406.28	\$0.00	0.00%	1	1	2	1	\$703.14	\$0.00	0.00%	3.23	1.55	
CARETENDERS VS OF GAINESVILLE LLC	20	0	\$904.99	\$0.00	0.00%	1	0	3	0	\$301.66	\$0.00	0.00%	4.84	0.00	
SOUTHWELL AMBULATORY INC	21	15	\$891.98	\$2,816.09	-68.33%	1	3	1	3	\$891.98	\$938.70	-4.98%	1.61	4.64	
MAYO CLINIC JACKSONVILLE ASC	22	0	\$762.98	\$0.00	0.00%	1	0	1	0	\$762.98	\$0.00	0.00%	1.61	0.00	
NORTH FLORIDA SURGERY CENTER, INC	23	17	\$439.95	\$1,935.78	-77.27%	2	4	2	4	\$219.98	\$483.95	-54.55%	3.23	6.18	
TIFT REGIONAL MEDICAL CEN	24	20	\$435.14	\$1,539.11	-71.73%	1	2	1	2	\$435.14	\$769.56	-43.46%	1.61	3.09	
SGMC OUTPATIENT PLAZA	25	23	\$194.93	\$595.03	-67.24%	1	4	1	3	\$194.93	\$198.34	-1.72%	1.61	4.64	
All Other			\$442.97	\$68,565.75	-99.35%	14	30	9	33	\$49.22	\$2,077.75	-97.63%	14.53	51.00	
Total			\$1,019,074.36	\$1,037,576.57	-1.78%	227	214	656	588	\$1,553.47	\$1,764.59	-11.96%	1058.92	908.81	

Professional																
Provider Full Name	Rank		Paid Amt			Members		Services		Paid Per Service			Services/1000			
	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Prior	Current	Prior	% Chg	Current	Prior		
KHAN, WASEEM	1	2	\$36,011.29	\$71,748.46	-49.81%	6	5	27	57	1,333.75	1,258.74	5.96%	43.58	88.10		
BALAMUCKI, CHRISTOPHER J	2	7	\$35,728.71	\$14,133.82	152.79%	1	1	73	25	489.43	565.35	-13.43%	117.84	38.64		
TAN, WINSTON W	3	0	\$33,963.49	\$0.00	0.00%	1	0	6	0	5,660.58	0.00	0.00%	9.69	0.00		
PERKINS, CHARLES L	4	4	\$22,871.43	\$18,586.33	23.06%	2	2	58	45	394.34	413.03	-4.53%	93.62	69.55		
NOMI HEALTH INC	5	0	\$20,964.00	\$0.00	0.00%	81	0	243	0	86.27	0.00	0.00%	392.25	0.00		
VIRK, SARAH S	6	0	\$15,468.56	\$0.00	0.00%	1	0	14	0	1,104.90	0.00	0.00%	22.60	0.00		
PAY TO SUBSCRIBER	7	877	\$11,364.85	\$0.00	0.00%	6	1	6	2	1,894.14	0.00	0.00%	9.69	3.09		
IOBST, JOSEPH S	8	59	\$10,886.02	\$2,943.72	269.80%	8	5	33	18	329.88	163.54	101.71%	53.27	27.82		
QUEST DIAGNOSTICS INC	9	8	\$10,641.13	\$11,855.54	-10.24%	264	297	1,795	1,751	5.93	6.77	-12.56%	2,897.50	2,706.34		
RHODEN, BRIAN C	10	0	\$9,752.26	\$0.00	0.00%	3	0	3	0	3,250.75	0.00	0.00%	4.84	0.00		
WEIDER, ROBERT	11	0	\$9,161.51	\$0.00	0.00%	2	0	2	0	4,580.76	0.00	0.00%	3.23	0.00		
HAYES, CHERYLLE A	12	607	\$9,144.90	\$160.53	5596.69%	1	3	14	2	653.21	80.27	713.85%	22.60	3.09		
PARROTT, MICHAEL B	13	19	\$8,655.56	\$6,631.53	30.52%	4	3	30	39	288.52	170.04	69.68%	48.43	60.28		
MOORE, WILLIAM D	14	0	\$8,190.42	\$0.00	0.00%	5	0	4	0	2,047.61	0.00	0.00%	6.46	0.00		
THOMAS, BRUCE E	15	16	\$7,794.28	\$7,830.94	-0.47%	76	64	274	225	28.45	34.80	-18.28%	442.29	347.76		
DOSHI, DAVEN N	16	0	\$7,776.41	\$0.00	0.00%	1	0	15	0	518.43	0.00	0.00%	24.21	0.00		
TRIMBLE, DONALD T	17	377	\$7,471.65	\$420.90	1675.16%	2	5	17	7	439.51	60.13	631.04%	27.44	10.82		
SHAPIRO, MICHAEL	18	115	\$7,338.40	\$1,773.16	313.86%	1	1	42	20	174.72	88.66	97.09%	67.80	30.91		
SMIDTAS, RENALDAS A	19	14	\$7,105.67	\$8,291.32	-14.30%	59	48	195	197	36.44	42.09	-13.43%	314.77	304.48		
MAMMOGRAPHY AND ULTRASOUND IMAGING CENTER PLLC	20	10	\$6,832.23	\$8,957.81	-23.73%	31	35	69	81	99.02	110.59	-10.47%	111.38	125.19		
KOPPEL, SCOTT T	21	13	\$6,698.03	\$8,396.64	-20.23%	3	2	25	26	267.92	322.95	-17.04%	40.36	40.19		
GLENN, JEFFREY C	22	5	\$6,465.34	\$16,181.06	-60.04%	10	13	82	261	78.85	62.00	27.18%	132.36	403.40		
EXACT SCIENCES LABORATORIES LLC	23	35	\$6,193.00	\$4,600.35	34.62%	13	9	12	9	516.08	511.15	0.96%	19.37	13.91		
WILSON, KRISTINE	24	186	\$6,011.33	\$1,103.47	444.77%	2	1	2	1	3,005.67	1,103.47	172.38%	3.23	1.55		
ADAPTHEALTH PATIENT CARE SOLUTIONS, INC	25	24	\$5,987.46	\$6,007.74	-0.34%	1	1	12	12	498.96	500.65	-0.34%	19.37	18.55		
All Other			\$521,493.30	\$773,473.37	-32.58%	589	608	6,503	7,501	80.19	103.12	-22.23%	10,497.18	11,593.51		
Total			\$839,971.23	\$963,096.69	-12.78%	619	628	9,556	10,279	87.90	93.70	-6.19%	15,425.34	15,887.17		

Notes:
- ALOS = Average Length of Stay.
- Number of members are distinct within category.

Brand Vs Generic

Company: SUWANNEE CNTY BOARD OF PUBLIC

Group: 78170

Current Paid Period: From 07/2021 to 06/2022

Utilization	Retail	Retail 90 Day	Mail Order	Total
Total Rx Users	544	331	4	554
Total Rx	4,743	2,819	37	7,599
Generic	3,952	2,736	37	6,725
Multi-Source Brand Generic Available	60	26	0	86
Multi-Source Brand w/o Generic Available	24	1	0	25
Single Source Brand	707	56	0	763
Acute Rx %	57.98%	7.20%	24.32%	38.98%
Maintenance Rx %	42.02%	92.80%	75.68%	61.02%
Member Utilization				
Rx/1000	7,656	4,550	60	12,266
Member PMPM	\$15.51	\$8.44	\$0.06	\$24.03
Member PMPY	\$186.12	\$101.28	\$0.72	\$288.36
Generic %	83.32%	97.06%	100.00%	88.50%
Multi-Source Brand %	0.51%	0.04%	0.00%	0.33%
Multi-Source Brand Generic Available %	1.27%	0.92%	0.00%	1.13%
Single Source Brand %	14.91%	1.99%	0.00%	10.04%
Generic Substitution %	98.50%	99.06%	0.00%	98.74%
Formulary %	95.02%	99.40%	100.00%	96.67%
Days Supply				
Total Days Supply	88,320	253,718	2,970	345,008
Average Days Supply	18.62	90.00	80.27	45.40
Cost				
Plan Paid PMPM	\$113.06	\$28.62	\$0.77	\$142.45
Member Paid PMPM	\$15.51	\$8.44	\$0.06	\$24.03
Total PMPM	\$128.58	\$37.06	\$0.84	\$166.48
Generic PMPM	\$7.49	\$14.51	\$0.84	\$22.84
Brand PMPM	\$121.09	\$22.55	\$0.00	\$143.64
Total PMPY	\$1,542.97	\$444.81	\$10.10	\$1,997.88

Notes:

- Retail 90 Days = Prescription filled for a days supply greater than 31 up to a maximum of 93.
- Member Submitted = Manually submitted paper claim. Member Submitted amounts are included in Retail, Retail 90 Days and Mail Order.
- Total for Total Rx Users does not represent a summation of Retail, Retail 90 Days and Mail Order. A member's Rx may be filled in more than one category.
- Utilization counts are determined by scripts written. Retail, Mail Order and Retail 90 Days count as 1 unit.

TOTAL COST	Retail	Retail 90 Day	Mail Order	Total
Total Cost	\$955,872.86	\$275,557.75	\$6,254.41	\$1,237,685.02
Total Ingredient Cost	\$941,835.55	\$275,435.99	\$6,254.41	\$1,223,525.95
Total Ingredient Cost - Generic	\$54,849.04	\$107,748.34	\$6,254.41	\$168,851.79
Total Ingredient Cost - Multi-Source Brand	\$4,575.87	\$156.14	\$0.00	\$4,732.01
Total Ingredient Cost - Single Source Brand	\$869,923.57	\$153,540.46	\$0.00	\$1,023,464.03
Total Ingredient Cost - Brand Generic Available	\$12,487.07	\$13,991.05	\$0.00	\$26,478.12
Total Cost - Formulary	\$802,652.54	\$264,040.74	\$6,254.41	\$1,072,947.69
Total Cost - Non-Formulary	\$153,220.32	\$11,517.01	\$0.00	\$164,737.33
Avg Total Cost / Claim	\$201.53	\$97.75	\$169.03	\$162.87
Avg Total Cost / Day	\$10.82	\$1.08	\$2.10	\$3.58
Total Cost PMPY	\$1,542.97	\$444.81	\$10.10	\$1,997.88
Total Cost PMPM	\$128.58	\$37.06	\$0.84	\$166.48
Avg Total Cost - Generic	\$14.08	\$39.42	\$169.03	\$25.24
Avg Total Cost - Multi-Source Brand	\$190.78	\$156.19	\$0.00	\$189.39
Avg Total Cost - Single Source Brand	\$1,249.09	\$2,741.80	\$0.00	\$1,358.65
Avg Total Cost - Brand Generic Available	\$208.33	\$538.17	\$0.00	\$308.05
Avg Total Cost - Formulary	\$178.09	\$94.23	\$169.03	\$146.05
Avg Total Cost - Non-Formulary	\$649.23	\$677.47	\$0.00	\$651.13
PLAN PAID				
Total Plan Paid Amount	\$840,508.48	\$212,774.62	\$5,744.18	\$1,059,027.28
Plan Paid - Generic	\$25,678.92	\$58,055.50	\$5,744.18	\$89,478.60
Plan Paid - Multi-Source Brand	\$3,455.73	\$126.19	\$0.00	\$3,581.92
Plan Paid - Single Source Brand	\$800,869.11	\$142,759.46	\$0.00	\$943,628.57
Plan Paid - Brand Generic Available	\$10,504.72	\$11,833.47	\$0.00	\$22,338.19
Plan Paid - Formulary	\$701,328.84	\$203,398.48	\$5,744.18	\$910,471.50
Plan Paid - Non-Formulary	\$139,179.64	\$9,376.14	\$0.00	\$148,555.78
Avg Total Plan Paid / Claim	\$177.21	\$75.47	\$155.24	\$139.36
Avg Total Plan Paid / Day	\$9.51	\$0.83	\$1.93	\$3.06
Plan Paid PMPY	\$1,356.75	\$343.46	\$9.27	\$1,709.49
Plan Paid PMPM	\$113.06	\$28.62	\$0.77	\$142.45
Plan Cost Share Contribution %	87.00%	77.00%	91.00%	85.00%
Avg Plan Paid - Generic	\$6.49	\$21.21	\$155.24	\$13.30
Avg Plan Paid - Multi-Source Brand	\$143.98	\$126.19	\$0.00	\$143.27
Avg Plan Paid - Single Source Brand	\$1,132.77	\$2,549.27	\$0.00	\$1,236.73
Avg Plan Paid - Brand Generic Available	\$175.07	\$455.13	\$0.00	\$259.74
Avg Plan Paid - Formulary	\$155.60	\$72.59	\$155.24	\$123.94
Avg Plan Paid - Non-Formulary	\$589.74	\$551.53	\$0.00	\$587.17
MEMBER PAID				
Total Member Paid Amount	\$115,364.38	\$62,783.13	\$510.23	\$178,657.74
Member Paid - Generic	\$30,003.43	\$49,812.46	\$510.23	\$80,326.12
Member Paid - Multi-Source Brand	\$1,123.05	\$30.00	\$0.00	\$1,153.05
Member Paid - Single Source Brand	\$82,242.62	\$10,781.54	\$0.00	\$93,024.16
Member Paid - Brand Generic Available	\$1,995.28	\$2,159.13	\$0.00	\$4,154.41
Member Paid - Formulary	\$101,323.70	\$60,642.26	\$510.23	\$162,476.19
Member Paid - Non-Formulary	\$14,040.68	\$2,140.87	\$0.00	\$16,181.55
Avg Total Member Paid / Claim	\$24.32	\$22.27	\$13.79	\$23.51
Avg Total Member Paid / Day	\$1.30	\$0.24	\$0.17	\$0.51
Member Paid PMPY	\$186.22	\$101.34	\$0.82	\$288.39
Member Paid PMPM	\$15.51	\$8.44	\$0.06	\$24.03
Member Cost Share Contribution %	12.00%	22.00%	8.00%	14.00%
Avg Member Paid - Generic	\$7.59	\$18.20	\$13.79	\$11.94
Avg Member Paid - Multi-Source Brand	\$46.79	\$30.00	\$0.00	\$46.12
Avg Member Paid - Single Source Brand	\$116.32	\$192.52	\$0.00	\$121.91
Avg Member Paid - Brand Generic Available	\$33.25	\$83.04	\$0.00	\$48.30
Avg Member Paid - Formulary	\$22.48	\$21.64	\$13.79	\$22.11
Avg Member Paid - Non-Formulary	\$59.49	\$125.93	\$0.00	\$63.95
PRICING / NETWORK PERFORMANCE				
Avg Ingredient Cost / Rx	\$198.57	\$97.70	\$169.03	\$161.01
Avg Ingredient Cost / Generic Rx	\$13.87	\$39.38	\$169.03	\$25.10
Avg Ingredient Cost / Multi-Source Brand Rx	\$190.66	\$156.14	\$0.00	\$189.28
Avg Ingredient Cost / Single Source Brand Rx	\$1,230.44	\$2,741.79	\$0.00	\$1,341.36
Avg Ingredient Cost / Brand Generic Available Rx	\$208.11	\$538.11	\$0.00	\$307.88
Avg Ingredient Cost / Formulary	\$176.41	\$94.18	\$169.03	\$145.01
Avg Ingredient Cost / Non-Formulary	\$621.83	\$677.39	\$0.00	\$625.56
Avg Dispense Fee / Rx	\$0.19	\$0.04	\$0.00	\$0.13
Avg Dispense Fee / Generic Rx	\$0.21	\$0.04	\$0.00	\$0.14
Avg Dispense Fee / Multi-Source Brand Rx	\$0.12	\$0.05	\$0.00	\$0.11
Avg Dispense Fee / Single Source Brand Rx	\$0.08	\$0.00	\$0.00	\$0.07
Avg Dispense Fee / Brand Generic Available Rx	\$0.27	\$0.05	\$0.00	\$0.21
Avg Dispense Fee / Formulary	\$0.19	\$0.04	\$0.00	\$0.13
Avg Dispense Fee / Non-Formulary	\$0.11	\$0.07	\$0.00	\$0.10

Notes:

- Retail 90 Days = Prescription filled for a days supply greater than 31 up to a maximum of 93.
- Member Submitted = Manually submitted paper claim. Member Submitted amounts are included in Retail, Retail 90 Days and Mail Order.
- Total for Total Rx Users does not represent a summation of Retail, Retail 90 Days and Mail Order. A member's Rx may be filled in more than one category.
- Utilization counts are determined by scripts written. Retail, Mail Order and Retail 90 Days count as 1 unit.

Monitoring by Utilization and Enrollment - PAID

Company: SUWANNEE CNTY BOARD OF PUBLIC
Group: 78170
Current Paid Period: From 08/2020 to 07/2021

	Enrollment		Premium			Capitation				Fee for Service Claims						
Paid Year Month	Contracts	Members	ASO/MPP Fee	Stoploss Premium	Total Premium	PCP	Specialty	Total Capitation	Value Based Programs	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total
202008	523	628	\$63,311.36	\$0.00	\$63,311.36	\$0.00	\$5,377.15	\$5,377.15	\$130.14	\$15,251.06	\$28,936.96	\$47,942.70	\$24,295.88	\$116,426.60	\$92,560.88	\$214,494.77
202009	526	634	\$61,272.10	\$0.00	\$61,272.10	\$0.00	\$5,452.47	\$5,452.47	\$215.31	\$86,654.93	\$83,397.22	\$55,686.22	\$23,562.76	\$249,301.13	\$141,915.15	\$396,884.06
202010	545	663	\$63,378.56	\$0.00	\$63,378.56	\$0.00	\$5,767.90	\$5,767.90	\$221.67	\$35,160.41	\$53,494.48	\$43,710.00	\$19,556.72	\$151,921.61	\$85,660.32	\$243,571.50
202011	548	666	\$65,331.56	\$0.00	\$65,331.56	\$0.00	\$5,833.51	\$5,833.51	\$199.14	\$118,045.08	\$162,739.41	\$68,707.45	\$25,542.28	\$375,034.22	\$104,670.80	\$485,737.67
202012	546	663	\$63,528.08	\$0.00	\$63,528.08	\$0.00	\$5,805.51	\$5,805.51	\$213.22	\$124,726.99	\$108,155.89	\$140,308.61	\$27,853.60	\$401,045.09	\$123,579.15	\$530,642.97
202101	544	660	\$63,232.20	\$0.00	\$63,232.20	\$0.00	\$951.04	\$951.04	\$210.75	\$7,617.98	\$46,755.30	\$73,740.03	\$24,739.92	\$152,853.23	\$94,377.33	\$248,392.35
202102	540	655	\$64,962.86	\$0.00	\$64,962.86	\$0.00	\$896.20	\$896.20	\$210.75	\$195,813.46	\$14,875.22	\$25,383.34	\$18,947.21	\$255,019.23	\$62,618.91	\$318,745.09
202103	539	653	\$63,767.62	\$0.00	\$63,767.62	\$0.00	\$923.66	\$923.66	\$329.03	\$33,175.56	\$59,081.50	\$26,019.78	\$20,728.56	\$139,005.40	\$108,967.65	\$249,225.74
202104	535	649	\$63,958.72	\$0.00	\$63,958.72	\$0.00	\$938.70	\$938.70	\$336.81	\$25,208.08	\$56,331.81	\$23,220.63	\$14,303.91	\$119,064.43	\$103,970.61	\$224,310.55
202105	521	633	\$67,878.39	\$0.00	\$67,878.39	\$0.00	\$904.52	\$904.52	\$363.13	\$32,027.63	\$143,439.07	\$29,181.17	\$13,771.22	\$218,419.09	\$67,455.33	\$287,142.07
202106	511	619	\$67,747.12	\$0.00	\$67,747.12	\$0.00	\$886.05	\$886.05	\$663.98	\$132,780.84	\$179,105.97	\$101,619.95	\$18,711.87	\$432,218.63	\$141,007.04	\$574,775.70
202107	504	608	\$66,090.69	\$0.00	\$66,090.69	\$0.00	\$869.16	\$869.16	\$680.85	\$189,876.74	\$77,970.59	\$33,867.57	\$22,060.00	\$323,774.90	\$69,973.89	\$395,298.80
Total	6,382	7,731	\$774,459.26	\$0.00	\$774,459.26	\$0.00	\$34,605.87	\$34,605.87	\$3,774.78	\$996,338.76	\$1,014,283.42	\$669,387.45	\$254,073.93	\$2,934,083.56	\$1,196,757.06	\$4,169,221.27
Grouping Avg	532	644	\$64,538.27	\$0.00	\$64,538.27	\$0.00	\$2,883.82	\$2,883.82	\$314.57	\$83,028.23	\$84,523.62	\$55,782.29	\$21,172.83	\$244,506.96	\$99,729.76	\$347,435.11
Monthly Avg	532	644	\$64,538.27	\$0.00	\$64,538.27	\$0.00	\$2,883.82	\$2,883.82	\$314.57	\$83,028.23	\$84,523.62	\$55,782.29	\$21,172.83	\$244,506.96	\$99,729.76	\$347,435.11

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

Monitoring by Utilization and Enrollment - PAID

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
202008	470	13	33	7	0	0	0	523	628
202009	471	14	34	7	0	0	0	526	634
202010	486	14	38	7	0	0	0	545	663
202011	488	14	39	7	0	0	0	548	666
202012	487	14	37	8	0	0	0	546	663
202101	486	13	37	8	0	0	0	544	660
202102	482	13	37	8	0	0	0	540	655
202103	482	12	37	8	0	0	0	539	653
202104	478	12	37	8	0	0	0	535	649
202105	466	12	36	7	0	0	0	521	633
202106	457	12	36	6	0	0	0	511	619
202107	452	11	36	5	0	0	0	504	608
Total	5,705	154	437	86	0	0	0	6,382	7,731
Grouping Avg	475	13	36	7	0	0	0	532	644
Monthly Avg	475	13	36	7	0	0	0	532	644

Notes:

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

Company:
SUWAN
NEE
CNTY
CURRENT

High Cost Claims

	Inpatient		Outpatient		Professional		Pharmacy		Other				
Rank	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Claim Count	Paid Amt	Total Paid Amt	Total Billed Amt
1	9	1	\$59,445.52	51	\$169,708.14	155	\$29,088.09	11	\$212.74	0	\$0.00	\$258,454.49	\$766,612.63
2	9	3	\$25,652.81	13	\$1,077.87	47	\$3,220.17	58	\$141,639.73	0	\$0.00	\$171,590.58	\$532,166.04
3	36	3	\$123,289.72	4	\$4,077.12	104	\$18,850.14	40	\$7,378.29	0	\$0.00	\$153,595.27	\$679,784.13
4	25	2	\$113,835.89	2	\$2,746.00	85	\$11,260.10	5	\$92.39	0	\$0.00	\$127,934.38	\$1,187,229.76
5	5	1	\$118,122.01	1	\$8,955.48	18	\$626.84	7	\$13.63	0	\$0.00	\$127,717.96	\$294,255.80
6	3	1	\$11,920.51	5	\$322.20	212	\$110,728.36	12	\$262.69	0	\$0.00	\$123,233.76	\$550,909.56
7	0	0	\$0.00	1	\$1,150.16	14	\$1,259.35	22	\$116,707.78	0	\$0.00	\$119,117.29	\$261,120.86
8	0	0	\$0.00	21	\$101,810.73	29	\$3,138.96	3	\$28.39	0	\$0.00	\$104,978.08	\$239,854.17
9	0	0	\$0.00	0	\$0.00	76	\$17,368.92	24	\$83,783.78	0	\$0.00	\$101,152.70	\$230,315.54
10	0	0	\$0.00	0	\$0.00	10	\$648.37	16	\$98,223.23	0	\$0.00	\$98,871.60	\$126,094.22
11	0	0	\$0.00	1	\$1,444.00	38	\$2,471.32	38	\$87,211.78	0	\$0.00	\$91,127.10	\$176,164.57
12	1	1	\$13,308.00	5	\$57,589.72	89	\$14,581.67	61	\$1,488.59	0	\$0.00	\$86,967.98	\$315,223.43
13	0	0	\$0.00	1	\$49.50	51	\$71,541.77	20	\$250.83	0	\$0.00	\$71,842.10	\$298,240.27
14	0	0	\$0.00	1	\$50,701.93	38	\$17,108.56	32	\$98.82	0	\$0.00	\$67,909.31	\$169,362.68
15	0	0	\$0.00	1	\$2,228.00	9	\$521.05	18	\$59,391.33	0	\$0.00	\$62,140.38	\$81,520.50
16	0	0	\$0.00	0	\$0.00	10	\$2,841.78	29	\$58,024.76	0	\$0.00	\$60,866.54	\$94,840.82
17	9	1	\$45,206.93	2	\$1,398.90	48	\$5,059.28	41	\$6,213.21	0	\$0.00	\$57,878.32	\$126,878.66
18	0	0	\$0.00	21	\$1,284.32	16	\$1,123.40	34	\$55,398.39	0	\$0.00	\$57,806.11	\$79,467.08
19	0	0	\$0.00	2	\$46,236.57	28	\$6,967.23	9	\$0.00	0	\$0.00	\$53,203.80	\$226,887.20
20	0	0	\$0.00	4	\$44,152.90	45	\$8,301.59	28	\$365.99	0	\$0.00	\$52,820.48	\$528,082.29
21	2	1	\$41,960.04	3	\$3,588.68	41	\$6,170.59	35	\$610.21	0	\$0.00	\$52,329.52	\$354,448.91
22	0	0	\$0.00	13	\$41,048.99	38	\$10,634.58	41	\$200.40	0	\$0.00	\$51,883.97	\$194,543.21
23	5	1	\$37,817.33	4	\$6,729.96	65	\$6,491.87	36	\$151.68	0	\$0.00	\$51,190.84	\$196,352.61
Total	104	15	\$590,558.76	156	\$546,301.17	1,266	\$350,003.99	620	\$717,748.64	0	\$0.00	\$2,204,612.56	\$7,710,354.94

PRIOR	Inpatient		Outpatient		Professional		Pharmacy		Other				
Rank	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Claim Count	Paid Amt	Total Paid Amt	Total Billed Amt
1	0	0	\$0.00	5	\$11,293.92	66	\$11,940.23	23	\$148,390.58	0	\$0.00	\$171,624.73	\$401,185.26
2	0	0	\$0.00	0	\$0.00	30	\$668.23	60	\$128,103.56	0	\$0.00	\$128,771.79	\$387,729.61
3	0	0	\$0.00	0	\$0.00	17	\$861.09	21	\$120,310.53	0	\$0.00	\$121,171.62	\$260,904.80
4	0	0	\$0.00	1	\$130.08	7	\$503.80	20	\$116,121.45	0	\$0.00	\$116,755.33	\$145,553.06
5	0	0	\$0.00	5	\$70,993.34	79	\$37,550.08	36	\$561.86	0	\$0.00	\$109,105.28	\$302,514.85
6	7	2	\$36,377.72	2	\$19,459.69	173	\$38,089.40	44	\$379.34	0	\$0.00	\$94,306.15	\$426,710.65
7	0	0	\$0.00	0	\$0.00	45	\$1,814.64	28	\$76,532.17	0	\$0.00	\$78,346.81	\$108,346.71
8	4	2	\$53,921.50	7	\$6,820.42	109	\$10,820.56	63	\$3,338.96	0	\$0.00	\$74,901.44	\$146,975.33
9	12	0	\$13,939.12	3	\$11,742.16	93	\$12,292.50	17	\$28,484.42	0	\$0.00	\$66,458.20	\$230,583.64
10	0	0	\$0.00	(1)	(\$2,228.00)	4	\$507.77	22	\$62,381.36	0	\$0.00	\$60,661.13	\$89,378.34
11	2	1	\$35,755.44	0	\$0.00	28	\$22,344.85	13	\$1,177.81	0	\$0.00	\$59,278.10	\$146,169.40
12	0	0	\$0.00	0	\$0.00	0	\$0.00	25	\$57,210.42	0	\$0.00	\$57,210.42	\$85,987.15
13	0	0	\$0.00	14	\$26,329.38	132	\$29,523.17	19	\$93.80	0	\$0.00	\$55,946.35	\$244,939.24
14	0	0	\$0.00	0	\$0.00	3	\$246.92	12	\$53,649.24	0	\$0.00	\$53,896.16	\$69,056.28
Total	25	5	\$139,993.78	36	\$144,540.99	786	\$167,163.24	403	\$796,735.50	0	\$0.00	\$1,248,433.51	\$3,046,034.32

Key Indicators

Company: SUWANNEE CNTY BOARD OF PUBLIC

Group: 78170

Current Paid Period: From 08/2020 to 07/2021

Prior Paid Period: From 08/2019 to 07/2020

	Current	Prior	Change	Change %
Payments Per Employee Per Year	\$7,839.24	\$5,700.48	\$2,138.76	37.52%
Payments Per Member Per Year	\$6,471.36	\$4,752.60	\$1,718.76	36.16%
Enrollment:				
Employees	532	542	(10)	-1.80%
Members	644	650	(5)	-0.82%
Payments:				
Inpatient Facility	\$996,338.76	\$429,594.85	\$566,743.91	131.93%
Outpatient Facility	\$1,014,283.42	\$677,124.95	\$337,158.47	49.79%
Total Facility	\$2,010,622.18	\$1,106,719.80	\$903,902.38	81.67%
Professional	\$923,461.38	\$766,807.88	\$156,653.50	20.43%
PCP	\$100,674.89	\$75,599.92	\$25,074.97	33.17%
Specialist	\$822,786.49	\$691,207.96	\$131,578.53	19.04%
Capitation	\$34,605.87	\$23,329.53	\$11,276.34	48.34%
Value Based Programs	\$3,774.78	\$2,550.16	\$1,224.62	48.02%
Pharmacy	\$1,196,757.06	\$1,187,879.04	\$8,878.02	0.75%
Grand Total	\$4,169,221.27	\$3,087,286.41	\$1,081,934.86	35.04%

	Current	Prior	Change	Change %
Payments Per Member Per Month:				
Inpatient Facility	\$128.87	\$55.11	\$73.76	133.84%
Outpatient Facility	\$131.19	\$86.86	\$44.33	51.04%
Total Facility	\$260.07	\$141.97	\$118.10	83.19%
Professional	\$119.44	\$98.37	\$21.07	21.42%
PCP	\$13.02	\$9.69	\$3.33	34.37%
Specialist	\$106.42	\$88.67	\$17.75	20.02%
Capitation	\$4.47	\$2.99	\$1.48	49.50%
Value Based Programs	\$0.47	\$0.31	\$0.16	\$0.52
Pharmacy	\$154.79	\$152.38	\$2.41	1.58%
Grand Total	\$539.28	\$396.05	\$143.23	36.16%

Other Key Payment Indicators:				
Inpatient Payments/Day	\$5,356.66	\$4,522.05	\$834.61	18.46%
Inpatient Payments/Admissions	\$21,659.53	\$11,933.19	\$9,726.34	81.51%
Outpatient Payments/Visit	\$1,785.71	\$1,256.26	\$529.45	42.14%
Professional Payments/Service	\$93.89	\$74.84	\$19.05	25.45%
PCP Payments/Service	\$42.65	\$35.64	\$7.01	19.67%
Specialist Payments/Service	\$110.07	\$85.08	\$24.99	29.37%
Pharmacy Payments/Script	\$148.27	\$139.60	\$8.67	6.21%

	Current	Prior	Change	Change %
Key Utilization Indicators:				
Inpatient Facility				
Inpatient Days/1000 Members	289	146	142	97.41%
Inpatient Admissions/1000 Members	71	55	16	28.84%
Average Length of Inpatient Stay	4.04	2.64	1.40	53.23%
% Facility Admissions > 10	15.22%	2.78%		
Outpatient Facility				
Outpatient Visits/1000 Members	882	830	52	6.25%
Emer Rm Visits/1000 Members	175	219	(43)	-19.76%
Other Visits/1000 Members	706	611	95	15.56%
Professional				
Professional Services/1000 Members	15,266	15,772	(506)	-3.21%
PCP Services/1000 Members	3,663	3,265	398	12.19%
Specialist Services/1000 Members	11,603	12,506	(904)	-7.23%
Pharmacy:				
Pharmacy Scripts/1000 Members	12,528	13,099	(571)	-4.36%

Value Based Programs line includes earned incentives for managing quality with cost efficiencies. Supplemental detail included on MBI EBP report.

Included in the Valued Based Program line are CBF Care Coordination Fees and Shared Savings that members have incurred outside of Florida

Brand Vs Generic

Company: SUWANNEE CNTY BOARD OF PUBLIC

Group: 78170

Current Paid Period: From 08/2020 to 07/2021

Utilization	Retail	Retail 90 Day	Mail Order	Total
Total Rx Users	540	334	6	564
Total Rx	5,299	2,708	64	8,071
Generic	4,586	2,603	64	7,253
Multi-Source Brand Generic Available	75	24	0	99
Multi-Source Brand w/o Generic Available	34	6	0	40
Single Source Brand	604	75	0	679
Acute Rx %	51.48%	7.20%	23.44%	36.40%
Maintenance Rx %	48.52%	92.80%	76.56%	63.60%
Member Utilization				
Rx/1000	8,225	4,203	99	12,528
Member PMPM	\$12.02	\$8.67	\$0.13	\$20.83
Member PMPY	\$144.24	\$104.04	\$1.56	\$249.96
Generic %	86.54%	96.12%	100.00%	89.86%
Multi-Source Brand %	0.64%	0.22%	0.00%	0.50%
Multi-Source Brand Generic Available %	1.42%	0.89%	0.00%	1.23%
Single Source Brand %	11.40%	2.77%	0.00%	8.41%
Generic Substitution %	98.39%	99.09%	0.00%	98.65%
Formulary %	97.11%	99.52%	100.00%	97.94%
Days Supply				
Total Days Supply	110,732	243,723	5,342	359,797
Average Days Supply	20.90	90.00	83.47	44.58
Cost				
Plan Paid PMPM	\$123.37	\$30.50	\$0.92	\$154.79
Member Paid PMPM	\$12.02	\$8.67	\$0.13	\$20.83
Total PMPM	\$135.40	\$39.18	\$1.05	\$175.63
Generic PMPM	\$11.18	\$9.68	\$1.05	\$21.92
Brand PMPM	\$124.21	\$29.49	\$0.00	\$153.71
Total PMPY	\$1,624.80	\$470.25	\$12.62	\$2,107.68

Notes:

- Retail 90 Days = Prescription filled for a days supply greater than 31 up to a maximum of 93.
- Member Submitted = Manually submitted paper claim. Member Submitted amounts are included in Retail, Retail 90 Days and Mail Order.
- Total for Total Rx Users does not represent a summation of Retail, Retail 90 Days and Mail Order. A member's Rx may be filled in more than one category.
- Utilization counts are determined by scripts written. Retail, Mail Order and Retail 90 Days count as 1 unit.

TOTAL COST	Retail	Retail 90 Day	Mail Order	Total
Total Cost	\$1,046,778.57	\$302,959.59	\$8,131.63	\$1,357,869.79
Total Ingredient Cost	\$1,038,043.45	\$302,870.24	\$8,131.63	\$1,349,045.32
Total Ingredient Cost - Generic	\$85,288.11	\$74,732.63	\$8,131.63	\$168,152.37
Total Ingredient Cost - Multi-Source Brand	\$4,487.67	\$2,713.48	\$0.00	\$7,201.15
Total Ingredient Cost - Single Source Brand	\$927,339.85	\$220,848.56	\$0.00	\$1,148,188.41
Total Ingredient Cost - Brand Generic Available	\$20,927.82	\$4,575.57	\$0.00	\$25,503.39
Total Cost - Formulary	\$872,574.94	\$293,916.76	\$8,131.63	\$1,174,623.33
Total Cost - Non-Formulary	\$174,203.63	\$9,042.83	\$0.00	\$183,246.46
Avg Total Cost / Claim	\$197.54	\$111.87	\$127.05	\$168.24
Avg Total Cost / Day	\$9.45	\$1.24	\$1.52	\$3.77
Total Cost PMPY	\$1,624.80	\$470.25	\$12.62	\$2,107.68
Total Cost PMPM	\$135.40	\$39.18	\$1.05	\$175.63
Avg Total Cost - Generic	\$18.85	\$28.77	\$127.05	\$23.37
Avg Total Cost - Multi-Source Brand	\$132.14	\$452.30	\$0.00	\$180.16
Avg Total Cost - Single Source Brand	\$1,547.72	\$2,945.06	\$0.00	\$1,702.06
Avg Total Cost - Brand Generic Available	\$279.58	\$186.00	\$0.00	\$256.89
Avg Total Cost - Formulary	\$169.56	\$109.06	\$127.05	\$148.59
Avg Total Cost - Non-Formulary	\$1,138.58	\$695.60	\$0.00	\$1,103.89
PLAN PAID				
Total Plan Paid Amount	\$953,778.29	\$235,865.04	\$7,113.73	\$1,196,757.06
Plan Paid - Generic	\$52,856.66	\$31,143.28	\$7,113.73	\$91,113.67
Plan Paid - Multi-Source Brand	\$2,746.94	\$2,293.83	\$0.00	\$5,040.77
Plan Paid - Single Source Brand	\$879,013.98	\$199,928.48	\$0.00	\$1,078,942.46
Plan Paid - Brand Generic Available	\$19,160.71	\$2,499.45	\$0.00	\$21,660.16
Plan Paid - Formulary	\$796,326.39	\$228,522.57	\$7,113.73	\$1,031,962.69
Plan Paid - Non-Formulary	\$157,451.90	\$7,342.47	\$0.00	\$164,794.37
Avg Total Plan Paid / Claim	\$179.99	\$87.09	\$111.15	\$148.27
Avg Total Plan Paid / Day	\$8.61	\$0.96	\$1.33	\$3.32
Plan Paid PMPY	\$1,480.45	\$366.11	\$11.04	\$1,857.60
Plan Paid PMPM	\$123.37	\$30.50	\$0.92	\$154.79
Plan Cost Share Contribution %	91.00%	77.00%	87.00%	88.00%
Avg Plan Paid - Generic	\$11.52	\$11.96	\$111.15	\$12.56
Avg Plan Paid - Multi-Source Brand	\$80.79	\$382.30	\$0.00	\$126.01
Avg Plan Paid - Single Source Brand	\$1,455.32	\$2,665.71	\$0.00	\$1,589.01
Avg Plan Paid - Brand Generic Available	\$255.47	\$104.14	\$0.00	\$218.78
Avg Plan Paid - Formulary	\$154.74	\$84.79	\$111.15	\$130.54
Avg Plan Paid - Non-Formulary	\$1,029.09	\$564.80	\$0.00	\$992.73
MEMBER PAID				
Total Member Paid Amount	\$93,000.28	\$67,094.55	\$1,017.90	\$161,112.73
Member Paid - Generic	\$33,635.26	\$43,758.30	\$1,017.90	\$78,411.46
Member Paid - Multi-Source Brand	\$1,745.88	\$420.00	\$0.00	\$2,165.88
Member Paid - Single Source Brand	\$55,811.19	\$20,951.48	\$0.00	\$76,762.67
Member Paid - Brand Generic Available	\$1,807.95	\$1,964.77	\$0.00	\$3,772.72
Member Paid - Formulary	\$76,248.55	\$65,394.19	\$1,017.90	\$142,660.64
Member Paid - Non-Formulary	\$16,751.73	\$1,700.36	\$0.00	\$18,452.09
Avg Total Member Paid / Claim	\$17.55	\$24.77	\$15.90	\$19.96
Avg Total Member Paid / Day	\$0.83	\$0.27	\$0.19	\$0.44
Member Paid PMPY	\$144.35	\$104.14	\$1.58	\$250.08
Member Paid PMPM	\$12.02	\$8.67	\$0.13	\$20.83
Member Cost Share Contribution %	8.00%	22.00%	12.00%	11.00%
Avg Member Paid - Generic	\$7.33	\$16.81	\$15.90	\$10.81
Avg Member Paid - Multi-Source Brand	\$51.34	\$70.00	\$0.00	\$54.14
Avg Member Paid - Single Source Brand	\$92.40	\$279.35	\$0.00	\$113.05
Avg Member Paid - Brand Generic Available	\$24.10	\$81.86	\$0.00	\$38.10
Avg Member Paid - Formulary	\$14.81	\$24.26	\$15.90	\$18.04
Avg Member Paid - Non-Formulary	\$109.48	\$130.79	\$0.00	\$111.15
PRICING / NETWORK PERFORMANCE				
Avg Ingredient Cost / Rx	\$195.89	\$111.84	\$127.05	\$167.14
Avg Ingredient Cost / Generic Rx	\$18.59	\$28.71	\$127.05	\$23.18
Avg Ingredient Cost / Multi-Source Brand Rx	\$131.99	\$452.24	\$0.00	\$180.02
Avg Ingredient Cost / Single Source Brand Rx	\$1,535.33	\$2,944.64	\$0.00	\$1,690.99
Avg Ingredient Cost / Brand Generic Available Rx	\$279.03	\$190.64	\$0.00	\$257.61
Avg Ingredient Cost / Formulary	\$168.29	\$109.02	\$127.05	\$147.75
Avg Ingredient Cost / Non-Formulary	\$1,124.13	\$695.54	\$0.00	\$1,090.57
Avg Dispense Fee / Rx	\$0.24	\$0.06	\$0.00	\$0.18
Avg Dispense Fee / Generic Rx	\$0.26	\$0.06	\$0.00	\$0.18
Avg Dispense Fee / Multi-Source Brand Rx	\$0.15	\$0.05	\$0.00	\$0.13
Avg Dispense Fee / Single Source Brand Rx	\$0.15	\$0.01	\$0.00	\$0.14
Avg Dispense Fee / Brand Generic Available Rx	\$0.21	\$0.06	\$0.00	\$0.17
Avg Dispense Fee / Formulary	\$0.25	\$0.06	\$0.00	\$0.18
Avg Dispense Fee / Non-Formulary	\$0.09	\$0.06	\$0.00	\$0.09

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Company: SUWANNEE CNTY BOARD OF PUBLIC
Group: 78170
Current Paid Period: From 08/2020 to 07/2021
Prior Paid Period: From 08/2019 to 07/2020
Rank: 10

Top Provider Type by Paid

Inpatient																				
Provider Full Name	Rank		Paid Amt			Members		Admits		Paid Per Admit			Admits/1000		Days		Days/1000		ALOS	
	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Prior	Current	Prior	Current	Prior
NORTH FLORIDA REGIONAL MEDICAL CENTER	1	1	\$367,926.82	\$184,361.17	99.57%	22	17	21	16	\$17,520.32	\$11,522.57	52.05%	32.60	24.63	57	36	88.47	55.42	2.71	2.25
SHANDS AND UNIVERSITY OF FLORIDA HEALTH CARE NTWK	2	3	\$252,200.42	\$68,575.74	267.77%	9	5	10	3	\$25,220.04	\$22,858.58	10.33%	15.52	4.62	46	18	71.40	27.71	4.60	6.00
LAKE CITY MEDICAL CENTER	3	2	\$153,600.78	\$96,685.38	58.87%	6	4	5	5	\$30,720.15	\$19,337.07	58.87%	7.76	7.70	29	17	45.01	26.17	5.80	3.40
OSCEOLA REGIONAL MEDICAL CENTER	4	0	\$90,692.89	\$0.00	0.00%	1	0	1	0	\$90,692.89	\$0.00	0.00%	1.55	0.00	24	0	37.25	0.00	24.00	0.00
SELECT SPECIALTY HOSPITAL-GAINESVILLE	5	0	\$36,000.00	\$0.00	0.00%	1	0	1	0	\$36,000.00	\$0.00	0.00%	1.55	0.00	20	0	31.04	0.00	20.00	0.00
TALLAHASSEE MEMORIAL HEALTHCARE INC	6	5	\$32,812.91	\$18,522.56	77.15%	1	1	1	1	\$32,812.91	\$18,522.56	77.15%	1.55	1.54	1	2	1.55	3.08	1.00	2.00
ADVENTHEALTH ORLANDO	7	0	\$23,143.00	\$0.00	0.00%	1	0	1	0	\$23,143.00	\$0.00	0.00%	1.55	0.00	1	0	1.55	0.00	1.00	0.00
NORTH FLORIDA REHABILITATION AND SPECIALTY CARE	8	0	\$20,070.00	\$0.00	0.00%	1	0	2	0	\$10,035.00	\$0.00	0.00%	3.10	0.00	0	0	0.00	0.00	0.00	0.00
SHANDS VISTA , SHANDS AT VISTA	9	9	\$9,457.96	\$3,268.72	189.35%	2	2	2	1	\$4,728.98	\$3,268.72	44.67%	3.10	1.54	6	2	9.31	3.08	3.00	2.00
ORLANDO HEALTH	10	0	\$7,617.98	\$0.00	0.00%	2	0	1	0	\$7,617.98	\$0.00	0.00%	1.55	0.00	2	0	3.10	0.00	2.00	0.00
All Other			\$2,816.00	\$58,181.28	-95.16%	2	10	1	10	\$2,816.00	\$5,818.12	-51.60%	1.55	15.39	0	20	0.00	30.79	0.00	2.00
Total			\$996,338.76	\$429,594.85	131.93%	42	32	46	36	\$21,659.53	\$11,933.19	81.51%	71.40	55.42	186	95	288.71	146.25	4.04	2.64

Outpatient														
Provider Full Name	Rank		Paid Amt			Members		Prior		Paid Per Visit			Visits/1000	
	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Visits	Current	Prior	% Chg	Current	Prior
SHANDS AND UNIVERSITY OF FLORIDA HEALTH CARE NTWK	1	2	\$390,011.96	\$132,703.98	193.90%	53	52	174	98	\$2,241.45	\$1,354.12	65.53%	270.08	150.87
NORTH FLORIDA REGIONAL MEDICAL CENTER	2	1	\$263,676.13	\$189,800.08	38.92%	28	26	29	29	\$9,092.28	\$6,544.83	38.92%	45.01	44.64
LAKE CITY MEDICAL CENTER	3	3	\$216,962.95	\$103,828.08	108.96%	101	55	135	74	\$1,607.13	\$1,403.08	14.54%	209.55	113.92
CAPITAL REGIONAL MEDICAL CENTER	4	38	\$55,377.73	\$0.00	0.00%	3	1	3	2	\$18,459.24	\$0.00	0.00%	4.66	3.08
ORTHOPAEDIC SURGERY CENTER	5	14	\$12,931.98	\$8,000.37	61.64%	7	9	7	11	\$1,847.43	\$727.31	154.01%	10.87	16.93
IMPLANTABLE PROVIDER GROUP INC	6	15	\$12,909.58	\$7,525.29	71.55%	4	3	4	3	\$3,227.40	\$2,508.43	28.66%	6.21	4.62
SOUTH GEORGIA MEDICAL CEN	7	0	\$9,399.13	\$0.00	0.00%	2	0	5	0	\$1,879.83	\$0.00	0.00%	7.76	0.00
LAKE CITY SURGERY CENTER	8	18	\$7,638.48	\$5,162.08	47.97%	20	11	20	12	\$381.92	\$430.17	-11.22%	31.04	18.47
LASER AND OUTPATIENT SURGERY CENTER INC	9	24	\$5,701.16	\$2,300.32	147.84%	4	2	5	4	\$1,140.23	\$575.08	98.27%	7.76	6.16
H2 REHABILITATION SERVICES OF FLORIDA LLC	10	22	\$5,346.21	\$2,371.85	125.40%	12	14	107	92	\$49.96	\$25.78	93.79%	166.08	141.63
All Other			\$34,328.11	\$225,432.90	-84.77%	54	137	79	214	\$434.53	\$1,053.42	-58.75%	122.62	329.44
Total			\$1,014,283.42	\$677,124.95	49.79%	216	235	568	539	\$1,785.71	\$1,256.26	42.14%	881.65	829.76

Professional														
Provider Full Name	Rank		Paid Amt			Members		Services		Paid Per Service			Services/1000	
	Current	Prior	Current	Prior	% Chg	Current	Prior	Current	Prior	Current	Prior	% Chg	Current	Prior
KHAN, WASEEM	1	1	\$71,308.92	\$37,841.73	88.44%	5	7	51	91	1,398.21	415.84	236.24%	79.16	140.09
DICKERSON, LAURA C	2	3	\$63,864.91	\$21,485.12	197.25%	8	8	201	143	317.74	150.25	111.48%	311.99	220.14
THOMPSON, MARK E	3	0	\$30,140.71	\$0.00	0.00%	1	0	115	0	262.09	0.00	0.00%	178.50	0.00
PERKINS, CHARLES L	4	6	\$18,496.61	\$10,156.83	82.11%	1	2	44	26	420.38	390.65	7.61%	68.30	40.03
GLENN, JEFFREY C	5	70	\$16,930.22	\$2,328.27	627.16%	13	10	253	56	66.92	41.58	60.96%	392.70	86.21
ROSENBERG, JASON J	6	427	\$15,956.85	\$280.82	5582.23%	3	2	11	3	1,450.62	93.61	1449.81%	17.07	4.62
BALAMUCKI, CHRISTOPHER J	7	0	\$14,133.82	\$0.00	0.00%	1	0	25	0	565.35	0.00	0.00%	38.80	0.00
QUEST DIAGNOSTICS INC	8	7	\$10,798.58	\$9,686.57	11.48%	284	300	1,683	2,146	6.42	4.51	42.13%	2,612.34	3,303.66
LEE, MATTHEW C	9	0	\$10,327.89	\$0.00	0.00%	1	0	5	0	2,065.58	0.00	0.00%	7.76	0.00
MAMMOGRAPHY AND ULTRASOUND IMAGING CENTER PLLC	10	11	\$9,509.22	\$8,619.21	10.33%	35	37	87	79	109.30	109.10	0.18%	135.04	121.62
All Other			\$661,993.65	\$676,409.33	-2.13%	622	627	7,360	7,701	89.94	87.83	2.40%	11,424.14	11,855.29
Total			\$923,461.38	\$766,807.88	20.43%	630	639	9,835	10,245	93.90	74.85	25.45%	15,265.81	15,771.65

Notes:
- ALOS = Average Length of Stay.
- Number of members are distinct within category.