

REQUEST FOR PROPOSALS

ONSITE or NEAR SITE MEDICAL CENTER FOR COVERED EMPLOYEES,
RETIREES AND DEPENDENTS FOR THE SUWANNEE COUNTY SCHOOL BOARD

RFP No. 15-203

Suwannee County School Board
702 2nd Street NW
Live Oak, FL 32064

**ONSITE or NEAR SITE MEDICAL CENTER FOR COVERED EMPLOYEES, RETIREES
AND DEPENDENTS FOR SUWANNEE COUNTY SCHOOL BOARD
Request for Proposals (RFP) No. 15-203**

Firms shall provide a proposal for an onsite company medical facility.

Sealed proposals will be received until October 15, 2015 at 2pm, at the following address:

**Suwannee County School Board
702 2nd Street NW
Live Oak, FL 32064**

The responsibility for submitting proposals before the stated time and date is solely that of the contractor.

The Suwannee County School Board will not be responsible for delays caused by mail, courier service, including U.S. Mail, or any other occurrence.

The Suwannee County School Board reserves the right to accept any proposal deemed to be in the best interest of the Suwannee County School Board, or waive any informality in any proposal. The Suwannee County School Board may also reject any and all proposals.

You should be aware that the Suwannee County School Board is subject to the Public Records laws of the State of Florida. Any documents provided by vendors to the Suwannee County School Board, which may include any and/or all documents that you provide, are subject to Florida's broad public records laws and must be provided to any person upon request.

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SECTION I – OVERVIEW

A. INTRODUCTION / BACKGROUND

The Suwannee County School Board (hereinafter referred to as “SCSB” or the “District”) desires to receive proposals to provide an onsite company medical facility for covered employees, employee dependents, retirees and retiree dependents effective **May 1, 2016** or sometime thereafter. Information can be found **under attachments** of the RFP.

SCSB employs approximately 750 employees, the majority of which live in Suwannee County, Florida. Of the active employees, dependents and retirees, most live in Live Oak, FL. However, a portion of the District’s population lives and works in Branford, FL, which is approximately 25 miles south of Live Oak. This presents a potential issue on the site of a clinic.

The District’s health plan is a fully insured plan with Florida Blue. Florida Blue has indicated it will not make prospective premium adjustments to the plan should the District move forward with a clinic. Instead, any reduction in claims in the plan as a result of the clinic would improve SCSB’s renewal position. The District will consider a self-insured arrangement to be effective with the implementation of the clinic if it deems this arrangement to be advantageous to the District.

B. PURPOSE

The District is seeking proposals for the purpose of evaluating the feasibility of an on-site/near site medical clinic. SCSB makes no representation that it is fully committed to this model, but that it is simply considering it as a part of its overall employee benefits strategy. An analysis of the responses to this RFP will in part determine whether the District moves forward with awarding a bid in response to this RFP.

C. RFP TIMETABLE

The anticipated schedule for this RFP and contract approval is as follows:

RFP Issued	September 15, 2015
Deadline for receipt of questions	October 1, 2015, 5pm
Deadline for receipt of proposals	October 15, 2015, 2pm
Review of Proposals	Anticipated, Oct. 15 – Oct. 30, 2015
Finalist Presentations (if necessary)	Anticipated, Nov. 9 – Nov. 20, 2015
Board approval (if necessary)	Anticipated, TBD
Contract Award (if necessary)	Anticipated, TBD
Projected contract start date (if necessary)	Anticipated, May 1, 2016 (or sometime thereafter)

D. PROPOSALS SUBMISSION

An original and two (2) copies of firm's proposal along with a flash drive inclusive of the electronic response in excel to the Questionnaire (Section VI – A, B and C) will be opened after October 15, 2015 at the following address:

Suwannee County School Board

702 2nd Street NW

Live Oak, FL 32064

The original and all copies must be submitted to the District in a sealed envelope or container stating on the outside the firm's name, address, telephone number, RFP number and title, and due date. **E-mail responses will be not accepted, nor will proposals without the flash drive of the excel response to the Questionnaire (Section VI – A, B and C).**

The responsibility for submitting a response to this RFP to SCSB on or before the stated time and date will be solely and strictly that of the contractor. The District will not be responsible for delays caused by the U.S. Post Office or caused by any other entity or by any occurrence. Responses received after the RFP due date and time may not be accepted and may not be considered.

E. CONTACT PERSON

The contact person for this RFP is Vickie Depratter, Chief Financial Officer. Ms. Depratter may be reached by phone: 386-647-4609; or email: vickie.music@suwannee.k12.fl.us

SCSB is authorized to have oral communications with prospective Vendors relative to matters of process or procedures only. Requests for additional information or clarifications must be made in writing to Ms. Depratter by email only. Please send all questions to vickie.music@suwannee.k12.fl.us

SCSB will issue replies to inquiries and additional information or amendments deemed necessary in written addenda, which will be issued prior to the deadline for responding to this RFP.

Vendors should not rely on representations, statements, or explanations other than those made in this RFP or in any addendum to this RFP.

Vendors are advised that oral communications between the Vendors or their representatives and the Superintendent or School Board members and their respective staff, or members of the District's administrative staff to include the Superintendent and his staff, or evaluation committee members is prohibited.

F. CONE OF SILENCE

Vendors are advised that a vendor or anyone representing the vendor cannot communicate with Gallagher Benefits Services, any Board member, or any SCSB employee, other than the designated SCSB contact person, Vickie Depratter, regarding its bid, i.e., a "Cone of Silence". The "Cone of Silence" is in effect from the date/time that the bid is first advertised by the District. The "Cone of Silence" will terminate 30 days after the bid opening.

G. TERM OF CONTRACT

This contract shall commence the day specified in the contract as a result of negotiations, and remain in effect for a period of three (3) years.

The District has the option to renew the contract at its sole discretion for an additional three (3) additional one (1) year periods. Renewal of the contract is a SCSB prerogative, not a right of the contractor. Such option will be exercised, if at all, only when it is in the best interest of the District.

In the event that the contract is held over beyond the term herein provided it shall only be from a month-to-month basis only and shall not constitute an implied renewal of the contract. Said month to month extension shall be upon the same terms of the contract and at the compensation and payment provided herein, and shall not exceed six (6) months.

H. CONSULTANT/BROKER INFORMATION

Gallagher Benefits Services is the exclusive Consultant/Broker of Record for SCSB. All proposals must be submitted through SCSB. All onsite company medical facility proposals will be net of commissions.

SECTION II – PROPOSAL FORMAT

Proposals must contain the following documents, each fully completed, and signed as required. If any items are omitted, Vendors must submit the documentation within five (5) calendar days upon request from the District, or the proposal shall be deemed non-responsive. The District will not accept cost information after deadline for receipt of proposal.

A. CONTENTS OF PROPOSAL

1. Title Page: Show the subject, the name of the vendor, address, telephone number and the date.
2. Table of Contents: Include a clear identification of the material by section and page number.
3. Letter of Transmittal: Give the names of the persons who will be authorized to make representations for the vendor, their titles, addresses and telephone numbers.
4. Documents to be Completed and Returned: Section VI of RFP with all required information completed and all signatures as specified. Any modifications or alterations to these forms shall not be accepted and proposal will be rejected. The enclosed original forms will be the only acceptable forms along with a flash drive inclusive of the electronic response in excel to the Questionnaire (Section VI – A, B and C).

SECTION III – SELECTION PROCESS

The procedure for response evaluation and selection is as follows:

1. Request for Proposals issued.
2. Receipt of responses.
3. Opening of responses and determination if they meet the minimum standards of responsiveness.
4. SCSB will analyze the proposals.
5. Gallagher Benefit Services, Inc. (GBS) will recommend to the Selection Committee the response that it deems to be in the best interest of the District.
6. After considering the recommendation(s) made by GBS and the Selection Committee, the Superintendent shall recommend to the Board the response which the Superintendent deems to be in the best interest of the District. This may include a recommendation that the District not pursue an on-site medical center.
7. The Board shall consider the Superintendent's recommendation(s) and, if appropriate, approve the Superintendent's recommendation(s). The Board may reject Superintendent's recommendation(s) and select another response or responses. In any case, the Board shall select the response or responses which it deems to be in the best interest of the District. The Board may also reject all proposals.
8. Negotiations between the selected respondent and SCSB will take place to arrive at a contract. If the District and the first ranked vendor do not come to terms, SCSB may enter into an agreement with other vendors.
9. A proposed contract or contracts are presented to the Board for approval, modification and approval, or rejection.

Important Note:

By submitting a response, all Vendors shall be deemed to understand and agree that no property interest or legal right of any kind shall be created at any point during the aforesaid evaluation/selection process until and unless a contract has been agreed to and signed by both parties.

SECTION IV – ONSITE COMPANY MEDICAL FACILITY EVALUATION CRITERIA

A. SCOPE OF ASSIGNMENT

SCSB is seeking a worksite healthcare program and services that will extend the District's pre-employment activities through employment, and encompassing occupational and non-occupational health concerns, including coordination with the District's workers compensation and group medical benefits programs.

The goal is to achieve efficient and optimal screening of employees as they enter the workforce, and provide basic health services while in the workforce, including appropriate basic healthcare and wellness/disease management, and preventative medicine and testing services.

The District anticipates providing appropriate space for a clinic at a location to be determined.

Specific services desired to be considered as an option include:

1. Pre-employment physicals for new hires, which may include:
 - a. Chest x-rays.
 - b. EKGs.
 - c. Pulmonary function testing.
 - d. Drug testing.
2. Annual mandatory testing/services, which include:
 - a. Required DOT annual physicals for bus drivers.
 - b. Chest x-rays, EKGs, pulmonary function testing based on the nature of the physical.
3. Medical Center access for employee minor illnesses.
4. Prescription drug dispensing for most common generic prescriptions.
5. Coordination of wellness/disease management program services.
 - a. Health education program.
 - b. Health risk assessment administration and follow-up including onsite blood draw for cholesterol (LDL, TTL, HDL, triglycerides, glucose).
 - c. Disease management services.
 - d. PSA testing.
 - e. Annual flu shots.
6. Strategic short term and long term planning for health/wellbeing.
7. Workers Compensation
8. Other services (propose optionally) that appropriately supplement the preceding.

All of these services should be tied into integrated software that records and coordinates data and findings for evaluation by the medical professionals in their service to clientele/patients.

The software should also include capability for employees to schedule appointments, and for appointment intervals to be appropriately spaced. However, employees should also have the option of scheduling by telephone.

B. STAFFING

SCSB expects that the onsite company medical facility will be staffed by a physician and a possibly physician's assistants and/or a registered nurse practitioner(s) as required by the District.

Appropriate staff should be included to schedule appointments, perform blood draws, and other appropriate services.

Vendors should provide an opinion and specifics regarding the most appropriate staffing and hours of operation for the onsite facility, given the services desired by the District and the number and types of employees.

The District should also be given assurances that the medical professionals involved in directing and staffing the program are adequately trained, experienced and certified or credentialed in occupational and non-occupational (e.g. family practice) medical care.

C. VENDOR CREDENTIALS/REFERENCES

Vendors are requested to submit credentials of the firm, and personnel specifically assigned to SCSB, and references for similar services provided elsewhere, preferably in Florida, and preferably for public entities.

State, if known at the time of the proposal, the names and credentials of specific personnel that might be assigned to the District. If specific personnel are not known at the time of the proposal, state the types of credentials and professional experience that will be assured in designating specific individuals to provide staffing for the services to be delivered.

Vendors are required to perform national and extensive background checks of selected staff.

D. RESPONSIBILITY/PROFESSIONAL LIABILITY/INSURANCE

Vendors and any subcontractors shall agree to hold harmless/indemnification and payment on behalf of the District for any losses sustained resulting from their negligent acts and shall procure, maintain, and submit proof (certificates) of insurance, including at least \$1,000,000 general and automobile liability, workers compensation and employer's liability insurance. The District is to be listed as an "additional insured" for general and automobile liability insurance.

Vendors and any subcontractors should also agree to accept legal responsibility for provision or lack of provision of their professional services in the form of hold harmless/indemnification and payment on behalf of SCSB for the rendering of or failure to render healthcare acts and shall procure, maintain and submit proof (certificate) of insurance, including at least \$1,000,000 to \$3,000,000 of professional (malpractice) liability insurance.

If greater amounts of coverage are purchased and available under this contract, specify.

E. FACILITY REQUIREMENTS

Vendor may propose selected location and preparation of that location in a location that is acceptable at its sole and absolute discretion to the District.

Vendors should indicate the square footage area of space that should be allocated to the facility, and provide information about its desired configuration, including office space and rooms for patient screening, and any special electrical, plumbing or other mechanical needs. Adequate training space should also be anticipated.

F. PLAN OF ACTION TIMETABLE

Vendors should provide an attachment of their suggested plan of action and timetable for renovating and furnishing the facility, receipt of background information needed from the District (e.g. employment records and medical health data, etc.), planning and developing communications materials about the program, for implementation of the program, etc.

Specific details should be given regarding how the successful Vendor will coordinate the wellness/disease management program, from analysis of available data, through promotion of health risk assessments (and administration and evaluation of HRAs), and personal interactions with employees to pursue plans for health improvement.

Address how the firm will assure compliance with HIPAA privacy requirements.

G. REPORTS

Vendors should explain the types of reports to be furnished to the District regarding workplace healthcare activity, identification of problem areas, and implementation of wellness and other programs, and measurement of program success.

Sample reports should be enclosed in the proposal.

H. COST

Vendors are to explain the basis for their costs, the frequency of their billings and when payment will be expected.

Be specific about explaining basic/fixed costs, as well as variable costs.

Where variable costs are provided, please attempt to estimate realistic utilization and apply the per unit cost in an attempt to develop an estimated annual cost.

I. PERFORMANCE GUARANTEES

Vendors should offer performance guarantees, setting forth various standards for services to be provided, and at-risk financial penalties for failure to meet such standards.

J. OTHER SERVICES

Please describe and state the costs for other related services which you think may be of

value to the District in addition to what has been requested.

K. ADDITIONAL INFORMATION NEEDED

Vendors are requested to submit as soon as possible, in writing, a listing of any additional information that may be necessary to develop a proposal. The deadline for additional information and/or questions is October 1, 2015 at 5pm.

SECTION V – LEGAL TERMS AND CONDITIONS

A. MODIFICATION/WITHDRAWALS OF SUBMITTALS

A contractor may submit a modified response to replace all or any portion of a previously submitted response up until the RFP due date and time. Modifications received after the RFP due date and time will not be considered.

Responses shall be irrevocable until contract award unless withdrawn in writing prior to the RFP due date or after expiration of 120 calendar days from the opening of responses without a contract award. Letters of withdrawal received after the RFP due date and before said expiration date and letters of withdrawal received after contract award will not be considered.

B. RFP POSTPONEMENT/CANCELLATION/REJECTION

The District may, at its sole and absolute discretion, reject any and all, or parts of any and all, responses; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP or in any responses received as a result of this RFP.

C. COST INCURRED BY VENDORS

All expenses involved with the preparation and submission of responses to the District, or any work performed in connection therewith, shall be the sole responsibility of the contractor(s) and not be reimbursed by the District.

D. EXCEPTIONS TO RFP

Vendors must clearly indicate any exceptions they wish to take to any of the terms in this RFP, and outline what alternative is being offered. The District, after completing evaluations, may accept or reject the exceptions. In cases in which exceptions are rejected, the District may require the Vendor to furnish the services or goods originally described, or negotiate an alternative acceptable to the District.

E. SUNSHINE LAW

Vendors are hereby notified that all information submitted as part of a response to this RFP will be available for public inspection after opening of responses, in compliance with Chapter 286, Florida Statutes, known as the Florida Government in the Sunshine Law.

F. PUBLIC RECORD LAW

Upon award recommendation or ten (10) days after opening, whichever is earlier, any material submitted in response to this RFP will become a "public record" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes (Public Record Law). Vendors must claim the applicable exemptions to disclosure provided by law in their response to the RFP by identifying materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary and legal. If the Vendor

requests such exclusion, the Vendor shall defend and indemnify the District from any claims and damages that may be incurred. The District reserves the right to make any final determinations of the applicability of the Public Record Law.

G. NEGOTIATIONS

The District may award a contract on the basis of initial offers received, without discussion, or may require Vendors to give oral presentations based on their responses. The District reserves the right to enter into negotiations regarding of terms and conditions with the selected Vendor, and if the District and the selected Vendor cannot negotiate a mutually acceptable contract, the District may terminate the negotiations and begin negotiations with the next selected Vendor. This process may continue until a contract has been executed or all responses have been rejected. No Vendor shall have any rights in the subject project or property or against the District arising from such negotiations.

H. PROTEST PROCEDURES

Vendors that are not selected may protest any recommendation for selection of award in accordance with the District bid protest procedures. **Protest not timely pursuant to the requirements of the District's bid protest procedures shall be barred.**

I. RULES; REGULATIONS; LICENSING REQUIREMENTS

Vendors are expected to be familiar with and comply with all Federal, State and local laws, ordinances, codes, and regulations that may in any way affect the services offered, including the Americans with Disabilities Act, Title VII of the Civil Rights Act, the EEOC Uniform Guidelines, and all EEO regulations and guidelines. Ignorance on the part of the Vendor will in no way relieve it from responsibility for compliance.

J. DEFAULT

Failure or refusal of a Vendor to execute a contract upon award by the District, or untimely withdrawal of a response before such award is made and approved, may result in forfeiture of that portion of any surety required as liquidated damages to the District; where surety is not required, such failure may result in a claim for damages by the District and may be grounds for removing the Vendor from the District's vendor list.

K. CONFLICT OF INTEREST

The award of contract is subject to the provisions of Chapter 112, Florida Statutes. All proposals shall disclose the name of any officer, director or agent who is also an employee of the District. Further, all proposals shall disclose the name of any District employee who owns, directly or indirectly, an interest of five per cent or more in the vendor's firm or any of its branches. Failure to make such disclosure in the proposal may be cause for proposal disqualification as nonresponsive.

L. VENDOR'S RESPONSIBILITY

Before submitting responses, each Vendor shall make all investigations and examinations necessary to ascertain all conditions and requirements affecting the full performance of the contract. Ignorance of such conditions and requirements resulting from failure to make such investigations and examinations will not relieve the successful

Vendor from any obligation to comply with every detail and with all provisions and requirements of the contract documents, or will be accepted as a basis for any claims whatsoever for any monetary consideration on the part of the Vendor.

M. RELATION OF DISTRICT

It is the intent of the parties hereto that the successful Vendor be legally considered to be an independent Vendor and that neither the Vendor nor the Vendor's employees and agents shall, under any circumstances, be considered employees or agents of the District.

N. SUBCONTRACTING/INTERMEDIARIES

Where vendors do not have the "in-house" capability to perform work desired in the Request for Proposals, subcontracting may be permitted with prior knowledge and approval of the District. The District must be assured and agree that any proposed subcontractor(s) can perform the work to the desired quality and in a timely manner. Therefore, the name of any intended subcontractor(s) should be identified in the proposal.

The District prefers direct proposals from worksite healthcare firms, without payment of commissions or finder's fees to intermediaries, e.g. insurance agents or brokers. However, if such relationships and arrangements exist, the District expects full disclosure of the remuneration being paid to such intermediaries (regardless of what it is called) and to what extent the District will be allowed to control whether such involvement and cost will be continued after the first year of the service.

O. USE OF PROPOSAL CONTENTS

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

P. PUBLIC ENTITY CRIMES (PEC)

A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crimes may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, sub-contractor, or Vendor under a contract with a public entity, and may not transact business with any public entity in excess of the threshold amount provided in Sec. 287.017, for CATEGORY TWO (\$25,000.00) for a period of 36 months from the date of being placed on the convicted vendor list.

Q. ASSIGNMENT

The successful Vendor shall not enter into any sub contract, retain Vendors, or assign, transfer, convey, sublet, or otherwise dispose of this contract, or of any or all of its right, title, or interest therein, or its power to execute such contract to any person, firm, or corporation without prior written consent of the District. Any unauthorized assignment shall constitute a default by the successful Vendor.

R. INDEMNIFICATION

The successful Vendor shall be required to agree to indemnify, to defend and hold harmless the District and its officers, employees, and agents, from and against any and all actions, claims, liabilities, losses and expenses, including but not limited to attorney's fees, for personal, economic or bodily injury, wrongful death, loss of or damage to property, in law or in equity, which may arise or be alleged to have arisen from the negligent acts or omissions or other wrongful conduct of the successful Vendor, its employees, or agents in connection with the performance of service pursuant to the resultant Contract; the successful Vendor shall pay all such claims and losses and shall pay all such costs and judgments which may issue from any lawsuit arising from such claims and losses, and shall pay all costs expended by the District in the defense of such claims and losses, including appeals.

S. TERMINATION FOR DEFAULT

If through any cause within the reasonable control of the successful Vendor, it shall fail to fulfill in a timely manner, or otherwise violate any of the covenants, agreements, or stipulations material to the Agreement, the District shall thereupon have the right to terminate the services then remaining to be performed by giving written notice to the successful Vendor of such termination which shall become effective upon receipt by the successful Vendor of the written termination notice.

In that event, the District shall compensate the successful Vendor in accordance with the Agreement for all services performed by the Vendor prior to termination, net of any costs incurred by the District as a consequence of the default.

Notwithstanding the above, the successful Vendor shall not be relieved of liability to the District for damages sustained by the District by virtue of any breach of the Agreement by the Vendor, and the District may reasonably withhold payments to the successful Vendor for the purposes of set off until such time as the exact amount of damages due the District from the successful Vendor is determined.

T. TERMINATION FOR CONVENIENCE OF DISTRICT

The District may, for its convenience, terminate the services then remaining to be performed at any time without cause by giving written notice to successful Vendor of such termination, which shall become effective thirty (30) days following receipt by Vendor of such notice. In that event, all finished or unfinished documents and other materials shall be properly delivered to the District. If the Agreement is terminated by the District as provided in this section, the District shall compensate the successful Vendor in accordance with the Agreement for all services actually performed by the successful Vendor and reasonable direct costs of successful Vendor for assembling and delivering to District all documents. No compensation shall be due to the successful Vendor for any profits that the successful Vendor expected to earn on the balance of the Agreement. Such payments shall be the total extent of the District's liability to the successful Vendor upon a termination as provided for in this section.

U. Compliance with All Applicable Policies, Laws, Ordinances, Etc.

Vendors are hereby advised that this RFP is further subject to SCSB Purchasing Guidelines and Policies. Purchases are bound of all such items.

V. ACCEPTANCE OF GIFTS, FAVORS, SERVICES

Vendors shall not offer any gratuities, favors, or anything of monetary value to any official, employee, or agent of the District, for the purpose of influencing consideration of this proposal.

**SECTION VI - DOCUMENTS TO BE COMPLETED
AND RETURNED OR PROVIDED WITH PROPOSAL RESPONSE**

A. FORMS

- a. Required Response Form ☐
- b. Acknowledgment of Addenda ☐
- c. Public Entity Crime Form ☐
- d. Statement of No Response ☐

B. QUESTIONNAIRE RESPONSE

- a. Vendor Profile ☐
- b. General Questionnaire
 - i. Administrative and Operational Capabilities ☐
 - ii. Compliance and HIPAA ☐
 - iii. Cost Analysis ☐
 - iv. Credentialing and Quality Management ☐
 - v. Delivery of Care ☐
 - vi. Firm Qualifications ☐
 - vii. Prescription Drugs ☐
 - viii. Provider Contracting ☐
 - ix. Reporting ☐
 - x. Workers Compensation ☐
- c. Forms
 - i. Client References ☐
 - ii. Recommendations for Type of Medical Facility ☐
 - iii. Qualifications for Staffing a Medical Center ☐
 - iv. Details of Any Lawsuits Referenced ☐
 - v. Conflicts of Interest ☐
 - vi. Primary Care Services ☐
 - vii. On-Site Medications ☐
 - viii. Costs and Fees ☐

C. ATTACHMENTS

- a. Employee and Retiree Communications Sample ☐
- b. Wellness Communications Materials Sample ☐
- c. Company's Service Team ☐
- d. Medical Protocols ☐
- e. Description of HIPAA Breaches ☐
- f. HIPAA Privacy Notice and Policies and Procedures Documentation ☐
- g. Medical Equipment Lease Agreement and Terms ☐
- h. ROI and Cost Estimated Savings ☐
- i. Outlined Performance Guarantees and Criteria ☐
- j. Timeline for Implementation With All Major Activities Profiled ☐

Questionnaire Section

Please complete the questions for your company's RFP response to the Questionnaire portion of this RFP. Answer the questions at the beginning of each section by checking Yes or No where appropriate, or by providing a brief answer in the comments section. The second part of questions in each section will require more detailed responses as indicated by the space allotted. The questions for this portion of the RFP are located in the Microsoft Excel document. Fill out all of the answers in the unprotected spreadsheet electronically.

Forms

The Forms portion of this RFP response will require completion of parts in both this document as well as the Microsoft Excel Document. The Required Response form, Acknowledgment of Addenda, Public Entity Crime Form, and Statement of No Response are to be filled out in this Microsoft Word Document (They are found starting on the following page). The rest of the forms should be filled out electronically in the Microsoft Excel document. The Forms are located at the bottom of the spreadsheet in tabs and differentiated by letter. Directions for filling out each form are available under the Forms section in the spreadsheet.

Attachments

Please read the following directions for attachments that are required for your company's RFP response to the attachments portion of this RFP. Each attachment should be submitted in binder format with each section separated by tabs. The tabs should be separated in alphabetical order.

Attachment A: Provide a sample of Employee and Retiree Communications. If your company charges for Employee Communications, indicate so in the attachment after the samples and itemize all communication expenses. Also, provide any and all reporting that is available for the District to review activity and statistics through the Nurse Line and/or Call Center.

Attachment B: Provide samples of any and all Wellness communication and promotional materials.

Attachment C: Provide an organizational chart of specific persons who will be responsible for overseeing and/or developing and managing the District of Delray's clinic. Also, provide resumes for all persons who will be responsible for overseeing and/or developing and managing the District of Delray's clinic including any and all credentials and qualifications to manage the clinic and/or medical facility.

Attachment D: Provide any and all Provider/physician practice protocols and/or guidelines used and enforced by your company.

Attachment E: Provide details of any HIPAA privacy or security complaints or breaches.

Attachment F: Provide a sample copy of your HIPAA Privacy Notice and Policies and Procedures.

Attachment G: Provide medical equipment lease agreement and terms.

Attachment H: Provide ROI and Cost Estimated Savings.

Attachment I: Provide Outlined Performance Guarantees and Criteria.

Attachment J: Provide a timeline for implementation with all major activities profiled.

**REQUEST FOR PROPOSAL NO. 15-203
REQUIRED RESPONSE FORM**

RELEASE DATE: **September 15, 2015**

TITLE: ONSITE COMPANY MEDICAL FACILITY FOR EMPLOYEES, RETIREES AND DEPENDENTS FOR THE SUWANNEE COUNTY SCHOOL BOARD

This Proposal must be submitted to the Suwannee County School Board, Purchasing Department, 702 2nd Street NW, Live Oak, FL 32064. Proposals received after 5pm on date due may not be considered.

One complete, original proposal including this **REQUIRED RESPONSE FORM** and two (2) copies must be fully executed and returned on or before 5pm. on date due to the Suwannee County School Board in accordance with the submittal requirements. Proposal must contain all information required to be included in the proposal as described herein.

VENDOR INFORMATION

VENDOR: (firm name): _____

STREET ADDRESS: _____

DISTRICT AND STATE: _____

VENDOR TELEPHONE: _____ VENDOR FAX: _____

VENDOR TOLL FREE: _____

CONTACT PERSON: _____

CONTACT PERSON'S ADDRESS: _____

CONTACT TELEPHONE: _____ CONTACT FAX: _____

CONTACT TOLL FREE: _____

INTERNET E-MAIL ADDRESS: _____ INTERNET URL: _____

VENDOR TAXPAYER IDENTIFICATION NUMBER: _____

Proposal Certification

I hereby certify that: I am submitting the following information as my company's proposal; I agree to **complete and unconditional acceptance of the contents of Pages 1 through 54 inclusive of this Request for Proposals, and all appendices and the contents of any Addenda released hereto; I agree to be bound to any** and all specifications, terms and conditions contained in the Request for Proposals, and any released Addenda and understand that the following are requirements of this RFP and failure to comply will result in disqualification of proposal submitted; Vendor has not divulged, discussed, or compared the proposal with other vendors and has not colluded with any other vendor or party to any other proposal; vendor acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws. If the above requirements cannot be met, please provide in detail any deviations.

Signature of Authorized Representative

Date

Name of Authorized Representative

Title of Authorized Representative

NOTE: Entries must be completed in ink or typewritten. This original Required Response Form must be fully executed and submitted with this Proposal. If vendor is not submitting a proposal to this RFP, complete the "Statement of No Response".

REQUEST FOR PROPOSALS NO. 15-203
ACKNOWLEDGMENT OF ADDENDA

Directions: Complete Part I or Part II, whichever applies.

Part I: Listed below are the dates of issue for each Addendum received in connection with this RFP No. 101709

Addendum No. 1, Dated _____

Addendum No. 2, Dated _____

Addendum No. 3, Dated _____

Addendum No. 4, Dated _____

Addendum No. 5, Dated _____

Part II: _____ No addendum was received in connection with this RFP.

Verified with Procurement staff

Name of staff

Date

(Contractor -Name)

(Date)

(Signature)

**SWORN STATEMENT UNDER SECTION
287.133(3) (a), FLORIDA STATUTES, ON PUBLIC
ENTITY CRIMES**

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

1. This sworn statement is submitted to _____
[print name of public entity]

by _____
[print individual's name and title]

for _____
[print name of entity submitting sworn statement]

whose business address is _____

and (if applicable) its Federal Employer Identification Number (FEIN) is _____ (If the

entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement:

_____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), **Florida Statutes**, means:

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

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

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[signature]

Sworn to and subscribed before me this _____ day of _____,

2015

Personally known _____

OR Produced identification _____ Notary Public - State of _____

_____ My commission expires _____
(Type of Identification)

REQUEST FOR PROPOSAL NO. 15-203
STATEMENT OF "NO" RESPONSE

If your company will not be submitting a response to this Request for Proposal, please complete this Statement of "No" Response Sheet and return, prior to the RFP Due Date established within, to:

Suwannee County
School Board
702 2nd Street NW
Live Oak, FL 32064

Bid/RFP Number: _____ Title: _____

Company _____ Name: _____

Contact: _____

Address: _____

Telephone: _____ Facsimile: _____

√	Reasons for "NO" Response:
	Unable to comply with product or service specifications.
	Unable to comply with scope of work.
	Unable to quote on all items in the group.
	Insufficient time to respond to the Request for Proposal.
	Unable to hold prices firm through the term of the contract period.
	Our schedule would not permit us to perform.
	Unable to meet delivery requirements.
	Unable to meet bond requirements.
	Unable to meet insurance requirements.
	Other (Specify below)

Comments: _____

Signature: _____ Date: _____

Client / Employer Profile Information		Comments / Response
1	Total Number of Clients	
	Total # of Clients under 300 employees	
	Total # of Clients from 301 to 600 employees	
	Total # of Clients from 601 to 1,000 employees	
	Total # of clients over 1,000 employees	
2	Total Number of Clients that have been clients for 2 or more years	
	# of Clients under 300 employees	
	# of Clients from 301 to 600 employees	
	# of Clients from 601 to 1,000 employees	
	# of clients over 1,000 employees	
3	Total Number of Clients that have been clients for 3 or more years	
	# of Clients under 300 employees	
	# of Clients from 301 to 600 employees	
	# of Clients from 601 to 1,000 employees	
	# of clients over 1,000 employees	

4	How many total school district clients do you provide service for?	
	# of Clients under 300 employees	
	# of Clients from 301 to 600 employees	
	# of Clients from 601 to 1,000 employees	
	# of clients over 1,000 employees	
5	How many clients have you helped or been involved with, that terminated their clinic (or plans to terminate their clinic)?	
	# of Clients under 300 employees	
	# of Clients from 301 to 600 employees	
	# of Clients from 601 to 1,000 employees	
	# of clients over 1,000 employees	
If any terminations have or are being considered, please itemize who, why and when		

Questionnaire

Please complete the following questions for your company's RFP response to the Questionnaire portion of this RFP. Answer the questions at the beginning of each section by checking "YES" or "NO" where appropriate, or by providing a brief answer in the "Comments/Responses" section. The second part of questions in each section will require more detailed responses as indicated by the space allotted. Fill out all of the answers in the unprotected spreadsheet electronically.

Administrative and Operational Capabilities		Yes	No	Comments / Response
1	Can members schedule appointments online?			
2	Are phone scheduling appointments done at the clinic or at a different administrative office?			
3	Can the District choose to offer general primary care coverage to part-time employees or employees who do not participate in the District's medical plan?			
4	Will there be any additional charges for Fit for Duty physicals required before hiring a person?			
5	Do any of your clients provide pre-hire and random drug testing?			
6	Would there be any additional fees or expenses in provider compensation to perform the pre-hire or random drug testing?			
7	Does your company recommend that the District includes drug testing as a standard service?			
8	Does your company offer a Nurse Line toll free 800# 24 hours a day?			
9	Does your company offer online Nurse Chat? If so, please provide hours of availability			
10	Does your company provide a call center for scheduling appointments and dealing with member issues and/or complaints? If so, please provide normal hours of operation.			
11	Does your company have a website for employees to promote and encourage the clinic?			
12	Is your company website tailored and customized to SCSB?			
13	Does your company provide ready to use templates for SCSB to customize and develop their own communication campaign?			
14	Will your company fully indemnify SCSB, any employee or representative of SCSB for any and all law suits and claims resulting in the operations and delivery of care provided by the clinic?			
15	Are the costs of malpractice included in your fees?			

Questionnaire				
Second Part of Administrative and Operational Capabilities Questions		Yes	No	Comments / Response
1	What special equipment will be needed?			
2	Describe how employee and member satisfaction is measured and reported.			
3	Does your company provide Clinic staff and/or providers with any employee benefits? If so, please describe benefits offered, and their monthly contributions.			
4	Describe and detail all items included in your Start Up Fee			
5	Describe any and all services included in your ongoing administrative fees			
6	Describe any and all legal liability that SCSB may have in implementing a Medical Center/Clinic that your company will not indemnify			
Compliance and HIPAA		Yes	No	Comments / Response
1	Is your firm fully compliant with all HIPAA requirements?			
2	Define who is your Privacy Officer and provide their resume in Attachment J			
3	Are the storage methods HIPAA compliant?			
Second Part of Compliance and HIPAA Questions				
1	Describe any and all systems put in place to assure PHI privacy and data security			
2	How do you store medical records?			
Cost Analysis		Yes	No	Comments / Response
1	What is the average ROI realized for the average client?			
2	Is there any negotiations/contracts with insurance/reinsurance carriers to realize savings off the clients' premiums?			

Questionnaire			
3	What is the typical insurance premium reduction seen for clients that open a clinic?		
Second Part of Cost Analysis Questions			
1	How do you measure ROI?		
2	Please list the various areas that your clients have realized savings, and an average savings realized		
Credentialing and Quality Management		Yes	No
1	Does your organization have a fulltime Medical Director on staff? If so, please provide his/her specialty, board certification and/or credentials.		
2	Does your organization have a fulltime Pharm D on staff? If so, please provide his/her specialty, board certification and/or credentials.		
3	Does your organization have a part-time Medical Director on staff? If so, please provide his/her specialty, board certification and/or credentials.		
4	Does your organization have a part-time Pharm D on staff? If so, please provide his/her specialty, board certification and/or credentials.		
Delivery of Care		Yes	No
1	Do you contract with an outside Disease Management Company to perform DM services?		
2	Does your company provide specific practice protocols to your hired or contracted physicians?		
3	Does your company provide clinical or management persons to audit and/or review each physicians', nurse or other license medical personnel, and administrative persons' care and/or operations provided onsite?		
4	Do you contract with a lab for your testing? Please provide name of lab		
5	Does your company provide a Health Risk Assessment?		
6	Does your company have the ability to conduct an HRA electronically?		
7	Are there additional costs either administratively or other for using your HRA?		

Questionnaire			
8	Can your company provide details to the District on who completed their HRA?		
9	Can your company provide details on the potential Health risk of certain individuals from the HRA (provided BA agreements are in place)?		
10	How long have you used your current HRA?		
11	How long does it take for your company to provide results of the HRA to the individual being tested?		
12	Can your company produce detailed claims data for exporting to contracted insurance carriers?		
Second Part of Delivery of Care Questions		Yes	No
1	How does your company identify high-risk members for targeted DM or Wellness intervention?		
2	When a disease has been identified, what is the standard procedure utilized to elevate the care provided to the member within the health plan?		
3	Do you contract with any Wellness or Health Management Vendors to facilitate Wellness or DM? Please provide name of company and a description of the services that either you outsource to them or they perform for your company and/or your clients.		
4	Please outline all of the structured DM programs that you manage and/or have processes for		
5	How do you coordinate DM practices with the carrier(s) with whom SCSB contracts?		
6	Describe how you manage the performance of your hired or contracted physicians		
7	How does your company review and confirm individual member compliance with recommended DM programs?		
8	Describe what programs, systems and vendors you use to provide Disease Management Programs		
9	How and what do you advise your clients when they are coaching their employees about receiving care when the facility is not staffed by licensed providers?		
10	How do you and your centers provide messaging for employees after hours when the center is closed?		
11	Please provide information regarding the vendor that you use for your Health Risk Assessment		

Questionnaire			
12	Please provide details on how you would recommend increasing participation completing the HRA		
13	Describe the process for engaging an individual with an identified potential risk factor		
14	Describe any and all outreach suggestions that you have previously managed to obtain better HRA participation from people who have not participated		
Firm Qualifications		Yes	No
1	How long has your company been in business?		
2	How long has your company developed onsite / employer specific medical centers?		
3	Type of Corporation or Entity of your firm? S Corp, C Corp, LLC etc.		
4	Does your company have any potential conflicts of interest in developing a Medical Center or Clinic for SCSB? (If so, please include Attachment Form E)		
5	Where is the location of the management team overseeing the clinic?		
6	Identify who the point person will be in working with Gallagher Benefit Services		
7	Are there any lawsuits currently pending against your company or any of the Senior staff and/or owners of your company within the last 5 years?		
Second Part of Firm Qualifications Questions			
Please provide full information regarding any claim filed against your company or affiliated persons and/or management filed with local, state or federal regulatory agencies, business organizations, or outside agencies within the past 5 years.			
Please Fill out the information in the spaces provided below			
	Consultants Name:		
	Principal Office Address:		
	Official Representative:		

Questionnaire			
Type of Entity (Individual, Partnership, Corporation):			
If a Corporation, Answer this:			
When Incorporated:			
In What State:			
If a Foreign Corporation:			
Date of Registration with Florida Secretary of State:			
Name of Resident Agent:			
Address of Resident Agent:			
President's Name:			
Vice-President's Name:			
Treasurer's Name:			
Members of Board of Directors:			
If a Partnership:			
Date of organization:			
General or Limited Partnership (Designate General partners):			
Name and Address of Each Partner:			
Number of years of relevant experience in operating A/E business:			

Questionnaire			
	Have any agreements held by Consultant for a project ever been canceled?		
	Has the Consultant or any principals or the applicant organization failed to qualify as a responsible Bidder, refused to enter into a contract after an award has been made, failed to complete a contract during the past five years, or been declared to be in default in any contract in the last five years? If yes, please explain.		
	Has the consultant or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or into receivership? Yes or No. If yes, give date, court jurisdiction, action taken, and any other explanation deemed necessary.		
	Have person or persons interested in this bid and qualification form been convicted by a Federal, State, County, or Municipal Court of any violation of law, other than traffic violations? Yes or no. To include stockholders over ten percent (10%). (Strike out inappropriate words. Explain any convictions.)		
	Lawsuits (any) pending or completed involving the corporation, partnership or individuals with more than ten percent (10%) interest:		
	List all pending lawsuits:		
	List all judgments from lawsuits in the last five (5) years:		
	List any criminal violations and/or convictions of the Consultant and/or any of its principals:		
	Conflicts of Interest. The following relationships are the only potential, actual, or perceived conflicts of interest in connection with this proposal: (If none, state same.)		
	Public Disclosure. In order to determine whether the members of the Evaluation Committee for this Request for Proposals have any association or relationships which would constitute a conflict of interest, either actual or perceived, with any Consultant and/or individuals and entities comprising or representing such Consultant, and in an attempt to ensure full and complete disclosure.		
Prescription Drugs		Yes	No
1	Are supply/drug costs passed completely through to the client?		
2	Is there a MAC associated with the generics?		
3	Is there a formulary involved?		
4	Will rebates be available?		
5	Will this pharmacy/dispensary be part of the "pharmacy network"?		
6	Will there be pharmacy reports available? If yes, will the reports include and segregate the dispensary Rx data?		

Questionnaire			
7	Will the dispensary meet pharmacy quality control measures?		
8	Will the dispensary only dispense federal legend rugs or will there be any OTC (over-the-counter) drugs available?		
9	How will controlled substances be handled?		
Second Part of Prescription Drug Questions			
1	How will co-pays be handled?		
2	How are brand products priced?		
3	How are generic products priced?		
4	How will the "cash" be handled? Can the patient use credit cards, check, etc.?		
5	How will/can mail order be integrated into this system? Mandatory mail order available?		
6	How are refills handled?		
7	How will the pharmacy quality control measures for the dispensary be measured over time?		
8	How will controlled substances be handled?		
Provider Contracting		Yes	No
1	What model or reimbursement model do you use if the providers are paid on a fee for service basis?		
2	Do any of your centers run provider reimbursement through their contracts with a contracted health plan?		
3	How often are providers' rate and reimbursement negotiations? (annually, every 2 years, 3 years etc.)		
4	Will contracted physician(s) have admitting privileges to local hospitals?		

Questionnaire			
Second Part of Provider Contracting Questions			
1	How do you contract or hire your medical personnel? Fee for service, capitation, salary etc.?		
2	How is the reimbursement to the providers developed if salaried?		
3	How is the reimbursement to the providers developed if capitated?		
4	What kind of provider incentives do you offer to negotiate extended contracts beyond a year?		
5	How are medical staff vacations handled and coordinated?		
6	What and how do you cover Medical staff vacations?		
7	If providers will have admitting privileges, please provide the hospital and/or medical centers that give them these rights		
Reporting		Yes	No
1	Can you provide reporting based on Workers' Compensation claims separately from general medical claims?		
2	What is the frequency reporting that can be provided on specifically Workers' Compensation claims?		
3	What is the frequency reporting that can be provided on specifically medical and ax claims due to a sickness or injury not associated with Workers' Compensation?		
4	Does your company provide detailed utilization reporting on clinic encounters?		
5	Does your company provide HRA profiling report?		
6	Does your company provide detailed clinic provider referral information? If so, is this by member?		
7	Does your company provide an ROI or financial savings report?		
8	If your company provides an ROI report, is the ROI validated by a third source? If so, please provide entity information.		

Questionnaire			
9	Does your company provide your standard management reports online?		
Second Part of Reporting Questions			
1	Describe your company's standard management reporting packages included in your proposal?		
2	Describe any and all ad hoc management reporting packages available at additional costs and the cost associated with them		
Workers' Compensation		Yes	No
1	Describe the types of job-related injury issues that you would recommend to be addressed on site		
2	What are your procedures in dealing with escalated or major medical conditions?		
3	Describe the role of the clinic physician in conjunction with the City's job injury case management services.		
4	How are occurrences managed when the medical team is not available on the day an accident occurs?		

Questionnaire			
Forms	Yes	No	Comments / Response
Please complete the appropriate spaces for your company's RFP response to the Forms portion of this RFP. Fill out all of the answers in the unprotected spreadsheet electronically. The Forms are located at the bottom of the spreadsheet in tabs and differentiated by letter. The Required Response form, Acknowledgment of Addenda, Public Entity Crime Form, and Statement of No Response are to be filled out in the Microsoft Word document.			
1 Form A:			
Provide three client references (preferably who are public entities) including the entity name, contact person, phone number, years of service provided to client and brief overview of the client you are servicing, and whether the medical center is onsite at the employer location or off-sited including ownership. Also, provide contact information for former clients previously.			
2 Form B:			
Complete this form based on your recommendations of the type of onsite clinic or medical facility that you would recommend for SCSB.			
3 Form C:			
Complete this form based on the qualifications that you generally look for when staffing a client based medical center.			
4 Form D:			
Complete the form regarding any lawsuit referenced in the Firm Qualifications section of the questionnaire and provide an attachment with any and all additional details.			
5 Form E:			
Complete form regarding whether your company has any potential conflicts of interest in developing a Medical Center or Clinic for SCSB. (If so please include in the form)			
6 Form F:			
Complete the form regarding Primary Care Services			
7 Form G:			
Complete this form regarding the dispensing of medicine on-site.			
8 Form P:			

Questionnaire				
Complete this form regarding the costs and fees of your services.				
Attachments		Yes	No	Comments / Response
Please read the following directions for attachments that are required for your company's RFP Response to the Attachments portion of this RFP. Each attachment should be submitted in binder format with each section separated by tabs. The tabs should be separated by alphabetical order.				
1	Attachment A:			
	Provide a sample of Employee and Retiree Communications. If your company charges for Employee Communications, indicate so in the attachment after the samples and itemize all communication expenses. Also, provide any and all reporting that is available for the District to review activity and statistics through your Nurse line and/or call center.			
2	Attachment B:			
	Provide samples of any and all Wellness communication and promotional materials.			
3	Attachment C:			
	Provide organizational chart of specific persons who will be responsible for overseeing and/or developing and managing the clinic. Also, provide resumes for all persons who will be responsible for overseeing and/or developing and managing the clinic including any and all credentials and qualifications to manage the clinic and/or medical facility.			
4	Attachment D:			
	Provide any and all Provider/physician practice protocols and/or guidelines used and enforced by your company.			
5	Attachment E:			
	Provide details of any HIPAA privacy or security complaints or breaches.			
6	Attachment F:			
	Provide a sample copy of your HIPAA Privacy Notice and Policies and Procedures			
7	Attachment G:			
	Provide medical equipment lease agreement and terms			

Questionnaire			
8	Attachment H:		
	Provide ROI and Cost Estimated Savings		
9	Attachment I:		
	Provide Outlined Performance Guarantees and Criteria		
10	Attachment J:		
	Provide a timeline for implementation will all major activities profiled		

Form A

Questions	Comments / Response
1 Client Name:	
2 Number of Employees covered by center:	
3 SIC or Business:	
4 Location of Center(s)	
5 Number of Years company provided onsite medical services through a company owned / sponsored clinic:	
6 Square footage dedicated to center:	
7 Hours of Operations for Center	
8 How many days per week is the Center open?	
9 Is the Center shared with another employer? Please provide details including who, how many employees they have and effective date.	
10 PCP Turnover within the last year	
11 PCP Turnover within the two years	
12 Did the carrier reduce their administrative fees due to delivering services through company clinic/med center?	
13 What was client's estimated savings over the first 18 months?	
14 What was the client's adoption rate for using the clinic's PCPs	
15 Does client own or lease major equipment?	
<p>Contact Person:</p> <p>Title:</p> <p>Phone Number:</p>	

Form B

Questions	Comments / Response
1 Number of Clinic locations?	
2 What Hours of Operations do you recommend?	
3 Days opened during the week?	
4 Number of PCPs to hire / contract?	
5 Other Specialist to contract	
6 Nurse or Nurse Practitioners needed?	
7 Total number of administrative staff needed?	
8 General Square Footage needed?	
9 Pharmacy Dispensary onsite?	
10 Total Pharmacy onsite?	
11 Where would you recommend the City put the Center?	
12 What kind of radiology Equipment would you recommend?	
13 What kind of lab support services do you recommend?	

Form C

	Information	Comments / Response
1	Minimum experience in the medical field:	
2	Minimum number of years licensed as a provider delivering healthcare:	
3	Minimum number of years of experience working in their field of expertise:	
4	Do you require Board Certification or Board Eligibility?	
5	What services do you use to evaluate provider performance history?	

Form D

	<i>Please provide details on any lawsuit as described below and within questionnaire. Please use a separate form for each lawsuit or legal complaint filed.</i>	Comments / Response
1	Describe the complaint in any or all law suits against the company or any business owner or significant affiliate who will provide services for the company?	
2	Who is the lawsuit directed towards?	
3	Please provide the resolution of such lawsuit?	
4	Was the lawsuit regarding the creation, development or management of a company/client sponsored clinic or medical center?	
5	Was the lawsuit specific to the performance or outcome of any particular provider or outcome of care?	

Form E

	Comments / Response
Conflicts of Interest Form	

Form F

Type of services to be rendered:		Availability		Comments / Response
Please complete the following list of services that generally can be offered through Primary Care Services onsite at the clinic		Yes	No	
1	Annual Physicals			
2	Prostate Screening			
3	Annual Pap smears			
4	General Sick Visits			
5	Minor Injuries			
6	Vaccinations			
7	Occupational health exams			
8	EAP referrals			
9	Pre-hire Fit for Duty physicals for employees who do not participate in medical plan			
10	Pre-hire or random drug testing			
11	Confirm that occupational health exams can be provided within 3 days for Routine and post hire physicals			
12	Confirm that occupational health exams can be provided within 5 days of Complex periodic and post offer physicals			
13	Confirm that occupational health exams can be provided within 3 days for Routine and post hire physicals			
14	Other Services			

Form G

Type of Services	Availability		Comments / Response
	Yes	No	
<i>Please Complete regarding your ability to operate an on onsite pharmacy and/or dispensary</i> Can medications be dispensed on-site?			

Form H

	Comments / Response	Cost
Start Up Fees		
Annual Fees after 1st year (please detail)		

	Comments / Response	Monthly Cost / Fee
Administrative Fee PEPM (if applicable)		
Administrative Fee PMPM (if applicable)		
Monthly Supplies estimate		
Pharmacy Costs estimates		
Equipment costs (including occupational health equipment)		
Any and all additional fees for malpractice insurance		

Monthly Costs/Fees	Description	Monthly Cost / Fee
Staff Member #1		
Title		
Licensing and/or Designation (PCP, Nurse Practitioner etc.)		
Major Responsibilities		
Proposed number of hours worked by employee		

Form H

Staff Member #2		
Title		
Licensing and/or Designation (PCP, Nurse Practitioner etc.)		
Major Responsibilities		
Proposed number of hours worked by employee		
Staff Member #3		
Title		
Licensing and/or Designation (PCP, Nurse Practitioner etc.)		
Major Responsibilities		
Proposed number of hours worked by employee		
Staff Member #4		
Title		
Licensing and/or Designation (PCP, Nurse Practitioner etc.)		
Major Responsibilities		
Proposed number of hours worked by employee		
Staff Member #5		

Form H

Title		
Licensing and/or Designation (PCP, Nurse Practitioner etc.)		
Major Responsibilities		
Proposed number of hours worked by employee		
Staff Member #6		
Title		
Licensing and/or Designation (PCP, Nurse Practitioner etc.)		
Major Responsibilities		
Proposed number of hours worked by employee		
Total Costs for All Personnell Staffed at Medical Center/Clinic		

Form H

Please provide the costs for the following services	Comments / Response	Cost
Blood Sugar Test		
Chest X - Ray		
Cholesterol Test		
EKG		
Flu Test		
Flu Shot		
Lab Processing Test	Comments / Response	Cost
Standard X - Ray		
Annual Physicals for Bus Drivers		
Random Drug Testings		
Cost of onsite X Ray Machine if purchased (if applicable)		
Cost of onsite X Ray Machine (monthly) if leased and terms of leased equipment in the ATTACHMENT SECTION O (if applicable)		

Please outline your top 20 supplies that will be stocked at the clinic and what the District will pay for such supplies	Description	Costs
Supply 1		
Supply 2		
Supply 3		
Supply 4		

Form H

Supply 5		
Supply 6		
Supply 7		
Supply 8		
Supply 9		
Supply 10		
Supply 11		
Supply 12		
Supply 13		
Supply 14		
Supply 15		
Supply 16		
Supply 17		
Supply 18		
Supply 19		
Supply 20		

Attachments

- A Employee and Retiree Communications Sample
- B Wellness Communications Materials Sample
- C Company's service team organizational chart and Resumes
- D Medical Protocols
- E Description of HIPAA Breaches
- F HIPAA Privacy Notice and Policies and Procedures documentation
- G Medical Equipment Lease Agreement and Terms
- H ROI and Cost Estimated Savings
- I Outlined Performance Guarantees and Criteria
- J Please submit a timeline for implementation with all major activities profiled

Key Indicators

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: ALL
 Current Paid Period: From 05/2014 to 04/2015
 Prior Paid Period: From 05/2013 to 04/2014

	Current	Prior	Change	Change %
Payments Per Employee Per Year	\$4,462.20	\$5,724.72	(\$1,262.52)	-22.05%
Payments Per Member Per Year	\$4,048.80	\$5,036.16	(\$987.36)	-19.61%
Enrollment:				
Employees	606	628	(22)	-3.53%
Members	667	714	(46)	-6.47%
Payments:				
Inpatient Facility	\$702,134.84	\$971,028.97	(\$268,894.13)	-27.69%
Outpatient Facility	\$626,546.65	\$838,516.97	(\$211,970.32)	-25.28%
Total Facility	\$1,328,681.49	\$1,809,545.94	(\$480,864.45)	-26.57%
Professional	\$653,089.89	\$1,083,104.40	(\$430,014.51)	-39.70%
PCP	\$95,292.76	\$131,775.65	(\$36,482.89)	-27.69%
Specialist	\$557,797.13	\$951,328.75	(\$393,531.62)	-41.37%
Capitation	\$6,205.07	\$7,332.73	(\$1,127.66)	-15.38%
Pharmacy	\$714,300.04	\$693,759.34	\$20,540.70	2.96%
Grand Total	\$2,702,276.49	\$3,593,742.41	(\$891,465.92)	-24.81%
	Current	Prior	Change	Change %
Payments Per Member Per Month:				
Inpatient Facility	\$87.66	\$113.39	(\$25.73)	-22.69%
Outpatient Facility	\$78.23	\$97.92	(\$19.69)	-20.11%
Total Facility	\$165.89	\$211.32	(\$45.43)	-21.50%
Professional	\$81.54	\$126.48	(\$44.94)	-35.53%
PCP	\$11.89	\$15.38	(\$3.49)	-22.69%
Specialist	\$69.64	\$111.09	(\$41.45)	-37.31%
Capitation	\$0.77	\$0.85	(\$0.08)	-9.41%
Pharmacy	\$89.18	\$81.01	\$8.17	10.09%
Grand Total	\$337.40	\$419.68	(\$82.28)	-19.61%
Other Key Payment Indicators:				
Inpatient Payments/Day	\$3,191.52	\$2,933.62	\$257.90	8.79%
Inpatient Payments/Admissions	\$12,538.12	\$12,610.76	(\$72.64)	-0.58%
Outpatient Payments/Visit	\$761.29	\$1,046.83	(\$285.54)	-27.28%
Professional Payments/Service	\$58.42	\$86.16	(\$27.74)	-32.20%
PCP Payments/Service	\$40.27	\$50.50	(\$10.23)	-20.26%
Specialist Payments/Service	\$63.29	\$95.50	(\$32.21)	-33.73%
Pharmacy Payments/Script	\$62.85	\$54.39	\$8.46	15.55%
	Current	Prior	Change	Change %
Key Utilization Indicators:				
Inpatient Facility				
Inpatient Days/1000 Members	330	464	(134)	-28.94%
Inpatient Admissions/1000 Members	84	108	(24)	-22.24%
Average Length of Inpatient Stay	3.93	4.30	(0.37)	-8.61%
% Facility Admissions > 10	5.36%	11.69%		
Outpatient Facility				
Outpatient Visits/1000 Members	1,233	1,123	111	9.85%
Emer Rm Visits/1000 Members	255	268	(13)	-4.84%
Other Visits/1000 Members	978	855	124	14.45%
Professional				
Professional Services/1000 Members	16,750	17,615	(866)	-4.91%
PCP Services/1000 Members	3,545	3,656	(111)	-3.04%
Specialist Services/1000 Members	13,205	13,959	(754)	-5.40%
Mental Health Services/1000 Members	316	366	(50)	-13.57%
Pharmacy:				
Pharmacy Scripts/1000 Members	17,027	17,872	(845)	-4.73%

Professional Paid and Utilization by Service Type

Company: SCHOOL BOARD OF SUWANNEE

Group: 78170

Division: ALL

Current Paid Period: From 05/2014 to 04/2015

Prior Paid Period: From 05/2013 to 04/2014

Type of Service	Total Paid					Services		Services Per 1000 Members			Paid Per Service		
	Current	% of Total	Prior	% of Total	Chg Pct	# of Services	% of Services	Current	Prior	Chg Pct	Current	Prior	Chg Pct
EVALUATION & MANAGEMENT	\$204,392.38	31.30%	\$254,522.69	23.50%	-19.70%	3,433	30.71%	5,143.71	5,398.11	-4.71%	\$59.53	\$66.07	-9.90%
SURGERY	\$148,415.17	22.73%	\$181,211.27	16.73%	-18.10%	907	8.11%	1,358.97	1,285.06	5.75%	\$163.63	\$197.61	-17.20%
RADIOLOGY	\$106,312.74	16.28%	\$159,942.92	14.77%	-33.53%	1,133	10.14%	1,697.59	1,914.28	-11.32%	\$93.83	\$117.08	-19.86%
OTHER SERVICES	\$59,506.31	9.11%	\$304,904.13	28.15%	-80.48%	885	7.92%	1,326.01	1,838.61	-27.88%	\$67.23	\$232.39	-71.07%
ANESTHESIOLOGY	\$49,318.83	7.55%	\$64,536.62	5.96%	-23.58%	119	1.06%	178.30	187.78	-5.05%	\$414.44	\$481.61	-13.95%
PATHOLOGY & LAB	\$32,283.22	4.94%	\$47,237.44	4.36%	-31.66%	2,901	25.95%	4,346.61	4,299.43	1.10%	\$11.12	\$15.39	-27.75%
MEDICINE	\$12,912.59	1.98%	\$14,188.78	1.31%	-8.99%	353	3.16%	528.90	427.42	23.74%	\$36.57	\$46.52	-21.39%
IMMUN. INJECTIONS	\$10,254.40	1.57%	\$12,812.59	1.18%	-19.97%	307	2.75%	459.98	360.15	27.72%	\$33.40	\$49.85	-33.00%
PHYSICAL MEDICINE & REHAB	\$9,255.39	1.42%	\$11,184.52	1.03%	-17.25%	451	4.03%	675.74	788.98	-14.35%	\$20.52	\$19.86	3.32%
CARDIOGRAPHY/ECHOCARDIOGRAPHY	\$6,029.40	0.92%	\$11,523.67	1.06%	-47.68%	177	1.58%	265.20	369.96	-28.32%	\$34.06	\$43.65	-21.97%
PSYCHIATRY	\$3,978.84	0.61%	\$2,760.96	0.25%	44.11%	84	0.75%	125.86	149.95	-16.06%	\$47.36	\$25.80	83.57%
DIALYSIS	\$2,919.92	0.45%		0.00%	#VALUE!	39	0.35%	58.43		#VALUE!	\$74.86	\$0.00	#VALUE!
NON-INVASIVE VASCULAR STUDIES	\$2,781.40	0.43%	\$2,587.30	0.24%	7.50%	40	0.36%	59.93	50.45	18.80%	\$69.53	\$71.86	-3.24%
CHIROPRACTIC	\$1,981.43	0.30%	\$1,183.99	0.11%	67.35%	312	2.79%	467.47	320.92	45.67%	\$6.35	\$5.17	22.82%
CHEMOTHERAPY	\$1,560.44	0.24%	\$4,231.95	0.39%	-63.13%	18	0.16%	26.97	43.44	-37.92%	\$86.69	\$136.51	-36.50%
CARDIAC CATH & INTRACARDIAC PROCEDURES	\$712.33	0.11%	\$2,447.13	0.23%	-70.89%	2	0.02%	3.00	11.21	-73.27%	\$356.16	\$305.89	16.43%
PULMONARY	\$475.10	0.07%	\$585.01	0.05%	-18.79%	18	0.16%	26.97	47.65	-43.40%	\$26.39	\$17.20	53.43%
IV INFUSION ADMIN.	\$0.00	0.00%	\$7,179.55	0.66%	-100.00%	0	0.00%	0.00	117.72	-100.00%	\$0.00	\$85.47	-100.00%
CARDIOVASCULAR THERAPEUTIC SERVICES		0.00%	\$0.00	0.00%	#VALUE!		0.00%		1.40	-100.00%	\$0.00	\$0.00	#VALUE!
DERMATOLOGY		0.00%	\$63.88	0.01%	-100.00%		0.00%		2.80	-100.00%	\$0.00	\$31.94	-100.00%
Total	\$653,089.89	100.00%	\$1,083,104.40	100.00%	-39.70%	11,179	100.00%	16,749.66	17,615.32	-4.91%	\$58.42	\$86.17	-32.20%

Inpatient By Diagnosis Related Grouping

Company: SCHOOL BOARD OF SUWANNEE
 Group: 73170
 Division: ALL
 Current Paid Period: From 05/2014 to 04/2015

Diagnosis Category	DRG Code	DRG Description	Rank	Paid Amt	% of Total	Admits	Paid Per Admit	Days	ALOS	Days/1000	Admits/1000
MUSCULOSKELETAL SYSTEM	484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	1	\$54,003.69	7.69%	1	\$54,003.69	2	2.00	3.00	1.50
	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	8	\$37,229.49	5.30%	1	\$37,229.49	3	3.00	4.49	1.50
	470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	5	\$41,755.07	5.95%	2	\$20,877.54	5	2.50	7.49	3.00
		Sub Total		\$132,988.25	18.94%	4	\$33,247.06	10	2.50	14.98	5.99
INFECTIOUS/PARASITIC	872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	6	\$40,417.24	5.76%	4	\$10,104.31	12	3.00	17.98	5.99
	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	19	\$15,396.40	2.19%	1	\$15,396.40	2	2.00	3.00	1.50
	976	HIV W MAJOR RELATED CONDITION W/O CC/MCC	7	\$37,490.24	5.34%	2	\$18,745.12	22	11.00	32.96	3.00
		Sub Total		\$93,303.88	13.29%	7	\$13,329.13	36	5.14	53.94	10.49
DIGESTIVE SYSTEM	406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	3	\$44,397.12	6.32%	1	\$44,397.12	5	5.00	7.49	1.50
	328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	18	\$15,930.42	2.27%	1	\$15,930.42	15	15.00	22.47	1.50
	417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	11	\$26,156.80	3.73%	1	\$26,156.80	7	7.00	10.49	1.50
		Sub Total		\$86,484.34	12.32%	3	\$28,828.11	27	9.00	40.45	4.49
PREGNANCY/CHILDBIRTH	765	CESAREAN SECTION W CC/MCC	2	\$47,997.02	6.84%	4	\$11,999.26	15	3.75	22.47	5.99
	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	15	\$17,969.30	2.56%	5	\$3,593.86	8	1.60	11.99	7.49
		Sub Total		\$65,966.32	9.40%	9	\$7,329.59	23	2.56	34.46	13.48
CIRCULATORY SYSTEM	253	OTHER VASCULAR PROCEDURES W CC	10	\$30,888.89	4.40%	1	\$30,888.89	4	4.00	5.99	1.50
	292	HEART FAILURE & SHOCK W CC	20	\$14,459.65	2.06%	2	\$7,229.83	5	2.50	7.49	3.00
		Sub Total		\$45,348.54	6.46%	3	\$15,116.18	9	3.00	13.48	4.49
INJURY/POISONING	799	SPLENECTOMY W MCC	4	\$42,311.70	6.03%	1	\$42,311.70	5	5.00	7.49	1.50
		Sub Total		\$42,311.70	6.03%	1	\$42,311.70	5	5.00	7.49	1.50
SKIN & SUBCUTANEOUS TISSUE	603	CELLULITIS W/O MCC	12	\$23,979.94	3.42%	3	\$7,993.31	6	2.00	8.99	4.49
	580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	16	\$16,910.62	2.41%	1	\$16,910.62	4	4.00	5.99	1.50
		Sub Total		\$40,890.56	5.82%	4	\$10,222.64	10	2.50	14.98	5.99
NEOPLASMS	331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	9	\$34,027.30	4.85%	1	\$34,027.30	8	8.00	11.99	1.50
		Sub Total		\$34,027.30	4.85%	1	\$34,027.30	8	8.00	11.99	1.50
GENITOURINARY SYSTEM	874	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	13	\$23,193.03	3.30%	1	\$23,193.03	5	5.00	7.49	1.50
		Sub Total		\$23,193.03	3.30%	1	\$23,193.03	5	5.00	7.49	1.50
BLOOD/BLOOD ORGANS	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	14	\$20,308.98	2.89%	1	\$20,308.98	1	1.00	1.50	1.50
		Sub Total		\$20,308.98	2.89%	1	\$20,308.98	1	1.00	1.50	1.50
RESPIRATORY SYSTEM	197	INTERSTITIAL LUNG DISEASE W CC	17	\$16,339.05	2.33%	1	\$16,339.05	4	4.00	5.99	1.50
		Sub Total		\$16,339.05	2.33%	1	\$16,339.05	4	4.00	5.99	1.50
OTHER		OTHER DRGS	21	\$100,972.89	14.38%	21	\$4,808.23	82	3.90	122.86	31.46
		Sub Total		\$100,972.89	14.38%	21	\$4,808.23	82	3.90	122.86	31.46
Total				\$702,134.84	100.00%	56	\$12,538.12	220	3.93	329.63	83.91

Paid Claims by Paid Range and Member Type

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: ALL
 Current Paid Period: From 05/2014 to 04/2015
 Prior Paid Period: From 05/2013 to 04/2014

Paid Range	Relationship	Number Of Members				Paid Amt				
		Current	% of Total	Prior	% of Total	Current	% of Total	Prior	% of Total	% Change
<\$1000	SUBSCRIBER	344	56.30%	366	54.22%	\$42,920.33	1.59%	\$91,789.40	2.56%	-53.24%
	SPOUSE	11	1.80%	20	2.96%	\$2,327.02	0.09%	\$5,974.66	0.17%	-61.05%
	DEPENDENT	33	5.40%	31	4.59%	\$8,914.78	0.33%	\$9,111.49	0.25%	-2.16%
	Total	388	63.50%	417	61.78%	\$54,162.13	2.01%	\$106,875.55	2.98%	-49.32%
\$1000 - \$9,999	SUBSCRIBER	141	23.08%	164	24.30%	\$430,384.43	15.96%	\$533,117.78	14.86%	-19.27%
	SPOUSE	6	0.98%	8	1.19%	\$26,777.52	0.99%	\$27,284.28	0.76%	-1.86%
	DEPENDENT	8	1.31%	15	2.22%	\$37,634.31	1.40%	\$43,735.35	1.22%	-13.95%
	Total	155	25.37%	187	27.70%	\$494,796.26	18.35%	\$604,137.41	16.85%	-18.10%
\$10,000 - \$24,999	SUBSCRIBER	39	6.38%	37	5.48%	\$594,403.29	22.05%	\$586,792.48	16.36%	1.30%
	SPOUSE	3	0.49%	4	0.59%	\$43,388.72	1.61%	\$65,051.88	1.81%	-33.30%
	Total	42	6.87%	41	6.07%	\$637,792.01	23.66%	\$651,844.36	18.18%	-2.16%
\$25,000 - \$49,999	SUBSCRIBER	12	1.96%	11	1.63%	\$413,234.39	15.33%	\$369,970.00	10.32%	11.69%
	Total	12	1.96%	11	1.63%	\$413,234.39	15.33%	\$369,970.00	10.32%	11.69%
\$50,000+	SUBSCRIBER	14	2.29%	15	2.22%	\$1,096,086.63	40.65%	\$1,686,523.09	47.03%	-35.01%
	Total	14	2.29%	15	2.22%	\$1,096,086.63	40.65%	\$1,686,523.09	47.03%	-35.01%
Total	SUBSCRIBER	550	90.02%	593	87.85%	\$2,577,029.07	95.58%	\$3,268,192.75	91.13%	-21.15%
	SPOUSE	20	3.27%	35	5.19%	\$72,493.26	2.69%	\$249,559.79	6.96%	-70.95%
	DEPENDENT	41	6.71%	47	6.96%	\$46,549.09	1.73%	\$68,657.14	1.91%	-32.20%
	Total	611	100.00%	675	100.00%	\$2,696,071.42	100.00%	\$3,586,409.68	100.00%	-24.83%

Brand Vs Generic

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: ALL
 Current Paid Period: From 05/2014 to 04/2015

Utilization	Retail	Retail 90 Day	Mail Order	Total
Total Rx Users	597	219	8	609
Total Rx	9,999	1,276	89	11,364
Generic	8,681	1,180	79	9,940
Multi-Source Brand Generic Available	167	27	0	194
Multi-Source Brand w/o Generic Available	1,142	69	10	1,221
Single Source Brand	9	0	0	9
Acute Rx %	33.82%	6.03%	12.36%	30.54%
Maintenance Rx %	66.18%	93.97%	87.64%	69.46%
Member Utilization				
Rx/1000	14,982	1,912	133	17,027
Member PMPM	\$22.34	\$4.38	\$0.49	\$27.22
Member PMPY	\$268.08	\$52.56	\$5.88	\$326.64
Generic %	86.82%	92.48%	88.76%	87.47%
Multi-Source Brand %	11.42%	5.41%	11.24%	10.74%
Multi-Source Brand Generic Available %	1.67%	2.12%	0.00%	1.71%
Single Source Brand %	0.09%	0.00%	0.00%	0.08%
Generic Substitution %	88.37%	94.48%	88.76%	89.06%
Formulary %	95.61%	96.47%	98.88%	95.73%
Days Supply				
Total Days Supply	252,115	114,846	7,682	374,643
Average Days Supply	25.21	90.00	86.31	32.97
Cost				
Plan Paid PMPM	\$80.18	\$8.27	\$0.72	\$89.18
Member Paid PMPM	\$22.34	\$4.38	\$0.49	\$27.22
Total PMPM	\$102.53	\$12.65	\$1.21	\$116.40
Generic PMPM	\$17.73	\$4.56	\$0.36	\$22.66
Brand PMPM	\$84.79	\$8.08	\$0.85	\$93.74
Total PMPY	\$1,230.41	\$151.90	\$14.59	\$1,396.90

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	\$821,197.06	\$101,377.87	\$9,739.41	\$932,314.34
Total Ingredient Cost	\$809,397.89	\$101,416.50	\$9,739.41	\$920,553.80
Total Ingredient Cost - Generic	\$132,938.70	\$36,586.86	\$2,884.17	\$172,409.73
Total Ingredient Cost - Multi-Source Brand	\$663,138.15	\$62,617.40	\$6,855.24	\$732,610.79
Total Ingredient Cost - Single Source Brand	\$1,867.24	\$0.00	\$0.00	\$1,867.24
Total Ingredient Cost - Brand Generic Available	\$11,453.80	\$2,212.24	\$0.00	\$13,666.04
Total Cost - Formulary	\$696,465.39	\$93,163.90	\$9,151.76	\$798,781.05
Total Cost - Non-Formulary	\$124,731.67	\$8,213.97	\$587.65	\$133,533.29
Avg Total Cost / Claim	\$82.12	\$79.44	\$109.43	\$82.04
Avg Total Cost / Day	\$3.25	\$0.88	\$1.26	\$2.48
Total Cost PMPY	\$1,230.41	\$151.90	\$14.59	\$1,396.90
Total Cost PMPM	\$102.53	\$12.65	\$1.21	\$116.40
Avg Total Cost - Generic	\$16.36	\$31.00	\$36.50	\$18.26
Avg Total Cost - Multi-Source Brand	\$583.15	\$907.49	\$685.52	\$602.31
Avg Total Cost - Single Source Brand	\$208.59	\$0.00	\$0.00	\$208.59
Avg Total Cost - Brand Generic Available	\$67.72	\$80.33	\$0.00	\$69.47
Avg Total Cost - Formulary	\$72.85	\$75.68	\$103.99	\$73.42
Avg Total Cost - Non-Formulary	\$284.12	\$182.53	\$587.65	\$275.32
PLAN PAID				
Total Plan Paid Amount	\$642,206.41	\$66,297.23	\$5,796.40	\$714,300.04
Plan Paid - Generic	\$69,901.38	\$16,149.16	\$1,524.26	\$87,574.80
Plan Paid - Multi-Source Brand	\$565,485.15	\$50,029.58	\$4,272.14	\$619,786.87
Plan Paid - Single Source Brand	\$1,813.24	\$0.00	\$0.00	\$1,813.24
Plan Paid - Brand Generic Available	\$5,006.64	\$118.49	\$0.00	\$5,125.13
Plan Paid - Formulary	\$548,187.24	\$63,937.64	\$5,708.75	\$617,833.63
Plan Paid - Non-Formulary	\$94,019.17	\$2,359.59	\$87.65	\$96,466.41
Avg Total Plan Paid / Claim	\$64.22	\$51.95	\$65.12	\$62.85
Avg Total Plan Paid / Day	\$2.54	\$0.57	\$0.75	\$1.90
Plan Paid PMPY	\$962.23	\$99.33	\$8.68	\$1,070.25
Plan Paid PMPM	\$80.18	\$8.27	\$0.72	\$89.18
Plan Cost Share Contribution %	78.00%	65.00%	59.00%	76.00%
Avg Plan Paid - Generic	\$8.05	\$13.68	\$19.29	\$8.81
Avg Plan Paid - Multi-Source Brand	\$495.17	\$725.06	\$427.21	\$507.60
Avg Plan Paid - Single Source Brand	\$201.47	\$0.00	\$0.00	\$201.47
Avg Plan Paid - Brand Generic Available	\$29.97	\$4.38	\$0.00	\$26.41
Avg Plan Paid - Formulary	\$57.34	\$51.93	\$64.87	\$56.79
Avg Plan Paid - Non-Formulary	\$214.16	\$52.43	\$87.65	\$198.89
MEMBER PAID				
Total Member Paid Amount	\$178,990.65	\$35,080.64	\$3,943.01	\$218,014.30
Member Paid - Generic	\$72,150.21	\$20,442.16	\$1,359.91	\$93,952.28
Member Paid - Multi-Source Brand	\$100,473.15	\$12,587.82	\$2,583.10	\$115,644.07
Member Paid - Single Source Brand	\$64.10	\$0.00	\$0.00	\$64.10
Member Paid - Brand Generic Available	\$6,303.19	\$2,050.66	\$0.00	\$8,353.85
Member Paid - Formulary	\$148,278.15	\$29,226.26	\$3,443.01	\$180,947.42
Member Paid - Non-Formulary	\$30,712.50	\$5,854.38	\$500.00	\$37,066.88
Avg Total Member Paid / Claim	\$17.90	\$27.49	\$44.30	\$19.18
Avg Total Member Paid / Day	\$0.70	\$0.30	\$0.51	\$0.58
Member Paid PMPY	\$268.18	\$52.56	\$5.91	\$326.65
Member Paid PMPM	\$22.34	\$4.38	\$0.49	\$27.22
Member Cost Share Contribution %	21.00%	34.00%	40.00%	23.00%
Avg Member Paid - Generic	\$8.31	\$17.32	\$17.21	\$9.45
Avg Member Paid - Multi-Source Brand	\$87.97	\$182.43	\$258.31	\$94.71
Avg Member Paid - Single Source Brand	\$7.12	\$0.00	\$0.00	\$7.12
Avg Member Paid - Brand Generic Available	\$37.74	\$75.95	\$0.00	\$43.06
Avg Member Paid - Formulary	\$15.51	\$23.74	\$39.12	\$16.63
Avg Member Paid - Non-Formulary	\$69.96	\$130.09	\$500.00	\$76.42
PRICING / NETWORK PERFORMANCE				
Avg Ingredient Cost / Rx	\$80.94	\$79.48	\$109.43	\$81.00
Avg Ingredient Cost / Generic Rx	\$15.31	\$31.00	\$36.50	\$17.34
Avg Ingredient Cost / Multi-Source Brand Rx	\$580.68	\$907.49	\$685.52	\$600.00
Avg Ingredient Cost / Single Source Brand Rx	\$207.47	\$0.00	\$0.00	\$207.47
Avg Ingredient Cost / Brand Generic Available Rx	\$68.58	\$81.93	\$0.00	\$70.44

Avg Ingredient Cost / Formulary	\$71.63	\$75.67	\$103.99	\$72.35
Avg Ingredient Cost / Non-Formulary	\$283.82	\$183.49	\$587.65	\$275.14
Avg Dispense Fee / Rx	\$1.02	\$0.00	\$0.00	\$0.90
Avg Dispense Fee / Generic Rx	\$1.04	\$0.00	\$0.00	\$0.91
Avg Dispense Fee / Multi-Source Brand Rx	\$0.85	\$0.00	\$0.00	\$0.79
Avg Dispense Fee / Single Source Brand Rx	\$1.12	\$0.00	\$0.00	\$1.12
Avg Dispense Fee / Brand Generic Available Rx	\$1.07	\$0.00	\$0.00	\$0.92
Avg Dispense Fee / Formulary	\$1.02	\$0.00	\$0.00	\$0.90
Avg Dispense Fee / Non-Formulary	\$1.03	\$0.00	\$0.00	\$0.93

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.

High Cost Claims Summary

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: ALL
 High Cost Claims Threshold: 50000
 Current Paid Period: From 05/2014 to 04/2015
 Prior Paid Period: From 05/2013 to 04/2014

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST; SEROMA COMPLICATING A PROCEDURE	0	0	\$0.00	35	\$137,618.77	137	\$27,618.98	84	\$430.21	\$165,667.96	\$423,363.95
2	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION	0	0	\$0.00	0	\$0.00	50	\$1,896.09	19	\$112,314.70	\$114,210.79	\$123,641.37
3	003	SUBSCRIBER	****, MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED SEPTICEMIA	24	3	\$52,888.64	6	\$2,445.19	75	\$9,933.44	56	\$37,380.77	\$102,646.04	\$301,154.11
4	008	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; SPRAIN AND STRAIN OF MEDIAL COLLATERAL LIGAMENT OF KNEE; CHRONIC MYELOID LEUKEMIA IN REMISSION	0	0	\$0.00	(1)	(\$625.61)	88	\$3,658.40	35	\$91,851.03	\$94,883.82	\$125,071.54
5	007	SUBSCRIBER	CYST AND PSEUDOCYST OF PANCREAS; ACUTE KIDNEY FAILURE, UNSPECIFIED; LUMP OR MASS IN BREAST	18	2	\$57,578.06	3	\$6,689.11	111	\$11,487.14	35	\$757.28	\$78,511.59	\$376,443.65
6	007	SUBSCRIBER	END STAGE RENAL DISEASE; ACUTE KIDNEY FAILURE, UNSPECIFIED; INFECTION AND INFLAMMATORY REACTION DUE TO PERITONEAL DIALYSIS CATHETER	7	2	\$31,254.26	52	\$33,541.96	72	\$6,041.77	20	\$2,253.27	\$73,091.26	\$903,687.39
7	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF AMPULLA OF VATER; UNSPECIFIED SEPTICEMIA; FEVER, UNSPECIFIED	13	2	\$22,474.11	15	\$25,771.68	107	\$13,865.86	31	\$2,938.97	\$65,050.62	\$263,582.25
8	001	SUBSCRIBER	CELLULITIS AND ABSCESS OF UPPER ARM AND FOREARM; UNSPECIFIED SEPTICEMIA; OTHER NONINFECTIOUS LYMPHEDEMA	6	3	\$37,629.82	7	\$14,114.28	100	\$10,431.27	30	\$1,450.51	\$63,625.88	\$165,788.23
9	003	SUBSCRIBER	LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, SHOULDER REGION; PRIMARY LOCALIZED OSTEOARTHRITIS, SHOULDER REGION; PAIN IN JOINT, SHOULDER REGION	2	1	\$54,003.69	2	\$289.14	57	\$7,741.43	58	\$63.87	\$62,098.13	\$86,992.54
10	R03	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE SCLEROSIS; ABDOMINAL PAIN, UNSPECIFIED SITE	0	0	\$0.00	1	\$1,375.00	42	\$2,630.33	62	\$54,201.42	\$58,206.75	\$98,195.73
11	R03	SUBSCRIBER	SPLEEN LACERATION EXTENDING INTO PARENCHYMA WITHOUT MENTION OF OPEN WOUND INTO CAVITY; OTHER SPLEEN INJURY WITHOUT MENTION OF OPEN WOUND INTO CAVITY; FLATULENCE, ERUCTION, AND GAS PAIN	5	1	\$42,311.70	9	\$5,204.78	51	\$9,920.15	74	\$237.11	\$57,673.74	\$128,530.45
12	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE SCLEROSIS; BENIGN NEOPLASM OF STOMACH	0	0	\$0.00	2	\$486.41	20	\$1,377.01	20	\$54,030.91	\$55,894.33	\$67,077.81
13	C01	SUBSCRIBER	END STAGE RENAL DISEASE; HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	45	\$43,236.67	90	\$7,014.72	55	\$3,853.06	\$54,104.45	\$754,561.20
14	007	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; PERSONAL HISTORY OF COLONIC POLYPS; OTHER DISORDERS OF GLOBE	0	0	\$0.00	1	\$754.20	28	\$2,353.70	45	\$49,313.37	\$52,421.27	\$64,130.73
Total				75	14	\$298,138.28	177	\$270,901.58	1,028	\$115,970.29	624	\$411,076.48	\$1,096,086.63	\$3,882,220.95

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
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Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	R01	SUBSCRIBER	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS; UNSPECIFIED DISORDER OF IMMUNE MECHANISM; BACTEREMIA	15	1	\$10,588.97	18	\$119,360.96	206	\$165,428.04	58	\$535.80	\$295,913.77	\$847,354.58
2	007	SUBSCRIBER	OTHER SPECIFIED DISEASE OF PANCREAS; ACUTE PANCREATITIS; ACUTE RESPIRATORY FAILURE	63	10	\$122,527.99	12	\$11,063.78	174	\$29,555.94	72	\$7,349.47	\$170,497.18	\$483,592.41
3	007	SUBSCRIBER	INTESTINAL INFECTIONS DUE TO CLOSTRIDIUM DIFFICILE; MALIGNANT NEOPLASM OF RECTUM; OTHER PULMONARY EMBOLISM AND INFARCTION	42	8	\$115,791.05	12	\$20,175.18	221	\$29,815.83	41	\$1,758.89	\$167,540.95	\$878,303.68
4	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS, OR LUNG; PNEUMONIA, ORGANISM UNSPECIFIED; SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD	11	3	\$46,020.26	3	\$3,722.36	279	\$96,535.58	49	\$10,152.28	\$156,430.48	\$526,748.92
5	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF AMPULLA OF VATER; MISSING OR UNKNOWN DIAGNOSIS CODE; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	3	1	\$11,691.47	54	\$77,358.09	122	\$11,808.49	42	\$30,279.83	\$131,137.88	\$223,961.40
6	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; BASAL CELL CARCINOMA OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE	0	0	\$0.00	1	\$1,494.24	117	\$8,379.39	17	\$100,393.51	\$110,267.14	\$133,359.42
7	007	SUBSCRIBER	****; HEPATIC ENCEPHALOPATHY; MISSING OR UNKNOWN DIAGNOSIS CODE	21	4	\$75,979.46	4	\$5,475.16	113	\$17,475.56	35	\$11,141.26	\$110,071.44	\$255,394.40
8	007	SUBSCRIBER	MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; PNEUMONIA, ORGANISM UNSPECIFIED; UNSPECIFIED DISORDER OF KIDNEY AND URETER	11	2	\$93,502.73	13	\$3,782.68	23	\$4,783.31	21	\$89.06	\$102,157.78	\$156,603.15
9	008	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; OPEN WOUND OF HAND EXCEPT FINGER(S) ALONE, WITHOUT MENTION OF COMPLICATION	0	0	\$0.00	2	\$785.88	67	\$2,408.49	37	\$90,900.09	\$94,094.46	\$133,748.46
10	008	SPOUSE	OPEN WOUND OF FOREARM, WITH TENDON INVOLVEMENT; OTHER SPECIFIED REHABILITATION PROCEDURE; RECENT RETINAL DETACHMENT, TOTAL OR SUBTOTAL	13	2	\$75,689.48	12	\$1,674.48	70	\$3,239.42	52	\$108.64	\$80,712.02	\$350,004.34
11	001	SUBSCRIBER	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; CONVALESCENCE FOLLOWING CHEMOTHERAPY	0	0	\$0.00	3	\$34,279.24	121	\$36,163.31	21	\$251.25	\$70,693.80	\$283,419.69
12	007	SUBSCRIBER	CLOSED FRACTURE OF UPPER END OF TIBIA; PNEUMONIA, ORGANISM UNSPECIFIED; CLOSED FRACTURE OF UNSPECIFIED PART OF TIBIA	10	4	\$53,716.83	6	\$2,621.30	85	\$11,855.75	33	\$13.15	\$68,207.03	\$502,650.54
13	003	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRITIS, SHOULDER REGION; UNSPECIFIED BACKACHE; PAIN IN JOINT, SHOULDER REGION	2	1	\$47,025.86	8	\$698.72	57	\$7,392.76	56	\$242.79	\$55,360.13	\$89,920.85
14	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; CARCINOMA IN SITU OF BREAST; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE	0	0	\$0.00	8	\$5,140.50	154	\$47,154.67	18	\$275.52	\$52,570.69	\$300,666.15
15	003	SUBSCRIBER	INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION); UNSPECIFIED CONSTIPATION; INCISIONAL HERNIA WITH OBSTRUCTION	14	2	\$26,080.01	7	\$12,286.09	69	\$12,542.31	22	\$307.91	\$51,216.32	\$369,219.80

16	R03	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE: OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS; NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT	3	1	\$7,889.00	2	\$2,489.42	38	\$4,327.29	60	\$35,658.33	\$50,384.04	\$106,587.67
Total				208	39	\$686,603.11	165	\$302,408.08	1,916	\$488,866.14	634	\$289,457.78	\$1,767,235.11	\$5,641,535.46

SCSB Division History Chart

10/1/2013 10/1/2014 10/1/2015

Div 001	05360	05360	05360
Div 003	03359	03359	03359
Div 004	HIP	HIP	HIP
Div 007	05182	05192	05192
Div 008	05183	05193	05193
Div 009	50	N/A	N/A
Div 010	54	54	54
Div 011	N/A	122	123
Div 012	N/A	122	123

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Current Paid Period: From 05/2013 to 04/2014

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims							MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	
201305	647	735	\$383,961.68	\$0.00	\$588.19	\$588.19	\$76,132.76	\$70,295.70	\$83,316.54	\$42,335.73	\$272,080.73	\$57,142.65	\$329,811.77	85.90%
201306	644	736	\$379,511.92	\$0.00	\$599.51	\$599.51	\$97,704.67	\$88,502.83	\$70,724.27	\$24,961.16	\$281,892.83	\$55,603.12	\$338,095.56	89.09%
201307	623	710	\$370,275.14	\$0.00	\$564.46	\$564.46	\$157,698.99	\$78,250.36	\$64,910.41	\$48,435.42	\$349,295.18	\$73,750.98	\$423,610.62	114.40%
201308	619	705	\$367,962.17	\$0.00	\$533.21	\$533.21	\$26,133.37	\$91,848.55	\$83,997.25	\$38,048.52	\$239,827.69	\$48,756.16	\$289,117.06	78.57%
201309	638	725	\$354,594.35	\$0.00	\$582.85	\$582.85	(\$33,009.00)	\$51,853.51	\$66,933.04	\$52,340.78	\$138,118.33	\$53,661.12	\$192,362.30	54.25%
201310	636	723	\$366,339.90	\$0.00	\$677.07	\$677.07	\$122,295.85	\$61,720.30	\$89,463.27	\$12,812.33	\$286,291.75	\$78,000.86	\$364,969.68	94.47%
201311	633	719	\$368,414.45	\$0.00	\$635.86	\$635.86	\$38,713.19	\$54,696.50	\$79,334.28	\$20,488.48	\$193,232.45	\$66,066.24	\$259,934.55	70.55%
201312	631	717	\$368,444.18	\$0.00	\$632.81	\$632.81	\$200,803.76	\$81,235.69	\$84,985.95	\$17,777.74	\$384,803.14	\$57,417.18	\$442,853.13	120.20%
201401	619	702	\$366,761.96	\$0.00	\$632.84	\$632.84	\$107,895.41	\$37,999.02	\$51,102.55	\$11,304.05	\$208,301.03	\$68,665.21	\$277,599.08	75.69%
201402	618	701	\$359,715.02	\$0.00	\$635.92	\$635.92	\$103,200.33	\$64,257.07	\$28,988.67	\$5,128.33	\$201,574.40	\$35,124.45	\$237,334.77	65.98%
201403	615	698	\$355,504.72	\$0.00	\$629.79	\$629.79	\$41,563.96	\$83,156.83	\$39,820.24	\$5,974.42	\$170,515.45	\$35,097.77	\$206,243.01	58.01%
201404	610	692	\$358,375.06	\$0.00	\$620.22	\$620.22	\$31,895.68	\$74,900.61	\$54,543.26	\$5,377.71	\$166,717.26	\$64,473.40	\$231,810.88	64.68%
Total	7,533	8,563	\$4,419,860.55	\$0.00	\$7,332.73	\$7,332.73	\$971,028.97	\$838,516.97	\$798,119.73	\$284,984.67	\$2,892,650.34	\$693,759.34	\$3,593,742.41	81.31%
Grouping Avg	628	714	\$368,321.71	\$0.00	\$611.06	\$611.06	\$80,919.08	\$69,876.41	\$66,509.98	\$23,748.72	\$241,054.20	\$57,813.28	\$299,478.53	81.31%
Monthly Avg	628	714	\$368,321.71	\$0.00	\$611.06	\$611.06	\$80,919.08	\$69,876.41	\$66,509.98	\$23,748.72	\$241,054.20	\$57,813.28	\$299,478.53	81.31%

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 001, C01, R01
 Current Paid Period: From 05/2013 to 04/2014

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201305	101	105	\$61,471.44	\$0.00	\$67.71	\$67.71	\$16,302.57	\$6,830.43	\$18,447.04	\$37,805.43	\$79,385.47	\$2,789.16	\$82,242.34	133.79%
201306	101	105	\$60,469.36	\$0.00	\$57.95	\$57.95	\$0.00	\$1,313.24	\$9,827.72	\$16,528.40	\$27,669.36	\$2,751.73	\$30,479.04	50.41%
201307	95	99	\$58,618.42	\$0.00	\$64.66	\$64.66	\$11,322.26	\$1,487.59	\$9,207.08	\$35,369.29	\$57,386.22	\$2,943.21	\$60,394.09	103.03%
201308	93	97	\$55,957.12	\$0.00	\$60.39	\$60.39	\$0.00	\$2,019.53	\$5,707.93	\$25,818.29	\$33,545.75	\$3,484.55	\$37,090.69	66.28%
201309	91	95	\$53,706.00	\$0.00	\$57.95	\$57.95	\$0.00	\$983.35	\$6,961.92	\$38,475.13	\$46,420.40	\$3,225.18	\$49,703.53	92.55%
201310	90	94	\$54,831.56	\$0.00	\$54.90	\$54.90	\$10,588.97	\$6,667.81	\$4,733.43	\$4,344.10	\$26,334.31	\$3,507.87	\$29,897.08	54.63%
201311	90	94	\$50,329.32	\$0.00	\$57.34	\$57.34	\$0.00	(\$299.67)	\$4,471.12	\$8,756.65	\$12,928.10	\$3,511.07	\$16,496.51	32.78%
201312	91	95	\$53,706.00	\$0.00	\$57.34	\$57.34	\$0.00	\$32,393.40	\$11,580.57	\$6,964.39	\$50,938.36	\$2,973.38	\$53,989.08	100.49%
201401	90	94	\$54,268.78	\$0.00	\$58.56	\$58.56	\$0.00	\$9,763.05	\$6,422.93	\$2,131.07	\$18,317.05	\$2,945.51	\$21,321.12	39.29%
201402	91	95	\$54,831.56	\$0.00	\$57.95	\$57.95	\$8,108.76	\$29,850.92	\$10,046.02	\$123.91	\$48,129.61	\$2,788.37	\$50,975.93	92.97%
201403	91	95	\$54,268.78	\$0.00	\$56.73	\$56.73	(\$8,875.20)	\$67,387.53	\$15,341.69	\$1,461.68	\$75,315.70	\$2,570.52	\$77,942.95	143.62%
201404	91	95	\$53,706.00	\$0.00	\$57.95	\$57.95	\$0.00	\$41,078.71	\$14,632.77	\$466.21	\$56,177.69	\$3,439.86	\$59,675.50	111.12%
Total	1,115	1,163	\$666,154.34	\$0.00	\$709.43	\$709.43	\$37,447.36	\$199,475.89	\$117,380.22	\$178,244.55	\$532,548.02	\$36,930.41	\$570,187.86	85.59%
Grouping Avg	93	97	\$55,512.86	\$0.00	\$59.12	\$59.12	\$3,120.61	\$16,622.99	\$9,781.69	\$14,853.71	\$44,379.00	\$3,077.53	\$47,515.66	85.59%
Monthly Avg	93	97	\$55,512.86	\$0.00	\$59.12	\$59.12	\$3,120.61	\$16,622.99	\$9,781.69	\$14,853.71	\$44,379.00	\$3,077.53	\$47,515.66	85.59%

Notes:

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- Grouping Avg – Average of the distinct groupings chosen by the user.
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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 003, C03, R03
 Current Paid Period: From 05/2013 to 04/2014

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201305	120	130	\$77,929.44	\$0.00	\$81.13	\$81.13	\$18,993.62	\$14,946.31	\$31,657.80	\$1,625.74	\$67,223.47	\$17,956.08	\$85,260.68	109.41%
201306	119	129	\$77,267.68	\$0.00	\$75.03	\$75.03	\$0.00	\$37,370.95	\$30,058.92	\$3,503.37	\$70,933.24	\$23,827.10	\$94,835.37	122.74%
201307	114	124	\$74,261.24	\$0.00	\$76.86	\$76.86	\$0.00	\$38,873.39	\$25,684.46	\$4,714.85	\$69,272.70	\$33,613.99	\$102,963.55	138.65%
201308	113	123	\$73,016.86	\$0.00	\$75.03	\$75.03	\$8,622.07	\$21,241.28	\$51,197.04	\$1,524.14	\$82,584.53	\$28,501.20	\$111,160.76	152.24%
201309	115	127	\$71,195.08	\$0.00	\$76.25	\$76.25	\$8,248.00	\$21,919.40	\$37,018.44	\$6,571.02	\$73,756.86	\$32,908.06	\$106,741.17	149.93%
201310	115	127	\$75,445.90	\$0.00	\$76.25	\$76.25	\$58,186.93	\$24,056.41	\$48,398.30	\$2,150.89	\$130,792.53	\$27,615.14	\$158,483.92	210.06%
201311	114	126	\$75,566.97	\$0.00	\$78.69	\$78.69	\$26,351.42	\$27,104.85	\$34,945.52	\$3,559.30	\$91,961.09	\$32,835.77	\$124,875.55	165.21%
201312	112	125	\$73,508.72	\$0.00	\$75.64	\$75.64	\$41,039.74	\$25,447.79	\$25,330.73	\$2,880.34	\$94,698.60	\$26,344.95	\$121,119.19	164.77%
201401	111	124	\$75,215.10	\$0.00	\$76.25	\$76.25	\$30,138.89	\$4,764.21	\$13,424.23	\$2,166.41	\$50,493.74	\$25,971.89	\$76,541.88	101.76%
201402	110	123	\$73,500.58	\$0.00	\$75.03	\$75.03	\$57,760.78	\$12,135.84	\$9,462.03	\$1,777.61	\$81,136.26	\$23,839.11	\$105,050.40	142.92%
201403	110	123	\$72,766.06	\$0.00	\$74.42	\$74.42	\$0.00	\$9,144.61	\$4,812.61	\$1,330.42	\$15,287.64	\$18,028.53	\$33,390.59	45.87%
201404	109	122	\$72,766.06	\$0.00	\$74.42	\$74.42	\$9,658.16	\$5,151.40	\$12,004.58	\$757.24	\$27,571.38	\$23,167.72	\$50,813.52	69.81%
Total	1,362	1,503	\$892,499.69	\$0.00	\$915.00	\$915.00	\$256,999.61	\$242,156.44	\$323,994.66	\$32,561.33	\$855,712.04	\$314,609.54	\$1,171,236.58	131.23%
Grouping Avg	114	125	\$74,374.97	\$0.00	\$76.25	\$76.25	\$21,416.63	\$20,179.70	\$26,999.56	\$2,713.44	\$71,309.34	\$26,217.46	\$97,603.05	131.23%
Monthly Avg	114	125	\$74,374.97	\$0.00	\$76.25	\$76.25	\$21,416.63	\$20,179.70	\$26,999.56	\$2,713.44	\$71,309.34	\$26,217.46	\$97,603.05	131.23%

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- Enrollment is recast to reflect retroactive adjustments.
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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 73170
 Division: 007, 008, C07, C08, R07, R08
 Current Paid Period: From 05/2013 to 04/2014

	Enrollment		Premium	Capitation			Fee for Service Claims								
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR	
201305	354	411	\$185,684.10	\$0.00	\$0.00	\$0.00	\$40,836.57	\$25,815.22	\$24,481.46	\$2,159.36	\$93,292.61	\$34,565.15	\$127,857.76	68.86%	
201306	352	413	\$182,908.18	\$0.00	(\$16.89)	(\$16.89)	\$97,704.67	\$41,866.74	\$28,320.49	\$4,196.03	\$172,087.93	\$27,896.81	\$199,967.85	109.33%	
201307	345	405	\$182,731.90	\$0.00	\$0.00	\$0.00	\$146,376.73	\$30,064.78	\$27,794.92	\$8,982.75	\$211,219.18	\$35,599.65	\$246,818.83	135.07%	
201308	343	402	\$181,069.49	\$0.00	\$0.00	\$0.00	\$17,511.30	\$67,930.51	\$24,978.07	\$9,609.88	\$120,029.76	\$15,240.49	\$135,270.25	74.71%	
201309	352	407	\$177,483.53	\$0.00	\$0.00	\$0.00	(\$41,257.00)	\$25,612.39	\$20,850.12	\$6,515.70	\$11,721.21	\$16,310.03	\$28,031.24	15.79%	
201310	350	405	\$188,179.98	\$0.00	\$0.00	\$0.00	\$55,619.95	\$30,100.32	\$29,791.46	\$5,052.01	\$120,463.74	\$45,420.75	\$165,884.49	88.15%	
201311	348	402	\$180,993.86	\$0.00	\$0.00	\$0.00	\$12,361.77	\$25,902.06	\$37,644.34	\$7,959.13	\$83,867.30	\$28,306.59	\$112,173.89	61.89%	
201312	346	399	\$180,381.48	\$0.00	\$0.00	\$0.00	\$159,764.02	\$21,024.00	\$43,395.92	\$6,932.94	\$231,116.88	\$27,303.95	\$258,420.63	143.26%	
201401	338	388	\$176,758.26	\$0.00	\$0.00	\$0.00	\$77,756.52	\$20,211.17	\$28,471.82	\$4,761.39	\$131,200.90	\$38,724.44	\$169,925.34	96.13%	
201402	335	385	\$171,191.22	\$0.00	\$0.00	\$0.00	\$37,330.79	\$20,141.31	\$7,749.02	\$2,829.04	\$68,050.16	\$7,302.11	\$75,352.27	44.02%	
201403	333	383	\$169,799.46	\$0.00	\$0.61	\$0.61	\$48,171.61	\$6,334.63	\$17,646.51	\$2,979.61	\$75,132.36	\$13,473.32	\$88,606.29	52.18%	
201404	331	380	\$172,119.06	\$0.00	\$0.00	\$0.00	\$12,760.33	\$24,457.29	\$20,481.61	\$2,810.23	\$60,509.46	\$36,097.38	\$96,606.84	56.13%	
Total	4,127	4,780	\$2,149,300.52	\$0.00	(\$16.28)	(\$16.28)	\$664,837.26	\$339,460.42	\$311,605.74	\$62,788.07	\$1,378,691.49	\$326,240.67	\$1,704,915.88	79.32%	
Grouping Avg	344	398	\$179,108.38	\$0.00	(\$1.36)	(\$1.36)	\$55,403.11	\$28,288.37	\$25,967.15	\$5,232.34	\$114,890.96	\$27,186.72	\$142,076.32	79.32%	
Monthly Avg	344	398	\$179,108.38	\$0.00	(\$1.36)	(\$1.36)	\$55,403.11	\$28,288.37	\$25,967.15	\$5,232.34	\$114,890.96	\$27,186.72	\$142,076.32	79.32%	

Notes:

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- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg - Average of the distinct groupings chosen by the user.
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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 010, R10
 Current Paid Period: From 05/2013 to 04/2014

	Enrollment		Premium	Capitation			Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
201305	43	57	\$23,598.08	\$0.00	\$0.00	\$0.00	\$0.00	\$500.66	\$1,008.83	\$0.00	\$1,607.49	\$1,350.80	\$2,958.29	12.54%
201306	43	57	\$23,598.08	\$0.00	\$317.43	\$317.43	\$0.00	\$1,205.87	\$380.52	\$399.65	\$1,986.04	\$415.69	\$2,719.16	11.52%
201307	41	51	\$21,755.92	\$0.00	\$267.31	\$267.31	\$0.00	\$1,279.71	\$427.22	\$214.05	\$1,920.98	\$488.97	\$2,677.26	12.31%
201308	42	52	\$22,677.00	\$0.00	\$242.16	\$242.16	\$0.00	\$457.23	\$1,008.20	\$716.57	\$2,182.00	\$545.87	\$2,970.03	13.10%
201309	50	66	\$19,715.72	\$0.00	\$291.15	\$291.15	\$0.00	\$2,271.80	\$624.62	\$246.53	\$3,142.95	\$649.52	\$4,083.62	20.71%
201310	51	67	\$31,339.76	\$0.00	\$387.50	\$387.50	\$0.00	\$848.00	\$4,881.10	\$0.00	\$5,729.10	\$860.62	\$6,997.22	22.33%
201311	51	67	\$26,821.86	\$0.00	\$341.87	\$341.87	\$0.00	\$848.00	\$526.82	\$12.95	\$1,387.77	\$853.77	\$2,583.41	9.63%
201312	52	68	\$26,821.86	\$0.00	\$341.87	\$341.87	\$0.00	\$1,644.67	\$1,634.11	\$396.95	\$3,675.73	\$436.69	\$4,454.29	16.61%
201401	50	66	\$26,821.86	\$0.00	\$340.67	\$340.67	\$0.00	\$1,703.97	\$1,138.80	\$318.41	\$3,161.18	\$646.20	\$4,148.05	15.47%
201402	52	68	\$26,821.86	\$0.00	\$345.58	\$345.58	\$0.00	\$1,170.00	\$957.61	\$80.16	\$2,187.77	\$538.15	\$3,071.50	11.45%
201403	51	67	\$27,282.40	\$0.00	\$340.67	\$340.67	\$2,267.55	\$0.00	\$926.56	\$140.02	\$3,334.13	\$366.06	\$4,040.66	14.81%
201404	49	65	\$26,361.32	\$0.00	\$330.49	\$330.49	\$9,477.19	\$4,213.21	\$5,527.12	\$1,246.13	\$20,463.65	\$912.99	\$21,707.13	82.34%
Total	575	751	\$303,615.72	\$0.00	\$3,546.70	\$3,546.70	\$11,744.74	\$16,243.12	\$19,039.51	\$3,751.42	\$50,778.79	\$8,085.33	\$62,410.82	20.56%
Grouping Avg	48	63	\$25,301.31	\$0.00	\$295.56	\$295.56	\$978.73	\$1,353.59	\$1,586.63	\$312.62	\$4,231.57	\$673.78	\$5,200.90	20.56%
Monthly Avg	48	63	\$25,301.31	\$0.00	\$295.56	\$295.56	\$978.73	\$1,353.59	\$1,586.63	\$312.62	\$4,231.57	\$673.78	\$5,200.90	20.56%

Notes:

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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE

Group: 78170

Current Paid Period: From 05/2014 to 04/2015

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201405	614	667	\$372,623.34	\$0.00	\$480.66	\$480.66	\$6,020.00	\$31,242.70	\$26,794.28	(\$784.52)	\$63,272.46	\$44,474.77	\$108,227.89	29.04%
201406	610	664	\$377,776.08	\$0.00	\$481.88	\$481.88	\$81,569.32	\$93,968.17	\$50,723.75	\$7,140.41	\$233,401.65	\$59,560.91	\$292,444.44	77.41%
201407	596	652	\$365,205.77	\$0.00	\$464.56	\$464.56	\$154,723.86	\$27,270.53	\$72,605.99	\$12,662.58	\$267,262.96	\$70,664.51	\$338,392.03	92.66%
201408	596	641	\$366,480.78	\$0.00	\$464.07	\$464.07	\$95,792.40	\$51,725.97	\$61,598.51	\$6,291.93	\$215,408.81	\$66,161.49	\$282,032.37	76.96%
201409	611	678	\$356,469.54	\$0.00	\$467.52	\$467.52	\$21,689.90	\$33,564.73	\$54,396.92	\$8,205.89	\$117,857.44	\$71,177.65	\$189,502.61	53.16%
201410	611	674	\$368,657.32	\$0.00	\$474.47	\$474.47	\$91,320.78	\$45,059.08	\$54,145.47	\$8,345.90	\$198,871.23	\$67,649.91	\$266,995.61	68.70%
201411	610	672	\$371,098.02	\$0.00	\$489.91	\$489.91	\$27,156.83	\$32,462.77	\$45,869.52	\$6,445.17	\$111,934.29	\$62,672.22	\$175,096.42	47.18%
201412	610	672	\$379,725.98	\$0.00	\$491.15	\$491.15	\$115,262.41	\$80,005.98	\$72,432.52	\$14,582.56	\$282,283.47	\$95,126.67	\$377,901.29	99.52%
201501	605	668	\$374,384.64	\$0.00	\$482.26	\$482.26	\$75,001.84	\$66,082.39	\$39,369.49	\$8,690.12	\$189,143.84	\$30,827.88	\$220,453.98	58.88%
201502	605	673	\$373,594.08	\$0.00	\$491.36	\$491.36	\$15,734.19	\$44,269.05	\$29,125.41	\$4,160.90	\$93,289.55	\$39,583.57	\$133,364.48	35.70%
201503	606	674	\$370,228.06	\$0.00	\$479.16	\$479.16	\$438.03	\$71,217.32	\$30,491.01	\$7,758.42	\$109,904.78	\$49,448.35	\$159,832.29	43.17%
201504	603	674	\$370,780.46	\$0.00	\$938.07	\$938.07	\$17,425.28	\$49,677.96	\$19,993.59	\$12,046.07	\$99,142.90	\$57,952.11	\$158,033.08	42.62%
Total	7,267	8,009	\$4,467,024.07	\$0.00	\$6,205.07	\$6,205.07	\$702,134.84	\$626,546.65	\$557,544.46	\$95,545.43	\$1,981,771.38	\$714,300.04	\$2,702,276.49	60.49%
Grouping Avg	606	667	\$372,252.01	\$0.00	\$517.09	\$517.09	\$58,511.24	\$52,212.22	\$46,462.04	\$7,962.12	\$165,147.62	\$59,525.00	\$225,189.71	60.49%
Monthly Avg	606	667	\$372,252.01	\$0.00	\$517.09	\$517.09	\$58,511.24	\$52,212.22	\$46,462.04	\$7,962.12	\$165,147.62	\$59,525.00	\$225,189.71	60.49%

Notes:

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- Grouping Avg - Average of the distinct groupings chosen by the user.
- Monthly Avg - Average of a measure over Service/Paid time period.
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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 001, C01, R01
 Current Paid Period: From 05/2014 to 04/2015

	Enrollment		Premium	Capitation			Fee for Service Claims								
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR	
201405	88	91	\$59,063.30	\$0.00	\$70.36	\$70.36	\$0.00	\$2,063.61	\$8,752.38	(\$4,348.17)	\$6,467.82	\$1,121.41	\$7,659.61	12.97%	
201406	88	91	\$60,354.30	\$0.00	\$51.64	\$51.64	\$18,126.62	\$27,134.30	\$9,346.58	\$433.22	\$55,040.72	\$1,268.62	\$56,360.98	93.38%	
201407	86	89	\$56,481.30	\$0.00	\$54.29	\$54.29	\$13,940.45	\$1,770.25	\$20,483.42	\$1,662.16	\$37,856.28	\$1,565.49	\$39,476.06	69.89%	
201408	85	88	\$57,126.80	\$0.00	\$54.56	\$54.56	\$0.00	(\$17,091.63)	\$21,722.75	\$1,151.13	\$5,782.25	\$1,599.46	\$7,436.27	13.02%	
201409	86	93	\$56,481.30	\$0.00	\$55.80	\$55.80	\$15,930.42	\$1,778.42	\$19,762.73	\$3,174.99	\$40,646.56	\$1,744.03	\$42,446.39	75.15%	
201410	87	94	\$59,063.30	\$0.00	\$59.52	\$59.52	\$11,372.00	(\$23,229.84)	\$10,446.96	\$1,480.26	\$69.38	\$3,028.11	\$3,157.01	5.35%	
201411	87	94	\$61,877.74	\$0.00	\$57.04	\$57.04	\$9,128.51	\$3,032.50	\$7,593.43	\$1,747.75	\$21,502.19	\$2,925.77	\$24,485.00	39.57%	
201412	86	93	\$61,077.28	\$0.00	\$59.52	\$59.52	\$16,146.40	\$13,482.42	\$7,562.91	\$2,589.58	\$39,781.31	\$3,627.56	\$43,468.39	71.17%	
201501	84	91	\$58,495.28	\$0.00	\$56.42	\$56.42	\$0.00	\$18,942.60	\$6,595.48	\$2,000.64	\$27,538.72	\$254.14	\$27,849.28	47.61%	
201502	84	92	\$56,558.78	\$0.00	\$55.18	\$55.18	\$0.00	\$17,261.94	\$9,311.47	\$326.99	\$26,900.40	\$1,659.30	\$28,614.88	50.59%	
201503	83	91	\$56,558.78	\$0.00	\$55.80	\$55.80	\$0.00	\$3,677.05	\$5,926.67	\$1,725.84	\$11,329.56	\$1,560.67	\$12,946.03	22.89%	
201504	83	92	\$55,913.28	\$0.00	\$122.40	\$122.40	\$12,408.76	\$10,814.83	\$5,938.15	\$1,111.55	\$30,273.29	\$1,081.42	\$31,477.11	56.30%	
Total	1,027	1,099	\$699,051.44	\$0.00	\$752.55	\$752.55	\$97,053.16	\$59,636.45	\$133,442.93	\$13,055.94	\$303,188.48	\$21,435.98	\$325,377.01	46.55%	
Grouping Avg	86	92	\$58,254.29	\$0.00	\$62.71	\$62.71	\$8,087.76	\$4,969.70	\$11,120.24	\$1,088.00	\$25,265.71	\$1,786.33	\$27,114.75	46.55%	
Monthly Avg	86	92	\$58,254.29	\$0.00	\$62.71	\$62.71	\$8,087.76	\$4,969.70	\$11,120.24	\$1,088.00	\$25,265.71	\$1,786.33	\$27,114.75	46.55%	

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE

Group: 78170

Division: 003, C03, R03

Current Paid Period: From 05/2014 to 04/2015

	Enrollment		Premium	Capitation			Fee for Service Claims								
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR	
201405	98	106	\$73,136.56	\$0.00	\$64.05	\$64.05	\$0.00	\$4,332.94	\$5,091.83	\$1,419.62	\$10,844.39	\$20,662.50	\$31,570.94	43.17%	
201406	98	106	\$73,136.56	\$0.00	\$64.66	\$64.66	\$22,851.40	\$24,891.93	\$12,236.90	\$2,270.90	\$62,251.13	\$31,801.08	\$94,116.87	128.69%	
201407	95	103	\$71,743.48	\$0.00	\$62.22	\$62.22	\$117,650.73	\$2,877.52	\$16,816.75	\$3,539.49	\$140,884.49	\$35,902.01	\$176,848.72	246.50%	
201408	94	102	\$71,743.48	\$0.00	\$63.25	\$63.25	\$0.00	\$37,953.24	\$15,523.55	\$1,695.16	\$55,171.95	\$30,527.01	\$85,762.21	119.54%	
201409	98	106	\$69,653.86	\$0.00	\$65.72	\$65.72	\$0.00	\$5,934.90	\$9,748.39	\$1,117.53	\$16,800.82	\$34,584.88	\$51,451.42	73.87%	
201410	98	106	\$75,226.18	\$0.00	\$63.86	\$63.86	\$13,844.20	\$30,908.00	\$21,027.09	\$2,796.16	\$68,575.45	\$36,641.97	\$105,281.28	139.95%	
201411	97	105	\$69,653.86	\$0.00	\$66.34	\$66.34	\$4,828.67	\$9,584.26	\$13,868.41	\$738.60	\$29,019.94	\$34,755.27	\$63,841.55	91.66%	
201412	96	104	\$74,529.64	\$0.00	\$65.10	\$65.10	\$72,221.61	\$17,832.49	\$25,735.63	\$6,443.19	\$122,232.92	\$46,923.27	\$169,221.29	227.05%	
201501	95	103	\$71,743.48	\$0.00	\$63.86	\$63.86	\$30,888.89	\$10,230.67	\$9,377.78	\$2,389.84	\$52,887.18	\$20,066.36	\$73,017.40	101.78%	
201502	95	103	\$72,440.02	\$0.00	\$64.48	\$64.48	\$0.00	\$8,293.00	\$5,087.77	\$480.32	\$13,861.09	\$25,500.30	\$39,425.87	54.43%	
201503	96	104	\$68,260.78	\$0.00	\$62.00	\$62.00	\$0.00	\$44,865.69	\$9,903.03	\$2,296.06	\$56,864.78	\$26,403.22	\$83,330.00	122.08%	
201504	95	103	\$71,743.48	\$0.00	\$142.06	\$142.06	\$1,260.00	\$6,904.60	\$4,806.02	\$1,638.32	\$14,608.94	\$34,583.30	\$49,334.30	68.76%	
Total	1,155	1,251	\$863,011.38	\$0.00	\$847.60	\$847.60	\$263,545.50	\$204,409.24	\$149,223.15	\$26,825.19	\$644,003.08	\$378,351.17	\$1,023,201.85	118.56%	
Grouping Avg	96	104	\$71,917.62	\$0.00	\$70.63	\$70.63	\$21,962.13	\$17,034.10	\$12,435.26	\$2,235.43	\$53,666.92	\$31,529.26	\$85,266.82	118.56%	
Monthly Avg	96	104	\$71,917.62	\$0.00	\$70.63	\$70.63	\$21,962.13	\$17,034.10	\$12,435.26	\$2,235.43	\$53,666.92	\$31,529.26	\$85,266.82	118.56%	

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 007, 008, C07, C08, R07, R08
 Current Paid Period: From 05/2014 to 04/2015

	Enrollment		Premium	Capitation			Fee for Service Claims								
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR	
201405	356	392	\$185,290.48	\$0.00	\$35.42	\$35.42	\$6,020.00	\$23,375.47	\$9,886.60	\$2,009.16	\$41,291.23	\$21,612.29	\$63,138.94	34.08%	
201406	352	389	\$187,555.04	\$0.00	(\$5.09)	(\$5.09)	\$40,591.30	\$40,666.94	\$23,487.14	\$3,887.20	\$108,632.58	\$23,909.19	\$132,536.68	70.67%	
201407	346	386	\$180,819.13	\$0.00	(\$2.44)	(\$2.44)	\$23,132.68	\$13,950.30	\$30,307.53	\$7,277.61	\$74,668.12	\$31,040.91	\$105,706.59	58.46%	
201408	340	379	\$182,833.28	\$0.00	\$0.00	\$0.00	\$95,792.40	\$30,126.78	\$21,712.25	\$2,741.69	\$150,373.12	\$32,152.08	\$182,525.20	99.83%	
201409	354	401	\$178,807.42	\$0.00	\$0.00	\$0.00	\$2,892.28	\$25,450.09	\$22,788.32	\$3,808.47	\$54,939.16	\$33,926.25	\$88,865.41	49.70%	
201410	353	396	\$195,059.96	\$0.00	\$0.00	\$0.00	\$45,290.72	\$33,618.59	\$18,990.74	\$2,552.69	\$100,452.74	\$25,361.11	\$125,813.85	64.50%	
201411	353	395	\$184,940.70	\$0.00	\$0.00	\$0.00	\$13,199.65	\$18,459.95	\$21,033.65	\$3,555.30	\$56,248.55	\$23,492.26	\$79,740.81	43.12%	
201412	354	396	\$165,795.66	\$0.00	\$0.00	\$0.00	\$26,894.40	\$47,479.65	\$33,322.43	\$4,788.47	\$112,484.95	\$43,435.96	\$155,920.91	83.92%	
201501	351	394	\$187,207.12	\$0.00	\$0.62	\$0.62	\$43,782.95	\$36,418.12	\$21,666.82	\$3,963.17	\$105,811.06	\$9,319.73	\$115,131.41	61.50%	
201502	351	398	\$187,207.12	\$0.00	\$0.00	\$0.00	\$15,734.19	\$18,351.71	\$11,909.04	\$2,401.50	\$48,396.44	\$11,560.29	\$59,956.73	32.03%	
201503	352	399	\$187,580.76	\$0.00	\$0.00	\$0.00	\$438.03	\$21,192.58	\$8,513.25	\$3,603.24	\$33,747.10	\$19,458.16	\$53,205.26	28.36%	
201504	350	399	\$185,696.12	\$0.00	\$294.52	\$294.52	\$3,756.52	\$31,152.11	\$6,599.95	\$2,222.08	\$43,730.66	\$19,887.98	\$63,613.16	34.42%	
Total	4,212	4,724	\$2,228,792.79	\$0.00	\$323.03	\$323.03	\$317,505.12	\$340,242.29	\$230,217.72	\$42,810.58	\$930,775.71	\$295,356.21	\$1,226,454.95	55.03%	
Grouping Avg	351	394	\$185,732.73	\$0.00	\$26.92	\$26.92	\$26,458.76	\$28,353.52	\$19,184.81	\$3,567.55	\$77,564.64	\$24,613.02	\$102,204.58	55.03%	
Monthly Avg	351	394	\$185,732.73	\$0.00	\$26.92	\$26.92	\$26,458.76	\$28,353.52	\$19,184.81	\$3,567.55	\$77,564.64	\$24,613.02	\$102,204.58	55.03%	

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg – Average of the distinct groupings chosen by the user.
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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 010, R10
 Current Paid Period: From 05/2014 to 04/2015

	Enrollment		Premium	Capitation			Fee for Service Claims								
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR	
201405	66	72	\$34,318.78	\$0.00	\$263.78	\$263.78	\$0.00	\$1,470.68	\$2,254.40	\$0.00	\$3,725.08	\$801.04	\$4,789.90	13.96%	
201406	66	72	\$36,237.28	\$0.00	\$370.67	\$370.67	\$0.00	\$1,275.00	\$5,469.55	\$549.09	\$7,293.64	\$1,582.02	\$9,246.33	25.52%	
201407	63	68	\$35,508.30	\$0.00	\$350.49	\$350.49	\$0.00	\$8,672.46	\$4,998.29	\$183.32	\$13,854.07	\$2,156.10	\$16,360.66	46.08%	
201408	61	66	\$34,451.82	\$0.00	\$346.26	\$346.26	\$0.00	\$737.58	\$2,637.96	\$703.95	\$4,079.49	\$1,811.21	\$6,236.96	18.10%	
201409	65	70	\$31,208.40	\$0.00	\$346.00	\$346.00	\$2,867.20	\$401.32	\$2,097.46	\$104.90	\$5,470.90	\$922.49	\$6,739.39	21.59%	
201410	65	70	\$36,364.04	\$0.00	\$351.09	\$351.09	\$20,813.86	\$3,762.33	\$3,680.68	\$1,516.79	\$29,773.66	\$2,618.72	\$32,743.47	90.04%	
201411	65	70	\$32,666.36	\$0.00	\$366.53	\$366.53	\$0.00	\$1,356.22	\$3,329.03	\$403.52	\$5,088.77	\$1,498.92	\$6,954.22	21.29%	
201412	66	71	\$36,364.04	\$0.00	\$366.53	\$366.53	\$0.00	\$1,200.00	\$5,811.55	\$761.32	\$7,772.87	\$1,139.88	\$9,279.28	25.52%	
201501	65	71	\$35,307.56	\$0.00	\$361.36	\$361.36	\$350.00	\$491.00	\$1,742.80	\$336.47	\$2,920.27	\$1,187.65	\$4,469.28	12.66%	
201502	66	71	\$34,779.32	\$0.00	\$371.70	\$371.70	\$0.00	\$362.40	\$2,817.13	\$952.09	\$4,131.62	\$863.68	\$5,367.00	15.43%	
201503	66	71	\$36,364.04	\$0.00	\$361.36	\$361.36	\$0.00	\$1,682.00	\$6,101.04	\$133.28	\$7,916.32	\$2,026.30	\$10,303.88	28.34%	
201504	66	71	\$35,307.56	\$0.00	\$376.30	\$376.30	\$0.00	\$785.90	\$2,649.47	\$7,074.12	\$10,509.49	\$2,399.41	\$13,285.20	37.63%	
Total	781	843	\$418,877.50	\$0.00	\$4,232.07	\$4,232.07	\$24,031.06	\$22,196.89	\$43,589.38	\$12,718.85	\$102,536.18	\$19,007.42	\$125,775.67	30.03%	
Grouping Avg	65	70	\$34,906.46	\$0.00	\$352.67	\$352.67	\$2,002.59	\$1,849.74	\$3,632.45	\$1,059.90	\$8,544.68	\$1,583.95	\$10,481.31	30.03%	
Monthly Avg	65	70	\$34,906.46	\$0.00	\$352.67	\$352.67	\$2,002.59	\$1,849.74	\$3,632.45	\$1,059.90	\$8,544.68	\$1,583.95	\$10,481.31	30.03%	

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- Enrollment is recast to reflect retroactive adjustments.
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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 011
 Current Paid Period: From 05/2014 to 04/2015

	Enrollment		Premium	Capitation			Fee for Service Claims								
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR	
201405	6	6	\$3,421.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201406	6	6	\$2,444.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201407	6	6	\$2,932.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201408	6	6	\$2,932.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.73	\$71.73	2.45%	
201409	8	8	\$3,910.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201410	8	8	\$3,910.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201411	8	8	\$3,910.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00	\$0.00	\$45.00	\$0.00	\$45.00	1.15%	
201412	8	8	\$3,910.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201501	9	9	\$3,910.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201502	9	9	\$4,888.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
201503	9	9	\$4,399.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.02	\$0.00	\$47.02	\$0.00	\$47.02	1.07%	
201504	9	9	\$4,399.38	\$0.00	\$2.79	\$2.79	\$0.00	\$20.52	\$0.00	\$0.00	\$20.52	\$0.00	\$23.31	0.53%	
Total	92	92	\$44,971.44	\$0.00	\$2.79	\$2.79	\$0.00	\$20.52	\$92.02	\$0.00	\$112.54	\$71.73	\$187.06	0.42%	
Grouping Avg	8	8	\$3,747.62	\$0.00	\$0.23	\$0.23	\$0.00	\$1.71	\$7.67	\$0.00	\$9.38	\$5.98	\$15.59	0.42%	
Monthly Avg	8	8	\$3,747.62	\$0.00	\$0.23	\$0.23	\$0.00	\$1.71	\$7.67	\$0.00	\$9.38	\$5.98	\$15.59	0.42%	

Notes:

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Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: ALL
 Current Paid Period: From 05/2015 to 07/2015

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members		PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201505	589	664	\$372,423.97	\$0.00	\$993.13	\$993.13	\$21,945.20	\$77,337.17	\$23,248.11	\$6,290.88	\$128,821.36	\$66,938.06	\$196,752.55	52.83%
201506	587	661	\$366,110.33	\$0.00	\$1,016.92	\$1,016.92	\$76,960.73	\$60,594.77	\$50,374.10	\$10,116.78	\$198,046.38	\$63,759.76	\$262,823.06	71.79%
201507	567	641	\$353,912.48	\$0.00	\$974.47	\$974.47	\$199,448.96	\$155,629.34	\$92,383.39	\$17,033.42	\$464,495.11	\$80,869.84	\$546,359.42	154.38%
Total	1,743	1,966	\$1,092,446.78	\$0.00	\$2,984.52	\$2,984.52	\$298,354.89	\$293,561.28	\$166,005.60	\$33,441.08	\$791,362.85	\$211,587.66	\$1,005,935.03	92.08%
Grouping Avg	581	655	\$364,148.93	\$0.00	\$994.84	\$994.84	\$99,451.63	\$97,853.76	\$55,335.20	\$11,147.03	\$263,787.62	\$70,529.22	\$335,311.68	92.08%
Monthly Avg	581	655	\$364,148.93	\$0.00	\$994.84	\$994.84	\$99,451.63	\$97,853.76	\$55,335.20	\$11,147.03	\$263,787.62	\$70,529.22	\$335,311.68	92.08%

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 001, C01, R01
 Current Paid Period: From 05/2015 to 07/2015

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201505	88	96	\$59,930.97	\$0.00	\$126.42	\$126.42	\$0.00	\$10,658.70	\$4,075.35	\$1,809.93	\$16,543.98	\$2,371.75	\$19,042.15	31.77%
201506	88	96	\$59,535.87	\$0.00	\$163.44	\$163.44	\$12,013.95	\$14,634.56	\$10,104.74	\$1,962.89	\$38,716.14	\$3,364.90	\$42,244.48	70.96%
201507	85	93	\$59,915.44	\$0.00	\$126.48	\$126.48	\$56,240.21	\$50,240.30	\$21,900.54	\$4,251.69	\$132,632.74	\$2,660.81	\$135,420.03	226.02%
Total	261	285	\$179,382.28	\$0.00	\$416.34	\$416.34	\$68,254.16	\$75,533.56	\$36,080.63	\$8,024.51	\$187,892.86	\$8,397.46	\$196,706.66	109.66%
Grouping Avg	87	95	\$59,794.09	\$0.00	\$138.78	\$138.78	\$22,751.39	\$25,177.85	\$12,026.88	\$2,674.84	\$62,630.95	\$2,799.15	\$65,568.89	109.66%
Monthly Avg	87	95	\$59,794.09	\$0.00	\$138.78	\$138.78	\$22,751.39	\$25,177.85	\$12,026.88	\$2,674.84	\$62,630.95	\$2,799.15	\$65,568.89	109.66%

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 003, C03, R03
 Current Paid Period: From 05/2015 to 07/2015

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201505	97	106	\$74,794.30	\$0.00	\$140.82	\$140.82	\$1,260.00	\$34,033.35	\$8,555.95	\$790.32	\$44,639.62	\$30,648.83	\$75,429.27	100.85%
201506	97	106	\$74,097.76	\$0.00	\$142.92	\$142.92	\$54,748.06	\$2,762.05	\$18,629.76	\$2,114.47	\$78,254.34	\$29,091.73	\$107,488.99	145.06%
201507	96	105	\$71,311.60	\$0.00	\$143.54	\$143.54	\$71,526.73	\$27,273.53	\$15,797.77	\$1,397.06	\$115,995.09	\$48,446.37	\$164,585.00	230.80%
Total	290	317	\$220,203.66	\$0.00	\$427.28	\$427.28	\$127,534.79	\$64,068.93	\$42,983.48	\$4,301.85	\$238,889.05	\$108,186.93	\$347,503.26	157.81%
Grouping Avg	97	106	\$73,401.22	\$0.00	\$142.43	\$142.43	\$42,511.60	\$21,356.31	\$14,327.83	\$1,433.95	\$79,629.68	\$36,062.31	\$115,834.42	157.81%
Monthly Avg	97	106	\$73,401.22	\$0.00	\$142.43	\$142.43	\$42,511.60	\$21,356.31	\$14,327.83	\$1,433.95	\$79,629.68	\$36,062.31	\$115,834.42	157.81%

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 007, 008, C07, C08, R07, R08
 Current Paid Period: From 05/2015 to 07/2015

	Enrollment		Premium	Capitation			Fee for Service Claims								
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR	
201505	324	371	\$178,459.42	\$0.00	\$309.39	\$309.39	\$20,685.20	\$27,581.08	\$8,967.72	\$3,625.13	\$60,859.13	\$32,450.41	\$93,618.93	52.46%	
201506	322	368	\$175,606.54	\$0.00	\$275.28	\$275.28	\$10,198.72	\$41,194.75	\$17,414.37	\$5,106.75	\$73,914.59	\$28,540.15	\$102,730.02	58.50%	
201507	310	355	\$162,127.54	\$0.00	\$267.14	\$267.14	\$56,087.68	\$74,278.75	\$47,897.69	\$10,313.69	\$188,577.81	\$24,501.16	\$213,346.11	131.59%	
Total	956	1,095	\$616,193.50	\$0.00	\$851.81	\$851.81	\$86,971.60	\$143,054.58	\$74,279.78	\$19,045.57	\$323,351.53	\$85,491.72	\$409,695.06	79.37%	
Grouping Avg	319	365	\$172,064.50	\$0.00	\$283.94	\$283.94	\$28,990.53	\$47,684.86	\$24,759.93	\$6,348.52	\$107,783.84	\$28,497.24	\$136,565.02	79.37%	
Monthly Avg	319	365	\$172,064.50	\$0.00	\$283.94	\$283.94	\$28,990.53	\$47,684.86	\$24,759.93	\$6,348.52	\$107,783.84	\$28,497.24	\$136,565.02	79.37%	

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 010, R10
 Current Paid Period: From 05/2015 to 07/2015

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims							MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	
201505	72	83	\$38,920.72	\$0.00	\$413.59	\$413.59	\$0.00	\$5,049.77	\$1,649.09	\$65.50	\$8,764.36	\$1,467.07	\$9,845.02	22.21%
201506	72	83	\$37,864.24	\$0.00	\$432.80	\$432.80	\$0.00	\$2,003.41	\$4,225.23	\$932.67	\$7,161.31	\$2,762.98	\$10,357.09	27.35%
201507	68	79	\$41,223.82	\$0.00	\$434.83	\$434.83	\$15,594.34	\$108.83	\$6,585.77	\$1,043.08	\$23,332.02	\$5,281.50	\$29,048.35	70.46%
Total	212	245	\$118,008.78	\$0.00	\$1,281.22	\$1,281.22	\$15,594.34	\$7,162.01	\$12,460.09	\$2,041.25	\$37,257.69	\$9,511.55	\$48,050.46	40.72%
Grouping Avg	71	82	\$39,336.26	\$0.00	\$427.07	\$427.07	\$5,198.11	\$2,387.34	\$4,153.36	\$680.42	\$12,419.23	\$3,170.52	\$16,016.82	40.72%
Monthly Avg	71	82	\$39,336.26	\$0.00	\$427.07	\$427.07	\$5,198.11	\$2,387.34	\$4,153.36	\$680.42	\$12,419.23	\$3,170.52	\$16,016.82	40.72%

Notes:

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- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Company: SCHOOL BOARD OF SUWANNEE
 Group: 78170
 Division: 011
 Current Paid Period: From 05/2015 to 07/2015

Paid Year Month	Enrollment		Premium	Capitation			Fee for Service Claims						Grand Total	MLR
	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy		
201505	8	8	\$3,910.56	\$0.00	\$2.91	\$2.91	\$0.00	\$14.27	\$0.00	\$0.00	\$14.27	\$0.00	\$17.18	0.44%
201506	8	8	\$3,910.56	\$0.00	\$2.48	\$2.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.48	0.06%
201507	8	8	\$3,910.56	\$0.00	\$2.48	\$2.48	\$0.00	\$3,727.93	\$201.62	\$27.90	\$3,957.45	\$0.00	\$3,959.93	101.26%
Total	24	24	\$11,731.68	\$0.00	\$7.87	\$7.87	\$0.00	\$3,742.20	\$201.62	\$27.90	\$3,971.72	\$0.00	\$3,979.59	33.92%
Grouping Avg	8	8	\$3,910.56	\$0.00	\$2.62	\$2.62	\$0.00	\$1,247.40	\$67.21	\$9.30	\$1,323.91	\$0.00	\$1,326.53	33.92%
Monthly Avg	8	8	\$3,910.56	\$0.00	\$2.62	\$2.62	\$0.00	\$1,247.40	\$67.21	\$9.30	\$1,323.91	\$0.00	\$1,326.53	33.92%

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- 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.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

School Board of Suwannee County 2013-14 Plan year	BlueCare Plan 54	BlueOptions HSA-Compatible Plan 05182/05183	BlueCare Plan 50	BlueOptions Plan 05360	BlueOptions Plan 03359
Calendar Year Deductible (CYD) Per Person/Family Aggregate					
In-Network	\$5,000 / \$10,000	\$2,500 / \$5,000*	\$2,000 / \$6,000	\$1,500 / \$4,500	\$1,000 / \$3,000
Out-of-Network	Not Covered	\$5,000 / \$10,000*	Not Covered	\$3,000 / \$9,000	\$2,000 / \$6,000
Coinsurance (Coins) Percentage of covered services paid by member					
In-Network	30%	10%	30%	20%	20%
Out-of-Network	Not Covered	40%	Not Covered	40%	40%
Out-of-Pocket Maximum Per Person/Family Aggregate	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD & Coins	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coins, Copays; Excludes Rx
In-Network	\$15,000 / \$20,000	\$5,000 / \$10,000*	\$6,500 / \$13,000	\$5,000 / \$10,000	\$3,000 / \$6,000
Out-of-Network	Not Covered	\$10,000 / \$20,000*	Not Covered	\$8,000 / \$16,000	\$5,000 / \$10,000
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Office Services					
Office visits					
In-Network Family Physician/PCP (FP)	\$40	CYD + 10% Coins	\$35	\$25	\$25
In-Network Specialist (SP)	\$65	CYD + 10% Coins	\$65	\$50	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network	\$300	CYD + 10% Coins	\$300	\$450	\$125
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Maternity					
In-Network Specialist	\$65	CYD + 10% Coins	\$65	\$50	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Allergy Injections (by In-Network Family Physician)	\$10	CYD + 10% Coins	\$10	\$10	\$10
Physician-Administered Drugs or "Medical Pharmacy" Does not apply to allergy injections and immunizations. Separate member cost-share for the RX is in addition to the office visit cost share					
In-Network Monthly Out-of-Pocket Maximum	\$200	\$200	\$200	\$200	\$200
In-Network Provider	20% Coins	CYD + 20% Coins	20% Coins	20% Coins	20% Coins
Out-of-Network Provider	Not Covered	CYD + 50% Coins	Not Covered	CYD + 50% Coins	CYD + 50% Coins
Hospital/Surgical					
Ambulatory Surgical Center					
In-Network	CYD + 30% Coins	CYD + 10% Coins	\$250	CYD + 20% Coins	\$100
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Inpatient Hospital Facility Services (per admit)					
In-Network	CYD + 30% Coins	CYD + 10% Coins	\$100 + CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$750 Option 2 - \$1,000
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + Coins
Outpatient Hospital Facility Services (per visit)					
In-Network	CYD + 30% Coins	CYD + 10% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$150 Option 2 - \$250
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + Coins

School Board of Suwannee County 2013-14 Plan year	BlueCare Plan 54	BlueOptions HSA-Compatible Plan 05182/05183	BlueCare Plan 50	BlueOptions Plan 05360	BlueOptions Plan 03359
Therapy at Outpatient Hospital					
In-Network	\$85	CYD + 10% Coins	\$65	Option 1 - \$45 Option 2 - \$60	Option 1 - \$45 Option 2 - \$60
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	\$300	CYD + 10% Coins	\$300	CYD + 20% Coins	\$200
Out-of-Network	\$300	CYD + 10% Coins	\$300	CYD + 20% Coins	\$200
Preventive Care					
Routine Adult Physical Exams and Immunizations					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Well Woman Exam (e.g., Annual GYN)					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Mammograms (member cost; In- and Out-of-Network)	\$0 (In-Network Only)	\$0	\$0 (In-Network Only)	\$0	\$0
Colonoscopy					
BlueOptions: <u>Routine screening only</u> for age 50+ covered at 100% of allowed amount; In- and Out-of-Network. With diagnosis, subject to applicable deductible, coinsurance or copays.	\$0 (In-Network Only) (See note far left column)	\$0 (See note far left column)	\$0 (In-Network Only) (See note far left column)	\$0 (See note far left column)	\$0 (See note far left column)
Well Child (No CYM)					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Prescription Drugs					
Retail (30 days)					
Deductible	\$300 (Brand Only)	In-Network CYD	\$300 (Brand Only)	\$300 (Brand Only)	\$300 (Brand Only)
Generic/Preferred Brand/Non-Preferred	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80	20% / 40% / 50%	\$10 / \$50 / \$80
Mail Order (90 days)					
Generic/Preferred Brand/Non-Preferred	\$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$125 / \$200	N/A	\$25 / \$125 / \$200
Specialty Pharmacy (30 day supply limit) In Network CareMark exclusively 1 866 278 5108	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above
Out of Network – any pharmacy other than CareMark	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur	Subject to In-Network CYD, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur
Emergency Medical Care					
Urgent Care Centers					
In-Network	\$85	CYD + 10% Coins	\$70	\$55	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins

School Board of Suwannee County 2013-14 Plan year	BlueCare Plan 54	BlueOptions HSA-Compatible Plan 05182/05183	BlueCare Plan 50	BlueOptions Plan 05360	BlueOptions Plan 03359
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	\$300	CYD + 10% Coins	\$300	CYD + 20% Coins	\$200
Out-of-Network	\$300	CYD + 10% Coins	\$300	CYD + 20% Coins	\$200
Ambulance					
Ground/Air & Water per day max	\$5,500 Combined	\$5,500 Combined	\$5,500 Combined	\$5,500 Combined	\$5,500 Combined
In-Network	CYD + 30%Coins	CYD + 10% Coins	CYD + 30%Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	CYD + 30% Coins	In-Network CYD + 10% Coins	CYD + 30% Coins	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins
Outpatient Diagnostic Services					
Independent Diagnostic Testing Facility (includes physician services)					
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network	\$200	CYD + 10% Coins	\$300	\$450	\$125
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Other IDTF Services					
In-Network	\$65	CYD + 10% Coins	\$50	\$50	\$50
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Independent Clinical Lab					
In-Network	\$0	CYD	\$0	\$0	\$0
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Hospital Facility Services (per visit)					
In-Network	CYD + 30% Coins	CYD + 10% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$150 Option 2 - \$250
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + Coins
Mental Health and Substance Abuse					
Mental Health & Substance Dependency Care & Treatment					
Inpatient Hospital Facility Services (per admit)					
In-Network	\$0	CYD + 10% Coins	\$0	\$0	\$0
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Office Visit					
In-Network Family Physician/PCP (FP)	\$0	CYD + 10% Coins	\$0	\$0	\$0
In-Network Specialist (SP)	\$0	CYD + 10% Coins	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	\$0	CYD + 10% Coins	\$0	\$0	\$0
Out-of-Network	\$0	In-Network CYD + 10% Coins	\$0	\$0	\$0
Other Provider Services					
Provider Services at Hospital and ER					
In-Network	CYD + 30% Coins	CYD + 10% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	CYD + 30% Coins (ER Only)	In-Network CYD + 10% Coins	CYD + 30% Coins (ER Only)	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins

School Board of Suwannee County 2013-14 Plan year	BlueCare Plan 54	BlueOptions HSA-Compatible Plan 05182/05183	BlueCare Plan 50	BlueOptions Plan 05360	BlueOptions Plan 03359
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center					
In-Network	\$100	CYD + 10% Coins	\$65	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	In-Network CYD + 10% Coins	Not Covered	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins
Provider Services at Locations other than Office, Hospital and Emergency Room					
In-Network Family Physician/PCP	CYD + 30% Coins	CYD + 10% Coins	\$35	CYD + 20% Coins	CYD + 20% Coins
In-Network Specialist	CYD + 30% Coins	CYD + 10% Coins	\$65	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Home Health Care (CYM)	60 Visits	20 Visits	20 Visits	20 Visits	20 Visits
In-Network	\$0	CYD + 10% Coins	\$0	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Therapy and Spinal Manipulations (CYM) Refer to location of service for payment details	30 visits	35 visits	35 visits	35 visits	35 visits
Skilled Nursing Facility (CYM)	45 Days	60 days	60 days	60 days	60 days
In-Network	CYD + 30% Coins	CYD + 10% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Hospice					
In-Network	CYD + 30% Coins	CYD + 10% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

School Board of Suwannee County 2014-15 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03359
Calendar Year Deductible (CYD) Per Person/Family Aggregate					
In-Network	\$5,000 / \$10,000	\$2,500 / \$5,000*	\$5,000 / \$10,000	\$1,500 / \$4,500	\$1,000 / \$3,000
Out-of-Network	Not Covered	\$5,000 / \$10,000*	Not Covered	\$3,000 / \$9,000	\$2,000 / \$6,000
Coinsurance (Coins) Percentage of covered services paid by member					
In-Network	0%	20%	30%	20%	20%
Out-of-Network	Not Covered	40%	Not Covered	40%	40%
Out-of-Pocket Maximum Per Person/Family Aggregate	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD & Coins	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coins, Copays; Excludes Rx
In-Network	\$5,000 / \$10,000	\$5,800 / \$11,600*	\$6,350 / \$12,700	\$5,000 / \$10,000	\$3,000 / \$6,000
Out-of-Network	Not Covered	\$11,600 / \$23,200*	Not Covered	\$8,000 / \$16,000	\$5,000 / \$10,000
Office Services					
Office visits					
In-Network Family Physician/PCP (FP)	CYD	CYD + 20% Coins	\$40	\$25	\$25
In-Network Specialist (SP)	CYD	CYD + 20% Coins	\$65	\$50	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network	CYD	CYD + 20% Coins	\$300	\$450	\$125
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Maternity					
In-Network Specialist	CYD	CYD + 20% Coins	\$65	\$50	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Allergy Injections (by In-Network Family Physician)	CYD	CYD + 20% Coins	\$10	\$10	\$10
Physician-Administered Drugs or "Medical Pharmacy" Does not apply to allergy injections and immunizations. Separate member cost-share for the RX is in addition to the office visit cost share					
In-Network Monthly Out-of-Pocket Maximum	N/A	\$200	\$200	\$200	\$200
In-Network Provider	CYD	CYD + 20% Coins	20% Coins	20% Coins	20% Coins
Out-of-Network Provider	Not Covered	CYD + 50% Coins	Not Covered	CYD + 50% Coins	CYD + 50% Coins
Hospital/Surgical					
Ambulatory Surgical Center					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	\$100
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Inpatient Hospital Facility Services (per admit)					
In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$750 Option 2 - \$1,000
Out-of-Network	Not Covered	\$500 + CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + Coins
Outpatient Hospital Facility Services (per visit)					
In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$150 Option 2 - \$250
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + Coins

School Board of Suwannee County 2014-15 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03359
Therapy at Outpatient Hospital In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	\$85	Option 1 - \$45 Option 2 - \$60	Option 1 - \$45 Option 2 - \$60
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Out-of-Network	In-Network CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Preventive Care					
Routine Adult Physical Exams and Immunizations					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Well Woman Exam (e.g., Annual GYN)					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Mammograms (member cost; In- and Out-of-Network)	\$0 (In-Network Only)	\$0	\$0 (In-Network Only)	\$0	\$0
Colonoscopy BlueOptions: <u>Routine screening only</u> for age 50+ covered at 100% of allowed amount; In- and Out-of-Network. With diagnosis, subject to applicable deductible, coinsurance or copays.	\$0 (In-Network Only) (See note far left column)	\$0 (See note far left column)	\$0 (In-Network Only) (See note far left column)	\$0 (See note far left column)	\$0 (See note far left column)
Well Child (No CYM)					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Prescription Drugs					
Retail (30 days)					
Deductible	CYD	In-Network CYD	\$300 (Brand Only)	\$300 (Brand Only)	\$300 (Brand Only)
Generic/Preferred Brand/Non-Preferred	\$0	\$10 / \$50 / \$80	\$10 / \$50 / \$80	20% / 40% / 50%	\$10 / \$50 / \$80
Mail Order (90 days)					
Generic/Preferred Brand/Non-Preferred	\$0	\$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$125 / \$200
Specialty Pharmacy (30 day supply limit) In Network CareMark exclusively 1 866 278 5108	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above
Out of Network – any pharmacy other than CareMark	Not Covered	Subject to In-Network CYD, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur
Emergency Medical Care					
Urgent Care Centers					
In-Network	CYD	CYD + 20% Coins	\$85	\$55	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins

School Board of Suwannee County 2014-15 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03359
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Out-of-Network	In-Network CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Ambulance					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	In-Network CYD (Emergencies Only)	In-Network CYD + 20% Coins	CYD + 30% Coins (Emergencies Only)	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins
Outpatient Diagnostic Services					
Independent Diagnostic Testing Facility (includes physician services)					
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network	CYD	CYD + 20% Coins	\$200	\$450	\$125
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Other IDTF Services (ex. X-rays)					
In-Network	CYD	CYD + 20% Coins	\$65	\$50	\$50
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Independent Clinical Lab					
In-Network	CYD	CYD	\$0	\$0	\$0
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Hospital Facility Services (per visit)					
In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$150 Option 2 - \$250
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40 % Coins
Mental Health and Substance Abuse					
Mental Health & Substance Dependency Care & Treatment					
Inpatient Hospital Facility Services (per admit)					
In-Network	CYD	CYD + 20% Coins	\$0	\$0	\$0
Out-of-Network	Not Covered	\$500 + CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Office Visit					
In-Network Family Physician/PCP (FP)	CYD	CYD + 20% Coins	\$0	\$0	\$0
In-Network Specialist (SP)	CYD	CYD + 20% Coins	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	CYD	CYD + 20% Coins	\$0	\$0	\$0
Out-of-Network	In-Network CYD	In-Network CYD + 20% Coins	\$0	\$0	\$0
Other Provider Services					
Provider Services at Hospital and ER					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	In-Network CYD (Emergencies Only)	In-Network CYD + 20% Coins	CYD + 30% Coins (Emergencies Only)	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins

School Board of Suwannee County 2014-15 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03369
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center					
In-Network	CYD	CYD + 20% Coins	\$100	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	In-Network CYD + 20% Coins	Not Covered	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins
Provider Services at Locations other than Office, Hospital and Emergency Room					
In-Network Family Physician/PCP	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
In-Network Specialist	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Home Health Care (CYM)	60 Visits	20 Visits	60 Visits	20 Visits	20 Visits
In-Network	CYD	CYD + 20% Coins	\$0	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Therapy and Spinal Manipulations (CYM) Refer to location of service for payment details	30 visits	35 visits	30 visits	35 visits	35 visits
Skilled Nursing Facility (CYM)	45 days	60 days	45 Days	60 days	60 days
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Hospice					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins

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School Board of Suwannee County 2015-16 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03359
Calendar Year Deductible (CYD) Per Person/Family Aggregate					
In-Network	\$5,000 / \$10,000	\$2,500 / \$5,000*	\$5,000 / \$10,000	\$1,500 / \$4,500	\$1,000 / \$3,000
Out-of-Network	Not Covered	\$5,000 / \$10,000*	Not Covered	\$3,000 / \$9,000	\$2,000 / \$6,000
Coinsurance (Coins) Percentage of covered services paid by member					
In-Network	0%	20%	30%	20%	20%
Out-of-Network	Not Covered	40%	Not Covered	40%	40%
Out-of-Pocket Maximum Per Person/Family Aggregate	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD & Coins	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coins, Copays; Excludes Rx
In-Network	\$5,000 / \$10,000	\$5,800 / \$11,600*	\$6,350 / \$12,700	\$5,000 / \$10,000	\$3,000 / \$6,000
Out-of-Network	Not Covered	\$11,600 / \$23,200*	Not Covered	\$8,000 / \$16,000	\$5,000 / \$10,000
Office Services					
Office visits					
In-Network Family Physician/PCP (FP)	CYD	CYD + 20% Coins	\$40	\$25	\$25
In-Network Specialist (SP)	CYD	CYD + 20% Coins	\$65	\$50	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network	CYD	CYD + 20% Coins	\$300	\$450	\$125
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Maternity					
In-Network Specialist	CYD	CYD + 20% Coins	\$65	\$50	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Allergy Injections (by In-Network Family Physician)	CYD	CYD + 20% Coins	\$10	\$10	\$10
Physician-Administered Drugs or "Medical Pharmacy" Does not apply to allergy injections and immunizations. Separate member cost-share for the RX is in addition to the office visit cost share					
In-Network Monthly Out-of-Pocket Maximum	N/A	\$200	\$200	\$200	\$200
In-Network Provider	CYD	CYD + 20% Coins	20% Coins	20% Coins	20% Coins
Out-of-Network Provider	Not Covered	CYD + 50% Coins	Not Covered	CYD + 50% Coins	CYD + 50% Coins
Hospital/Surgical					
Ambulatory Surgical Center					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	\$100
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Inpatient Hospital Facility Services (per admit)					
In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$750 Option 2 - \$1,000
Out-of-Network	Not Covered	\$500 + CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + Coins
Outpatient Hospital Facility Services (per visit)					
In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$150 Option 2 - \$250
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + Coins

School Board of Suwannee County 2015-16 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03359
Therapy at Outpatient Hospital In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	\$85	Option 1 - \$45 Option 2 - \$60	Option 1 - \$45 Option 2 - \$60
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Out-of-Network	In-Network CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Preventive Care					
Routine Adult Physical Exams and Immunizations					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Well Woman Exam (e.g., Annual GYN)					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Mammograms (member cost; In- and Out-of-Network)	\$0 (In-Network Only)	\$0	\$0 (In-Network Only)	\$0	\$0
Colonoscopy BlueOptions: <u>Routine screening only</u> for age 50+ covered at 100% of allowed amount; In- and Out-of-Network. With diagnosis, subject to applicable deductible, coinsurance or copays.	\$0 (In-Network Only) (See note far left column)	\$0 (See note far left column)	\$0 (In-Network Only) (See note far left column)	\$0 (See note far left column)	\$0 (See note far left column)
Well Child (No CYM)					
In-Network Family Physician/PCP	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	40% Coins (No CYD)	Not Covered	40% Coins (No CYD)	40% Coins (No CYD)
Prescription Drugs					
Retail (30 days)					
Deductible	CYD	In-Network CYD	\$300 (Brand Only)	\$300 (Brand Only)	\$300 (Brand Only)
Generic/Preferred Brand/Non-Preferred	\$0	\$10 / \$50 / \$80	\$10 / \$50 / \$80	20% / 40% / 50%	\$10 / \$50 / \$80
Mail Order (90 days)					
Generic/Preferred Brand/Non-Preferred	\$0	\$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$125 / \$200
Specialty Pharmacy (30 day supply limit) In Network CareMark exclusively 1 866 278 5108	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above	Same as Retail RX Benefit above
Out of Network – any pharmacy other than CareMark	Not Covered	Subject to In-Network CYD, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur	\$300 RX Ded applies, then 50% of RX allowance; balance billing may occur
Emergency Medical Care					
Urgent Care Centers					
In-Network	CYD	CYD + 20% Coins	\$85	\$55	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins

School Board of Suwannee County 2015-16 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03359
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Out-of-Network	In-Network CYD	CYD + 20% Coins	\$300	CYD + 20% Coins	\$200
Ambulance					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	In-Network CYD (Emergencies Only)	In-Network CYD + 20% Coins	CYD + 30% Coins (Emergencies Only)	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins
Outpatient Diagnostic Services					
Independent Diagnostic Testing Facility (includes physician services)					
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network	CYD	CYD + 20% Coins	\$200	\$450	\$125
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Other IDTF Services (ex. X-rays)					
In-Network	CYD	CYD + 20% Coins	\$65	\$50	\$50
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Independent Clinical Lab					
In-Network	CYD	CYD	\$0	\$0	\$0
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Hospital Facility Services (per visit)					
In-Network	CYD	Opt. 1 - CYD + 20% Coins Opt. 2 - CYD + 25% Coins	CYD + 30% Coins	CYD + 20% Coins	Option 1 - \$150 Option 2 - \$250
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40 % Coins
Mental Health and Substance Abuse					
Mental Health & Substance Dependency Care & Treatment					
Inpatient Hospital Facility Services (per admit)					
In-Network	CYD	CYD + 20% Coins	\$0	\$0	\$0
Out-of-Network	Not Covered	\$500 + CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Office Visit					
In-Network Family Physician/PCP (FP)	CYD	CYD + 20% Coins	\$0	\$0	\$0
In-Network Specialist (SP)	CYD	CYD + 20% Coins	\$0	\$0	\$0
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted)					
In-Network	CYD	CYD + 20% Coins	\$0	\$0	\$0
Out-of-Network	In-Network CYD	In-Network CYD + 20% Coins	\$0	\$0	\$0
Other Provider Services					
Provider Services at Hospital and ER					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	In-Network CYD (Emergencies Only)	In-Network CYD + 20% Coins	CYD + 30% Coins (Emergencies Only)	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins

School Board of Suwannee County 2015-16 Plan year	BlueCare HSA-Compatible Plan 122/123	BlueOptions HSA-Compatible Plan 05192/05193	BlueCare Plan 54	BlueOptions Plan 05360	BlueOptions Plan 03359
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center					
In-Network	CYD	CYD + 20% Coins	\$100	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	In-Network CYD + 20% Coins	Not Covered	In-Network CYD + 20% Coins	In-Network CYD + 20% Coins
Provider Services at Locations other than Office, Hospital and Emergency Room					
In-Network Family Physician/PCP	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
In-Network Specialist	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network Provider	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Home Health Care (CYM)	60 Visits	20 Visits	60 Visits	20 Visits	20 Visits
In-Network	CYD	CYD + 20% Coins	\$0	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Outpatient Therapy and Spinal Manipulations (CYM) Refer to location of service for payment details	30 visits	35 visits	30 visits	35 visits	35 visits
Skilled Nursing Facility (CYM)	45 days	60 days	45 Days	60 days	60 days
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins
Hospice					
In-Network	CYD	CYD + 20% Coins	CYD + 30% Coins	CYD + 20% Coins	CYD + 20% Coins
Out-of-Network	Not Covered	CYD + 40% Coins	Not Covered	CYD + 40% Coins	CYD + 40% Coins

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	Plan 122/123	Plan 05192/05193	Plan 54	Plan 05360	Plan 03359
Employee Only	9	282	61	75	75
Employee / Spouse	0	3	0	3	2
Employee / Child(ren)	0	13	1	1	0
Family	1	5	1	0	1
Total	10	303	63	79	78
HIP	51				
Waived	225				
Employee Total	809				