

PUBLIC ANNOUNCEMENT AND GENERAL INFORMATION

# WILLIAMSON COUNTY PURCHASING DEPARTMENT SOLICITATION

Specific & Aggregate Stop Loss Insurance

PROPOSALS MUST BE RECEIVED ON OR BEFORE:
Aug 23, 2016 3:00:00 PM CDT
PROPOSALS WILL BE PUBLICLY
OPENED:
Aug 23, 2016 3:00:00 PM CDT

Notice is hereby given that sealed Proposals for the above-mentioned goods and/or services will be accepted by the Williamson County Purchasing Department. Williamson County uses BidSync to distribute and receive proposals. Specifications for this RFP may be obtained by registering at www.bidsync.com.

# Williamson County prefers and requests electronic submittal of this proposal.

All electronic proposals must be submitted via: www.bidsync.com

All interested Respondents are invited to submit a Proposal in accordance with the Instructions and General Requirements, Proposal Format, Proposal Specifications, and Definitions, Terms and Conditions stated in this RFP.

## Respondents are strongly encouraged to carefully read this entire RFP.

**Electronic proposals are requested**, however paper proposals will currently still be received, until further notice and may be mailed or delivered to the address listed below.

Please note that a complete package must be submitted choosing one of the above two methods. Split packages submitted will be considered "unresponsive" and will not be accepted or evaluated.

✓ If mailed or delivered in person, Proposals and Proposal addenda are to be delivered in sealed envelope on
or before the submittal deadline, as noted in the 'Public Announcement and General Information' listed
above for this RFP, to:

Williamson County Purchasing Department Attn: PROPOSAL NAME AND NUMBER 901 South Austin Avenue Georgetown, Texas 78626

- ✓ Respondents should list the Proposal Number, Proposal Name, Name and Address of Respondent, and the Date of the Proposal opening on the outside of the box or envelope and note "Sealed Proposal Enclosed."
- ✓ Respondent should submit one (1) original; **AND** one (1) CD **OR** (1) USB copy of the Proposal.
- ✓ Williamson County will not accept any Proposals received after the submittal deadline, and shall return such Proposals unopened to the Respondent.
- ✓ Williamson County will not accept any responsibility for Proposals being delivered by third party carriers.
- √ Facsimile transmittals will NOT be accepted.
- ✓ Proposals will be publicly opened in a manner to avoid public disclosure of contents; however, names of Respondents will be read aloud.
- ✓ All submitted questions with their answers will be posted and updated on www.bidsync.com.
- ✓ It is the Respondent's responsibility to review all documents in BidSync including any addenda that may have been added after the document packet was originally released and posted.
- ✓ Any addenda and/or other information relevant to the RFP will be posted on www.bidsync.com.
- ✓ The Williamson County Purchasing Department takes no responsibility to ensure any interested Respondent has obtained any outstanding addenda or additional information.
- ✓ Williamson County will NOT be responsible for unmarked or improperly marked envelopes.

## Bid 1605-083 Specific & Aggregate Stop Loss Insurance

Bid Number 1605-083

Bid Title Specific & Aggregate Stop Loss Insurance

Bid Start Date In Held

Bid End Date Aug 23, 2016 3:00:00 PM CDT

Question &

Answer End Date Aug 17, 2016 5:00:00 PM CDT

Bid Contact Kerstin N Hancock

512-943-1546

khancock@wilco.org

Contract Duration 12 months

Contract Renewal 2 annual renewals

Prices Good for 90 days

Bid Comments Williamson County is seeking proposal for Specific Aggregate Stop Loss Insurance. Respondent must specify

any deviation from the RFP in their proposal on the "Statement of Compliance" form. It will be assumed that the Respondent's Proposal is in compliance with the RFP specifications if deviations are not noted on the

"Statement of Compliance" form.

Secure copy of the census and the LCR (Large Claim Review) or any additional information can be obtained by

emailing khancock@wilco.org

All required documents must be attached:

- Fee Proposal Appendix A
- Statement of Compliance
- Conflict of Interest Questionnaire
- Bidder References
- RFP Affidavit

#### Item Response Form

Item 1605-083--01-01 - Please attach all required proposal documents to this line item

Quantity **1 each**Prices are not requested for this item.

Delivery Location Williamson County, Texas

No Location Specified

Qty 1

#### Description

Please attach all required documents to this line item:

- · Fee Proposal Appendix A
- · Statement of Compliance
- Conflict of Interest Questionnaire
- · Bidder References
- · RFP Affidavit

#### 1. PROPOSAL SPECIFICATIONS

## 1.1 Background Information

Williamson County has a self-insured Medical benefit program administered by Aetna Inc. utilizing both Aetna's Choice POS 2 network and The Seton Health Alliance ACO. The County offers Two (2) Medical plans. These plans differ by network.

The County's current ISL is \$250,000 and the Aggregate is a 120% corridor.

This RFP is for:

Specific & Aggregate Stop Loss Insurance

The County does not have the staff to increase their job functions being performed currently. Therefore, any carrier/administrator must be willing to meet all the stated current services as a minimum and clearly outlined in his or her Proposal any deviations from those stated within the RFP.

You must specify any and all deviations in your Proposal and the RFP on the "Statement of Compliance". <u>It will be assumed that your Proposal is in compliance if deviations are not noted in the "Statement of Compliance".</u> This RFP has outlined the services the County expects as a minimum requirement.

Any prospective Respondent will be responsible for having qualified personnel and computerized systems capable of handling a case of this size and the flexible plan of benefits. The Respondent must provide references and proof of the provider's ability to serve satisfactory to the County. This Contract will not be based upon cost alone but will place equal importance on ability to pay claims timely and accurately, and on the ability of the provider to serve satisfactorily to the County.

It is not the intent of the County that commissions are built into the Proposals. Commissions, fees or other reimbursement arrangements are prohibited. Each Respondent must sign the **Non-Collusion Affidavit enclosed or their Proposal will not be considered.** 

If you have any technical questions about the specifications, please submit all questions in writing to Bidsync at www.Bidsync.com

FOR AN ELECTRONIC COPY OF THE CENSUS OR INFORMATION ON CLAIMS THAT ARE 50% OF THE INDIVIDUAL SPECIFIC, PLEASE SUBMIT YOUR REQUEST IN WRITING TO <a href="mailto:khancock@wilco.org">khancock@wilco.org</a>

#### 1.2 General Carrier Requirements

## 1.2.1 Specific Stop-Loss

Williamson County is looking to go to a 12 month contract from 01/1/17 through 12/31/17. The requested specific is for \$250,000 Deductible and should be a 24/12 paid contract. The optional requests are for a \$225,000 and \$275,000 deductible and it should be a 24/12 contract. The specific and aggregate should include all **prescription drug** claims and exclude all claims from the stand alone dental and vision plans. Proposals must clearly

state any limitations in regards to an unlimited lifetime maximum benefit.

Note: Respondents are encouraged to give options for more than a single year contract. Any Lasers, Aggregating Specific or different contract periods, must be finalized after the receipt of updated materials. Non-acceptance of this requirement must be outlined on the Statement of Compliance Form in the Proposal.

## 1.2.2 Aggregate Excess Protection

The aggregate attachment point must be proposed on 120% of projected paid claims. Corridors of lesser amounts such as 115% will receive preferential review. A monthly cap should be given as an option. Each Proposal must state exactly the monthly and total attachment point dollar amount the time period covered, and if there are any restrictions.

#### 1.2.3 Transitional Process

The selected carrier shall be responsible for all claims incurred on/or after **January 1, 2017** and paid from **January 1, 2017** through **December 31, 2017**. The County desires that covered employees and their dependents should not be adversely affected by a change in insurance carriers. A "no-loss/no-gain" approach will apply to all participants covered under the new plan. It is imperative that any exclusions, limitations, or any other deviation be clearly outlined and discussed. A Respondent is expected to explain, in detail, their approach and responsibilities for total disabilities, active at work clauses, or any other limitations.

Proposals received with full protection - no limitations - will receive preference.

#### 1.2.4 Commission

No commissions or service fees shall be paid to any party without disclosure.

## 1.2.5 Compliance with the Proposal

All responses are to be prepared according to the Proposal. Any item(s) your company cannot accommodate are to be disclosed in writing prior to binding acceptance by the consultant and the County. Any deviations from this request are to be discussed, in writing, with the consultant in advance of the due date. After the County has made a commitment and awarded the Contract, the carrier will be held responsible for **all items** contained in the specifications.

#### 1.2.6 Effective Date

The effective date of the new contract(s) will be **January 1**, **2017 for 12 months.** Following the initial contract term from November 1, 2017 to December 31, 2017, the County will have the option to renew the contract for two (2) one-year annual renewals.

## 1.2.7 Proposed Rates

A minimum rate guarantee of 12 (twelve) months is required. Please confirm this guarantee in your Proposal and denote any additional guarantees your company may wish to extend to the County. It is the County's intent to establish a one year contract with the new carrier(s) provided renewal rates are acceptable and can be given within your Proposal.

Multiple year rate guaranteed contracts will receive preference. Multiple year

## contracts must include a not to exceed cap for rate increase in the additional years.

#### 1.2.8 Renewal Rates

The selected carrier is asked to deliver a rate adjustment no later than 90 (ninety) days prior to the anniversary date each year.

## 1.2.9 Ownership of Records

All records, member files and miscellaneous data necessary to administer the plan shall be the property of the County. The selected carrier will be asked to transfer records to the County within 30 (thirty days of notice of termination.

#### 1.2.10 Master Policy

The master policy shall be provided to the County no later than 30 (thirty) days from effective date. Please confirm your ability to provide this service and meet the deadline in your Proposal.

## 1.2.11 Plan Changes and Amendments

If changes in the plan of benefits or servicing requirements are needed, such changes will be made in writing and deemed as an amendment to the Contract.

#### 1.2.12 Carrier Selection

The selection of the carrier is tentatively scheduled to occur on 11-29-2016 (tentative).

#### 1.2.13 Data Caveat

Williamson County and Aetna have supplied the data contained herein. It has been gathered and coordinated by the consultant and reviewed as to accuracy on a "best effort" manner. This Request for Proposal is qualified to the extent the data provided is accurate.

#### 1.3 Stop Loss Questionnaire

#### CARRIER INFORMATION

- 1. When did the insurer start writing Medical Stop Loss Insurance?
- 2. Please note any years in which the insurer ceased writing or renewing medical stop loss business.
- 3. Please provide the names, titles and phone numbers for key contact persons for claims, billing and eligibility.

#### FINANCIAL INFORMATION

- 1. Please provide information relative to your reinsurance arrangements for your medical stop loss coverage.
- 2. What percentage of the risk do you retain? Describe in detail.

#### UNDERWRITING INFORMATION

- 1. At renewal, what information do you require? Specifically address all disclosure requirements.
- 2. Williamson County would like the renewal by July 1, 2017. Please confirm that you can provide the renewal by this date.

#### **RATING PROCEDURES**

- 1. Discuss your renewal philosophy. Be specific as it relates to known ongoing large claims, high deductibles, lasering, rating up, exclusion, etc.
- 2. Has a renewal ever been denied solely due to claim experience?
- 3. Does your contract allow you to limit or exclude coverage for an individual who becomes disabled or begins receiving treatment after you are awarded the contract but prior to the contract effective date?

#### **CLAIMS INFORMATION**

- 1. What information do you require to process a specific stop loss claim?
- 2. What information do you require to process an aggregate stop loss claim?
- 3. What kind of timeframe can we expect for you to pay both claim types?
- 4. What proof of payment is required for specific and aggregate claims?
- 5. What is your definition of a paid claim?
- 6. If you purchase reinsurance protection, does the reinsurer need to review all claims before they are paid, or are your decisions binding on the reinsurance?
- 7. If a claim is delayed beyond the end of the contract period, do you grant a waiver of the time limits for payments if the circumstances are reported to you prior to the end of the period? If not, how are such situations handled?
- 8. Do you require that large claim management services be used? Under what circumstances? Do you pay for such services?
- 9. Do you accept the reasonable and customary determinations made by the TPA, or do you have a database you use?

#### CONTRACT INFORMATION

- 1. Please provide a sample policy for our review.
- 2. Please list any exclusion(s) that are mandatory, regardless of the client's proposed plan document language or benefit design.
- 3. Do you have an "actively at work" provision? What are the procedures for waiving it?
- 4. What is the maximum time allowed for submission after the termination date of valid claims that were paid within the contract period?
- 5. Please provide the definition of experimental procedures and note how this provision is interpreted for a claim approved for payment under the medical plan.
- 6. Does the insurer assist in claim determination before reimbursement is requested?
- 7. Are there any circumstances where the insurer can deny reimbursement of a claim which has been approved by the UR program and/or the Large Case Manager and paid under the Plan?
- 8. Please specify all terms and conditions under which the insurer may terminate or modify its policy.
- 9. If the policy is issued through an MGU, delineate what happens when the reinsurer changes on a date other than the client's Plan anniversary.

#### ADDITIONAL INFORMATION

- 1. Have you ever been suspended from writing Stop Loss Coverage? If yes, please describe.
- 2. Is your organization able to work with any claims administrator (TPAs, BCBS plans, carriers, etc.? If no, provide a listing of all U.S. based claims administrators with whom your organization will do business. Please also indicate those that may have a "preferred" status and describe the advantage to Williamson County in doing business with these claims administrators.
- 3. Is your stop loss contract considered guaranteed renewable? If no, please describe your determination and notification methods.
- 4. Is your organization capable and willing to contact the claims administrator (TPAs, carrier, etc.) or Case Management firm directly to obtain additional information related to large claimants?

- 5. Once firm rates are presented and coverage is bound, under which circumstances, if any, would your organization modify rates / factors mid-year?
- 6. Are there any conditions or circumstances (i.e., diagnosis, procedure, medical services, etc.) that require pre-approval by your case managers? If yes, please list.
- 7. Is there a Transplant Center of Excellence provision in your contract?
  - a. If yes, is this a voluntary or mandatory program?
- 8. Do you offer advance funding or quick pay options for specific claims? If yes, please provide details including any additional cost.
- 9. Do you offer advance funding or quick pay options for aggregate claims? If yes, please provide details including any additional cost.

## 1.4 Plan Designs Claims Experience

FOR AN ELECTRONIC COPY OF THE CENSUS AND LARGE CLAIMANT INFORMATION, PLEASE EMAIL <a href="mailto:khancock@wilco.org">khancock@wilco.org</a>

#### 1.5 Network Benefit

This Plan provides benefits through a group of contracted providers (Network Providers). A Network Provider means using a Physician or other Licensed Health Care Provider who is part of a group of contracted providers. Using Network Providers offers cost-savings advantages because a Covered Person pays only a percentage of the scheduled fee for services provided.

To determine if a provider qualifies as an eligible Network Provider under this Plan, please consult Aetna's website at <a href="www.aetna.com">www.aetna.com</a> to access links for directories of Network Providers.

The Benefit Percentages for Medical Benefits may vary depending on the type of service and provider rendering the service or treatment. Non-Network Provider means a provider who is not a Network Provider. If a Non-Network Provider is chosen over a Network Provider, the Benefit Percentage will be lower (as stated in the following Schedule of Medical Benefits), unless one of the a Non-Network Benefit Exceptions stated below applies.

#### NON-NETWORK BENEFIT EXCEPTION

When a covered service is rendered by a Non-Network Provider, charges will be paid as if the service were rendered by a Network Provider only under the following circumstances:

- 1. Charges for an Emergency as defined by this Plan, limited to only those emergency medical procedures necessary to treat and stabilize an eligible injury or illness and then only to the extent that the same are necessary in order for the Covered Person to be transported, at the earliest medically appropriate time to a Network Hospital, clinic or other facility, or discharged.
- 2. Charges which are incurred as a result of and related to confinement in or use of a Network Hospital, clinic or other facility only for Non-Network services and providers over whom or which the Covered Person does not have any choice in or ability to select.
- 3. A Network Provider is not reasonably available within 50 miles (using Googlemaps.com) who can provide the service needed. To obtain this exception, the Covered Person must request the exception in writing indicating the name and address of the patient, the Participant's name, identification number and group number, type of treatment, service or supply for which exception is needed. Requests for exceptions can be sent to Aetna. If this exception is granted by the Plan, charges made by the Non-Network Provider will be paid at the Network benefit level. This exception will not be granted until written approval is received from the Plan.
- 4. A Network Provider refers the patient to a Non-Network Provider. Medical documentation from the Network Provider stating the reason for referring the patient to a Non-Network Provider must be submitted to the Plan for review. To obtain this exception, the Network Provider must request the exception in writing indicating the name and address of the patient, the Participant's name, identification number and group number, type of treatment, service or supply for which exception is needed including medical documentation stating the reasons for referring the patient to a Non-Network Provider. Requests for exceptions can be sent to Aetna. If this exception is granted by the Plan, charges made by the Non Network Provider will be paid at the Network benefit level. This exception will not be granted until written approval is received from the Plan.

## 2. Additional Stipulations

#### 2.1 Introduction

The Proposal evaluation and selection process is detailed in this section, as are other factors, and the format in which the Price Proposal of each Proposal should be submitted.

## 2.2 Price Proposal

The Respondent must utilize the price sheet form as provided in the Appendix A which will be attached to this RFP. The Price Proposal should be included in each copy of the Proposal if submitted in paper form.

Note: Any reworked version of the Appendix that is intended to be a substitute and that is provided by a Respondent may be determined as non-responsive, and may, at Williamson County's sole discretion, result in the Respondent's disqualification.

## 2.3 Proposal Evaluation and Selection

#### 2.3.1 Evaluation/Selection Criteria

All Proposals received by the designated date and time will be evaluated based on the Respondent's Proposal. Other information may be taken into consideration when that information potentially provides an additional benefit to Williamson County, and further helps Williamson County in receiving the services listed in the RFP.

Respondents' Proposals must meet all mandatory (minimum) requirements in order to be scored. Scoring may also be based on total information gathered by Williamson County at its discretion, including but not limited to respondent's ability to perform "without delay or interference"; respondent's "character, responsibility, integrity, and experience or demonstrated capability; quality of prior work; compliance with laws; and noncompliance with requirements as to submission of relevant information."

### 2.3.2 Evaluation Committee and Selection Process

All Proposals will be evaluated by a County appointed Evaluation Committee. The Evaluation Committee may be composed of County Staff that may have expertise, knowledge or experience with the services and/or goods being procured hereunder. Those Respondents meeting all requirements and deemed most qualified may receive further evaluation via telephone or in-person interviews with members of the Evaluation Committee. The County will select a Respondent determined best and most responsible Respondent meeting minimum specifications and qualifications.

Respondents are advised that the Evaluation Committee, at its option, may recommend an award strictly on the basis of the initial RFP responses, or in addition, may have interviews with firms to determine its final recommendation. The Evaluation Committee will present its recommendation to the Williamson County Commissioners' Court for approval and award of contract.

Finalist shall be determined by the Respondent receiving the most points in relation to the following Evaluation Criteria. Additional scoring may be conducted based upon Respondent's presentation during the interview process and may or may not include previous scores from Proposer's Proposal.

#### 2.3.3 Mandatory criteria (has to be met in order to be scored)

Minimum requirements must be passed in order to be considered for scoring as described in section 2.3.4

Minimum Requirements	Pass/Fail
Must have been rated by A.M. Best for at least the past three years as an A- rated company	
Insurance company is published in the current listing of insurance companies, authorized to transact business in Texas	
Will consider waiving the Employee Actively at Work/Dependent Non-Confined Underwriting provision	

## 2.3.4

**Graded Evaluation Factors**The following graded evaluation factors will be used to determine how well a Respondent(s) meet(s) the desired performance.

valuation Criteria	Total Points Available	Please select a Whole Number from the list provided for each question. (Decimal scoring or unlisted rating scores are not permitted)
Individual number of Lasers	5	5 = Significantly Exceeds Requirements 4 = Marginally Exceeds Requirements 3 = Meets Requirements 2 = Marginally Meets Requirements 1 = Does Not Meet Requirements
Overall presentation of proposal submitted (clarity and attention to detail on submittal)	5	5 = Significantly Exceeds Requirements 4 = Marginally Exceeds Requirements 3 = Meets Requirements 2 = Marginally Meets Requirements 1 = Does Not Meet Requirements
Specific Policy Exclusions	5	5 = Significantly Exceeds Requirements 4 = Marginally Exceeds Requirements 3 = Meets Requirements 2 = Marginally Meets Requirements 1 = Does Not Meet Requirements
Response to RFP questions and how they meet the needs of the County	5	5 = Significantly Exceeds Requirements 4 = Marginally Exceeds Requirements 3 = Meets Requirements 2 = Marginally Meets Requirements 1 = Does Not Meet Requirements
Claims payment turn-around time	5	5 = Significantly Exceeds Requirements 4 = Marginally Exceeds Requirements 3 = Meets Requirements 2 = Marginally Meets Requirements 1 = Does Not Meet Requirements
Price (RFP Cost Score): Lowest Respondent's proposal/ Respondent's Proposal x 10 (points)	10	
Total	25	(Highest scorers = Proceed to Interviews)

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Evaluation Criteria Summary	Total maximum points
Evaluation Criteria 1-5	25 (5 points for each criteria)
	10 (weighted at 40% of the total maximum points of criteria – 25 x 40% = 10 maximum points)

#### 2.3.5 Interviews

Interview scoring (if applicable) will be provided along with invitation to interview candidates. Best and Final Offer will be required from all Respondents scheduled for interviews, 24 hours

## 2.3.6 Additional Evaluation information

Williamson County reserves the right to award a contract for any or all areas of this RFP.

It is the responsibility of the Respondent to provide sufficient information/data in a convincing manner to the County to assure all of the terms, conditions and expectations for satisfactory performance of the services requested herein will be met.

All contact during the evaluation phase shall be through the Williamson County Purchasing Department only. Respondent shall neither contact nor lobby evaluators during the evaluation process. Attempts by Respondent to contact and/or influence members of the Evaluation Committee may result in disqualification of Proposal.

#### 2.4 Technical Contact

Shelley Loughrey, Benefits Administrator (or successor), Williamson County,301 SE Inner Loop, Ste 108, Georgetown, TX shall serve as Williamson County's Technical Contact with designated responsibility to ensure compliance with the requirements of the Contract and any ensuing agreement, such as but not limited to, acceptance, inspection and delivery, together with the Purchasing Department. The Technical Contact together with the Purchasing Department will serve as liaison between Williamson County Commissioners Court and the Successful Respondent.

#### 2.5 Initial Contract Term

The Successful Respondent shall provide the goods and/or services described herein for an initial term of twelve (12) months beginning on January 1, 2017 through December 31, 2017

#### 2.6 Contract Extensions

At the end of the Initial Contract Term, the Commissioners Court reserves the right to extend the Initial Contract Term, by mutual agreement of both parties, as it deems to be in the best interest of the County. The extension may be negotiated if renewal indications are provided within Williamson County's timeframe which reflect renewal terms for the forthcoming policy year that are deemed by Williamson County to be competitive with current market conditions. However, Williamson County may terminate the contract at any time if funds are restricted, withdrawn, not approved, or if service is unsatisfactory. Any extension will be in twelve (12) month increments for up to an additional twenty-four (24) months, with the terms and conditions remaining the same. The total period of the contract, including all extensions will not exceed a maximum combined

period of sixty (60) months. The extension of the contract is contingent on the appropriation of necessary funds by Commissioners Court for the fiscal year in question. Upon the failure of Commissioners Court to so appropriate in any year, the Respondent may elect to terminate the contract, with no additional liability to the County. The County and the Respondent agree that termination shall be the Respondent's sole remedy under this circumstance.

## 2.7 Insurance Requirements

By signing its Proposal, the Respondent agrees to maintain at all times during any term of the Contract and any ensuing Agreement at Respondent's cost, insurance in accordance with this provision.

Respondent will be required to submit Certificates of Insurance prior to contract award and any renewals.

All certificates of insurance coverage as specified below must be provided to the following location:

Williamson County Purchasing Department

901 S Austin Ave

Georgetown, Texas 78626

Failure to comply with these Insurance Requirements may result in the termination of the Contract and any ensuing Agreement(s) between the Successful Respondent and County.

The following coverage limits shall be required at a minimum:

A. Worker's Compensation Statutory – Texas Law

B. Employer's Liability:

Bodily Injury by Accident \$500,000 Ea. Accident Bodily Injury by Disease \$500,000 Ea. Employee Bodily Injury by Disease \$500,000 Policy Limit

C. Comprehensive general liability including completed operations and contractual liability insurance for bodily injury, death, or property damages in the following amounts:

COVERAGE PER PERSON PER OCCURRENCE

Comprehensive

General Liability \$1,000,000 \$1,000,000

Aggregate policy limits: \$1,000,000

Successful Respondent's property will not be covered by any insurance that may be carried by Williamson County. Successful Respondent assumes the risk of loss on its contents and property that are situated on/in/around Williamson County property. The Successful Respondent is strongly encouraged to obtain insurance on its property to the extent deemed necessary by the Successful Respondent.

## County shall be named as an additional insured under any policy of insurance required hereunder.

Successful Respondent shall not commence any work until it has obtained all required insurance and such insurance has been approved by County. Successful Respondent shall not allow any subcontractor(s) to commence work to be performed until all required insurance has been obtained by such subcontractor(s) and approved by County. Approval of the insurance by County shall not relieve or decrease the liability of Successful Respondent or its subcontractor(s) hereunder.

The required insurance must be written by a company approved to do business in the State of Texas with a financial standing of at least an A- rating, as reflected in Best's insurance ratings or by a similar rating system recognized within the insurance industry at the time the policy is issued. Successful Respondent shall furnish County with a certificate of coverage issued by the insurer. Successful Respondent shall not cause any insurance to be canceled nor permit any insurance to lapse. ALL INSURANCE CERTIFICATES SHALL INCLUDE A CLAUSE TO THE EFFECT THAT THE POLICY SHALL NOT BE CANCELED OR REDUCED, RESTRICTED OR LIMITED UNTIL TEN (10) CALENDAR DAYS AFTER COUNTY HAS RECEIVED WRITTEN NOTICE AS EVIDENCED BY RETURN RECEIPT OF REGISTERED OR CERTIFIED LETTER.

It is the intention of the County, and agreed to and hereby acknowledged by the Successful Respondent, that no provision of this Contract or any ensuing Agreement shall be construed to require the County to submit to mandatory arbitration or mediation in the settlement of any claim, cause of action or dispute, except as specifically required in direct connection with an insurance claim or threat of claim under an insurance policy required hereunder which absolutely requires arbitration or mediation of such claim, or as otherwise required by law or a court of law with jurisdiction over the provisions of this Contract or any ensuing Agreement.

## 2.8 Confidentiality

Respondent expressly agrees that it will not use any direct or incidental confidential information that may be obtained while working in a governmental setting for its own benefit, and agrees that it will not access unauthorized areas or confidential information and it will not disclose any information to unauthorized third parties, and will take care to guard the security of the information at all times.

## 2.9 Tentative Schedule

Event	Date
RFP released in BidSync	07/26/16
Deadline for RFP questions	08/17/16 5:00PM
RFP final responses due	08/23/16 3:00PM
Benefit Committee Meeting – Final Selection of Vendor	09/21/16
Contract awarded	11/15/16
Contract effective date	01/01/17

## 1. RESPONSE FORMAT AND SUBMISSION

#### 1.1 Introduction

Each Proposal submitted in response to this RFP should clearly reference those numbered sections of this RFP that require a response. Failure to arrange the Proposal as requested may result in the disqualification of the Proposal.

Though there is not a page limit for Proposals, to save natural resources including paper, and to allow Williamson County staff to efficiently evaluate all submitted Proposals, Williamson County requests that Proposals be orderly, concise, but comprehensive in providing the requested information. Conciseness and clarity of content are emphasized and encouraged. If mailed or delivered in person, please limit additional, non-requested information.

Please provide your Proposal response using:

- 1. 8 ½" x 11" pages, inclusive of any cover letter or supporting materials
- 2. The least amount of plastic/laminate or other non-recyclable binding materials
- 3. Single-sided printing

Vague and general Proposals will be considered non-responsive, and may, at County's sole discretion, result in disqualification.

Proposals must be legible and complete. Failure to provide the required information may result in the disqualification of the Proposal. All pages of the Proposal should be numbered and the Proposal should contain an organized, paginated table of contents corresponding to the sections and pages of the Proposal.

## 1.2 Organization of Proposal Contents and Table of Contents

Each Proposal should be submitted with a table of contents that clearly identifies and denotes the location of each title and subtitle of the Proposal. Additionally, the table of contents should clearly identify and denote the location of all enclosures of the Proposal. The table of contents should follow the RFP's structure as much as is practical.

Each Proposal should be organized in the manner described below:

- Transmittal Letter
- 2. Table of Contents
- 3. Executive Summary
- 4. Proposal Response to Criteria (see Specifications & Cost Proposal, Experience and Qualifications, References, Implementation Strategy)
- Price Sheet
- 6. References: Identification of three (3) references within the last 4 years for which the Respondent is providing or has provided the goods and services (public sector) of the type requested, including the name, position, and telephone number of a contact person at each entity
- 7. Conflict of Interest Questionnaire
- 8. Proposal Affidavit and Addenda Acknowledgement
- 9. Signature Page
- 10. Attach your entities Sample Contract

#### 1.3 Transmittal Letter

The Respondent should submit a Transmittal Letter that provides the following:

- a) Name and address of individual or business entity submitting the Proposal;
- b) Respondent's type of business entity (i.e., Corporation, General Partnership, Limited Partnership, LLC, etc.);
- c) Place of incorporation or organization, if applicable;
- d) Name and location of major offices and other facilities that relate to the Respondent's performance under the terms of this RFP:
- e) Name, address, business and fax number of the Respondent's principal contact person regarding all contractual matters relating to this RFP;
- f) The Respondent's Federal Employer Identification Number;
- g) A commitment by the Respondent to provide the services required by Williamson County;
- h) A statement that the Proposal is valid for ninety (90) calendar days from the deadline for submittal of Proposals to Williamson County (Any Proposal containing a term of less than ninety (90) calendar days for acceptance, may at Williamson County's sole discretion, be rejected as non-responsive.);

If the Proposal being submitted will have an effect on air quality for Williamson County (as it relates to any state, federal, or voluntary air quality standard), then the Respondent is encouraged to provide information in narrative indicating the anticipated air quality impact.

The Transmittal Letter should be signed by a person legally authorized to bind the Respondent to the representations in the Transmittal Letter and Proposal. In the case of a joint Proposal, each party must sign the Transmittal Letter.

## 1.4 Executive Summary

The Respondent should provide an Executive Summary of its Proposal that asserts that the Respondent is providing in its response all of the requirements of this RFP. The Executive Summary must represent a full and concise summary of the contents of the Proposal

The Executive Summary should not include any information concerning the cost of the Proposal.

The Respondent should identify any services and/or goods that are provided beyond those specifically requested. If the Respondent is providing services and/or goods that do not meet the specific requirements of this RFP, but in the opinion of the Respondent are equivalent or superior to those specifically requested, any such differences should be noted in the Executive Summary. However, the Respondent must realize that failure to provide the services specifically required may, at Williamson County's sole discretion, result in disqualification of the Proposal.

The Respondent also should indicate why it believes that it is the most qualified Respondent to provide the services described in this RFP. The Successful Respondent must demonstrate extensive experience in and understanding required in order to carry out the intent of this project. The Respondent should describe in detail the current and historical experience the Respondent and its subcontractors have that would be relevant to completing the project. References must contain the name of key contacts and a telephone number. The Respondent should briefly state why it believes its proposed services and/or goods best meet Williamson County's needs and RFP requirements, and the Respondent also should concisely describe any additional features, aspects, or advantages of its services and/or goods in any relevant area not covered elsewhere in its Proposal.

## 1.5 Conflict of Interest

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

As of January 1, 2006, Respondents are responsible for complying with Local Government Code Title 5, Subtitle C, Chapter 176. Additional information may be obtained from the Williamson County website at the following link:

http://www.wilco.org/CountyDepartments/Purchasing/ConflictofInterestDisclosure/tabid/689/language/en-US/Default.aspx

Each Respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the Respondent, its principal, or any affiliate or subcontractor, with Williamson County or any other entity or person involved in any way in the project that is the subject of this RFP. Similarly, any personal or business relationship between the Respondent, the principals, or any affiliate or subcontractor, with any employee or official of Williamson County or its suppliers must be disclosed. Any such relationship that might be perceived or represented as a conflict must be disclosed. Failure to disclose any such relationship or reveal personal relationships with Williamson County employees or officials may be cause for termination. Williamson County will decide if an actual or perceived conflict should result in Proposal disqualification.

By submitting a Proposal in response to this RFP, all Respondents affirm that they have not given, nor intend to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a Williamson County public servant or any employee, official or representative of same, in connection with this procurement.

Each Respondent must provide a Conflict of Interest Statement in accordance with this RFP.

#### 1.6 Certificate of Interested Parties

As of January 1, 2016, Respondents are responsible for complying with the Texas Government Code Section 2252.908. The law states that Williamson County may not enter into certain contracts with a Respondent unless the Respondent submits a disclosure of interested parties to Williamson County at the time the Respondent submits the signed contract to Williamson County.

The disclosure requirement applies to any contract of Williamson County entered into on or after January 1, 2016 that either:

- 1. requires an action or vote by the Commissioners Court (all contracts that fall under the jurisdiction of Commissioners Court approval such as contracts resulting from an IFB, RFP, RFQ etc. excluding but not limited to certain Juvenile Services contracts, contracts funded with Sheriff's seized funds monies etc.) before the contract may be signed
- 2. has a value of at least \$1 million.

Note: Since the majority of contracts with Williamson County require approval by the Commissioners Court, this form will most likely be required to be supplied.

On January 1, 2016, the Texas Ethics Commission made available on its website a new filing application that must be used to file Form 1295.

Information regarding how to use the filing application is available on the Texas Ethics Commission website at the following link:

## https://www.ethics.state.tx.us/whatsnew/elf\_info\_form1295.htm

A Respondent must:

- 1. use the online application to process the required information on Form 1295
- 2. print a copy of the form which will contain a unique certification number
- 3. an authorized agent of the Respondent must sign the printed copy of the form
- 4. and have the form notarized
- 5. the completed Form 1295 and certification of filing must be filed (scanning and emailing form is sufficient) with Williamson County at the time the signed contract is submitted for Commissioners Court approval.

After Commissioners Court award of the contract, Williamson County must:

1. notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 and certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from Williamson County.

#### 1.7 Ethics

The Respondent shall not accept or offer gifts or anything of value nor enter into any business arrangement with any employee, official or agent of Williamson County.

## 1.8 Delivery of Proposals

Williamson County uses BidSync to distribute and receive bids and proposals Bids can be submitted electronically through BidSync or by hard copy. Refer to <a href="https://www.bidsync.com">www.bidsync.com</a> for further information.

If mailed or delivered in person, Proposals and Proposal addenda are to be delivered in sealed envelope on or before the submittal deadline, as noted in the 'Public Announcement and General Information' listed above for this RFP, to: Williamson County Purchasing Department Attn:

#### PROPOSAL NAME AND NUMBER

901 South Austin Avenue Georgetown,

Texas 78626

Williamson County will not accept any Proposals received after the submittal deadline, and shall return such Proposals unopened to the Respondent.

Williamson County will not accept any responsibility for Proposals being delivered by third party carriers.

Respondent should submit **one (1) original, two (2) paper copies** and **one (1) CD or (1) USB** copy of the Proposal. Proposals will be opened publicly in a manner to avoid public disclosure of contents; however, names of Respondents will be read aloud. Respondents should list the Proposal Number, Proposal Name, Name and Address of Respondent, and the Date of the Proposal opening on the outside of the box or envelope and note "Sealed Bid Enclosed."

## 2.1 <u>INSTRUCTIONS AND GENERAL REQUIREMENTS</u>

Read this document carefully. Follow all instructions and requirements. You are responsible for fulfilling all requirements and specifications. Be sure you have a clear understanding of this RFP.

General requirements apply to all advertised RFPs; however, these may be superseded, in whole or in part, by the Proposal Specifications, Addenda issued as a part of this RFP and Modifications issued as a part of this RFP. Be sure your Proposal package is complete.

#### 2.2 Ambiguity, Conflict, or other Errors in the RFP

If Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in this RFP, Respondent shall immediately notify Williamson County Purchasing Department of such error in writing and request modification or clarification of the document. Modifications will be made by issuing Addenda. If the Respondent fails to notify Williamson County prior to the date and time fixed for submission of Proposals of an error or ambiguity in the RFP known to Respondent, or an error or ambiguity that reasonably should have been known to Respondent, then Respondent shall be deemed to have waived the error or ambiguity or its later resolution.

Williamson County may also modify the RFP, no later than 48 hours prior to the date and time fixed for submission of Proposals, by issuance of an Addendum. All addenda will be numbered consecutively, beginning with 1.

#### 2.3 Notification of Most Current Address

Respondents in receipt of this RFP shall notify the Williamson County Purchasing Department of any address changes, contact person changes, and/or telephone number changes no later than 48 hours prior to the date and time fixed for submission of Proposals.

#### 2.4 Proposal Preparation Cost

Cost of developing Proposals is entirely the responsibility of Respondents and shall not be charged to Williamson County.

## 2.5 Signature of Respondent

A Transmittal Letter, which shall be considered an integral part of the Proposal, shall be signed by an individual who is authorized to bind the Respondent contractually.

If the Respondent is a Corporation or Limited Liability Company, the legal name of the Corporation or Limited Liability Company shall be provided together with the signature of the officer or officers authorized to sign on behalf of such entity.

If the Respondent is a General Partnership, the true name of the firm shall be provided with the signature of each partner authorized to sign.

If the Respondent is a Limited Partnership, the name of the Limited Partner's General Partner shall be provided with the signature of the officer authorized to sign on behalf of the General Partner.

If the Respondent is a Sole Proprietor(s) (individual), each Sole Proprietor(s) shall sign.

If signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a power of attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to contract award.

#### 2.6 Assumed Business Name

If the Respondent operates business under an Assumed Business Name, the Respondent must have on file with the Williamson County Clerk a current Assumed Name Certificate and provide a file marked copy of same prior to contract award.

## 2.7 Economy of Presentation

Proposals should not contain promotional or display materials, except as they may directly answer in whole or in part questions contained in the RFP. Such exhibits shall be clearly marked with the applicable reference number of the question in the RFP. Proposals must address the technical requirements as specified in the RFP. All questions posed by the RFP must be answered concisely and clearly. Proposals that do not address each criterion may be, at the sole discretion of Williamson County, rejected and not considered.

## 2.8 Proposal Obligation

The contents of the RFP, Proposal and any clarification thereof submitted by the Successful Respondent shall become part of the contractual obligation and incorporated by reference into the Contract and any ensuing agreement.

## 2.9 Compliance with RFP Specifications

It is intended that this RFP describe the requirements and the response format in sufficient detail to secure comparable Proposals. Failure to comply with all provisions of the RFP may, at the sole discretion of Williamson County, result in disgualification.

#### 2.10 Evaluation

Williamson County reserves the right to use all pertinent information (also learned from sources other than disclosed in the RFP process) that might affect Williamson County's judgment as to the appropriateness of an award to the best evaluated Respondent. This information may be appended to the Proposal evaluation process results. Information on a Respondent from reliable sources, and not within the Respondent's Proposal, may also be noted and made part of the evaluation file. Williamson County shall have sole discretion for determining the reliability of the source. Williamson County reserves the right to conduct written and/or oral discussions/interviews after the Proposal opening. The purpose of such discussions/interviews is to provide clarification and/or additional information to make an award that is in the best interest of Williamson County.

## 2.11 Withdrawal of Proposal

The Respondent may withdraw its Proposal by submitting a written request over the signature of an authorized individual, as described herein above, to the Williamson County Purchasing Department any time prior to the submission deadline. The Respondent may thereafter submit a new Proposal prior to the deadline. Withdrawal of a Proposal after the deadline will be subject to written approval of the Williamson County Purchasing Agent.

## 2.12 Responsibility

It is expected that a Respondent will be able to affirmatively demonstrate Respondent's responsibility. Respondent should be able to meet the following requirements:

- a) have adequate financial resources, or the ability to obtain such resources as required;
- b) be able to comply with the required or proposed delivery schedule;
- c) have a satisfactory record of performance; and
- d) be otherwise qualified and eligible to receive an award.

Williamson County may request representation and other information sufficient to determine Respondent's ability to meet these minimum standards listed above.

### 2.13 Purchase Orders

If required by the Williamson County Purchasing Department, a purchase order(s) may be generated to the Successful Respondent for goods and/or services. If a purchase order is issued, the purchase order number must appear on all itemized invoices and/or requests for payment.

## 2.14 Silence of Specifications

The apparent silence of any RFP specifications as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

#### 2.15 References

Williamson County requires Respondent to supply a list of at least three (3) references within the last 4 years where like services and/or goods have been supplied by Respondent if Respondent has not done business with the County within the past five (5) years.

#### 3.1 DEFINITIONS, TERMS AND CONDITIONS

#### 3.2 Definitions

- a) "Addenda" Means any written or graphic instruments issued by Williamson County prior to the consideration of Proposals which modify or interpret the Proposal Documents by additions, deletions, clarifications, or corrections.
- b) "Agreement" The Successful Respondent may be required by Williamson County to sign an additional Agreement containing terms necessary to ensure compliance with the RFP and Respondent's Proposal. Such ensuing Agreement shall contain the Proposal Specifications, Terms and Conditions that are derived from the RFP.
- c) "Contract" This RFP and the Proposal of the Successful Respondent shall become a contract between the Successful Respondent and Williamson County once the Successful Respondent's Proposal is properly accepted by the Williamson County Commissioners Court (sometimes referred to herein as the "Commissioners Court").
- d) "Proposal Documents" The Legal Notice, RFP including attachments, and any Addenda issued by Williamson County prior to the consideration of any Proposals.
- e) "Proposal" Is a complete, properly signed Proposal submitted in accordance with this RFP which is irrevocable during the specified period for evaluation and acceptance of Proposals.
- f) "Respondent" A person or entity who submits a Proposal in response to this RFP.
- a) "RFP" Refers to this document, together with the attachments thereto and any future addenda issued by Williamson County.
- h) "Successful Respondent" The responsible Respondent who, in Williamson County's sole opinion, submits the Proposal which is in the best interest of Williamson County, taking into account factors identified herein and to whom Williamson County intends to award the Contract.

#### 3.3 TERMS AND CONDITIONS

## 3.3.1 Venue and Governing Law

Respondent hereby agrees and acknowledges that venue and jurisdiction of any suit, right, or cause of action arising out of or in connection with this RFP, the Contract and any ensuing Agreement shall lie exclusively in either Williamson County, Texas or in the Austin Division of the Western Federal District of Texas, and the parties hereto expressly consent and submit to such jurisdiction. Furthermore, except to the extent that this RFP, the Contract and any ensuing Agreement is governed by the laws of the United States, this RFP, the Contract and any ensuing Agreement shall be governed by and construed in accordance with the laws of the State of Texas, excluding, however, its choice of law rules.

## 3.3.2 Incorporation by Reference and Precedence

The Contract shall be derived from (1) the RFP and its Addenda; and (2) the Respondent's Proposal. In the event of a dispute under the Contract, applicable documents will be referred to for the purpose of clarification or for additional detail in the following order of precedence: (1) the RFP and its Addenda; and (2) the Respondent's Proposal.

In the event Williamson County requires that an ensuing Agreement be executed following award and a dispute arises between terms and conditions of the ensuing Agreement, (2) the RFP, and its Addenda; and (3) the Respondent's Proposal, applicable documents will be referred to for the purpose of Clarification or for additional detail in the following order of precedence: (1) terms and conditions of the ensuing Agreement and its Addenda, (2) the RFP and its Addenda; and (3) the Respondent's Proposal.

## 3.3.3 Ownership of Proposal

Each Proposal shall become the property of Williamson County upon submittal and will not be returned to Respondents unless received after the submittal deadline.

## 3.3.4 Disqualification of Respondent

Upon signing and submittal of the Proposal, a Respondent offering to sell supplies, materials, services, or equipment to Williamson County certifies that the Respondent has not violated the antitrust laws of this state codified in Section 15.01, et seq, Business & Commerce Code, or the Federal Antitrust Laws, and has not communicated directly or indirectly the offer made to any competitor or any other person engaged in such line of business. Any or all Proposals may be rejected if Williamson County believes that collusion exists among the Respondents.

## 3.3.5 Funding

County intends to budget and make sufficient funds available and authorize funds for expenditure to finance the costs of the Contract. Respondents understand and agree that the County's payment of amounts under the Contract shall be contingent on the County receiving appropriations or other expenditure authority sufficient to allow the County, in the exercise of reasonable administrative discretion, to make payments under the Contract.

## 3.3.6 Assignment, Successors and Assigns

The Successful Respondent may not assign, sell, or otherwise transfer the Contract or any other rights or interests obtained under the Contract without written permission of the Williamson County Commissioners Court. The Contract and any ensuing Agreement shall be binding upon and inure to the benefit of the contracting parties and their respective successors and permitted assigns.

#### 3.3.7 Implied Requirements

Products and services not specifically described or required in the RFP, but which are necessary to provide the functional capabilities described by the Respondent, shall be deemed to be implied and included in the Proposal.

#### 3.3.8 Termination

- Termination for Cause: Williamson County reserves the right to terminate the Contract and/or any ensuing Agreement for default if the Successful Respondent breaches any of the RFP Specifications, Terms and Conditions, including warranties of Respondent, if any, or if the Successful Respondent becomes insolvent or commits acts of bankruptcy. Such right of termination is in addition to and not in lieu of any other remedies Williamson County may have at law or in equity or as may otherwise be provided herein. Default may be construed as, but not limited to, failure to deliver the proper goods and/or services within the proper amount of time, and/or to properly perform any and all other requirements to Williamson County's satisfaction, and/or to meet all other obligations and requirements.
- b) **Termination for Convenience:** Williamson County may terminate the Contract and/or any ensuing Agreement for convenience and without cause or further liability, upon ninety (90) calendar day's written notice to Successful Respondent. In the event Williamson County exercises its right to terminate without cause, it is understood and agreed that only the amounts due to the Successful Respondent for goods, commodities and/or services provided and expenses incurred to and including the date of termination, will be due and payable. No penalty will be assessed for Williamson County's termination for convenience.

### 3.2.9 Non-Performance

It is the objective of Williamson County to obtain complete and satisfactory performance of the requirements set forth herein. In addition to any other remedies available at law, in equity or that may be set out herein, failure to perform may result in a deduction of payment equal to the amount of the goods and/or services that were not provided and/or performed to the County's satisfaction. In the event of such non-performance, the County shall have the right, but shall not be obligated, to complete the services itself or by others and/or purchase the goods from other sources. If the County elects to acquire the goods or perform the services itself or by others, pursuant to the foregoing, the Successful Respondent shall reimburse the County, within ten (10) calendar days of demand, for all costs incurred by the County (including, without limitation, applicable, general, and administrative expenses, and field overhead, and the cost of necessary equipment, materials, and field labor) in correcting the nonperformance which the Successful Respondent fails to meet pursuant to the requirements set out herein. In the event the Successful Respondent refuses to reimburse the County as set out in this provision, County shall have the right to deduct such reimbursement amounts from any amounts that may be then owing or that may become owing in the future to the Successful Respondent.

## 3.2.10 Proprietary Information and Texas Public Information Act

All material submitted to the County shall become public property and subject to the Texas Public Information Act upon receipt. If a Respondent does not desire proprietary information in the Proposal to be disclosed, each page must be clearly identified and marked proprietary at time of submittal or, more preferably, all proprietary information may be placed in a folder or appendix and be clearly identified and marked as being proprietary. The County will, to the extent allowed by law, endeavor to protect from public disclosure the information that has been identified and marked as proprietary. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to clearly identify and mark information as being proprietary as set forth under this provision will result in all unmarked information being deemed non-proprietary and available to the public. For all information that has not been clearly identified and marked as proprietary by the Respondent, the County may choose to place such information on the County's website and/or a similar public database without obtaining any type of prior consent from the Respondent.

To the extent, if any, that any provision in this RFP or in the Respondent's Proposal is in conflict with Tex. Gov't Code 552.001 et seq., as amended (the "Public Information Act"), the same shall be of no force or effect. Furthermore, it is expressly understood and agreed that Williamson County, its officers and employees may request advice, decisions and opinions of the Attorney General of the State of Texas in regard to the application of the Public Information Act to any items or data furnished to Williamson County as to whether or not the same are available to the public. It is further understood that Williamson County's officers and employees shall have the right to rely on the advice, decisions and opinions of the Attorney General, and that Williamson County, its officers and employees shall have no liability or obligation to any party hereto for the disclosure to the public, or to any person or persons, of any items or data furnished to Williamson County by a party hereto, in reliance of any advice, decision or opinion of the Attorney General of the State of Texas.

## 3.2.11 Right to Audit

Successful Respondent agrees that Williamson County or its duly authorized representatives shall, until the expiration of three (3) years after termination or expiration of the Contract and/or the ensuing Agreement, have access to and the right to examine and photocopy any and all books, documents, papers and records of Successful Respondent, which are directly pertinent to the services to be performed or goods to be delivered for the purposes of making audits, examinations, excerpts and transcriptions. Successful Respondent agrees that Williamson County shall have access during normal working hours to all necessary facilities and shall be provided adequate and appropriate work space in order to conduct audits in compliance with the provisions of this section. Williamson County shall give Successful Respondent reasonable advance notice of intended audits.

## 3.2.12 Inspections and Testing

Williamson County reserves the right to inspect and test equipment, supplies, material(s) and goods for quality and compliance with this RFP, and ability to meet the needs of the user. Demonstration units must be available for review. Should the goods or services fail to meet requirements and/or be unavailable for evaluation, Williamson County can deem the Respondent to be in breach and terminate the Contract and/or any ensuing Agreement(s).

## 3.2.13 Proposal Preparation Cost

Cost of developing Proposals is entirely the responsibility of Respondents and shall not be charged to Williamson County. There is no expressed or implied obligation for Williamson County to reimburse Respondents for any expense incurred in preparing a Proposal in response to this RFP and Williamson County will not reimburse Respondents for such expenses.

#### 3.2.14 Indemnification

SUCCESSFUL RESPONDENT SHALL INDEMNIFY, DEFEND AND SAVE HARMLESS WILLIAMSON COUNTY, ITS OFFICIALS, EMPLOYEES, AGENTS AND AGENTS' EMPLOYEES FROM AND AGAINST ALL CLAIMS, LIABILITY, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, ARISING FROM ACTIVITIES OF RESPONDENT, ITS AGENTS, SERVANTS OR EMPLOYEES, PERFORMED HEREUNDER THAT RESULT FROM THE NEGLIGENT ACT, ERROR, OR OMISSION OF RESPONDENT OR ANY OF RESPONDENT'S AGENTS, SERVANTS OR EMPLOYEES, AS WELL AS ALL CLAIMS OF LOSS OR DAMAGE TO THE RESPONDENT'S AND WILLIAMSON COUNTY'S PROPERTY, EQUIPMENT, AND/OR SUPPLIES.

FURTHERMORE, WILLIAMSON COUNTY, ITS OFFICIALS, EMPLOYEES, AGENTS AND AGENTS' EMPLOYEES SHALL NOT BE LIABLE FOR DAMAGES TO THE SUCCESSFUL RESPONDENT ARISING FROM ANY ACT OF ANY THIRD PARTY, INCLUDING, BUT NOT BEING LIMITED TO THEFT. SUCCESSFUL RESPONDENT FURTHER AGREES TO INDEMNIFY, DEFEND AND SAVE HARMLESS WILLIAMSON COUNTY FROM, ITS OFFICIALS, EMPLOYEES, AGENTS AND AGENTS' EMPLOYEES AGAINST ALL CLAIMS OF WHATEVER NATURE ARISING FROM ANY ACCIDENT, INJURY, OR DAMAGE WHATSOEVER CAUSED TO ANY PERSON OR TO THE PROPERTY OF ANY PERSON OCCURRING IN RELATION TO SUCCESSFUL RESPONDENT'S PERFORMANCE OF ANY SERVICES REQUESTED HEREUNDER DURING THE TERM OF THE CONTRACT AND/OR ANY ENSUING AGREEMENT.

SUCCESSFUL RESPONDENT SHALL TIMELY REPORT ALL CLAIMS, DEMANDS, SUITS, ACTIONS, PROCEEDINGS, LIENS OR JUDGMENTS TO WILLIAMSON COUNTY AND SHALL, UPON THE RECEIPT OF ANY CLAIM, DEMAND, SUIT, ACTION, PROCEEDING, LIEN OR JUDGMENT, NOT LATER THAN THE FIFTEENTH (15TH) DAY OF EACH MONTH; PROVIDE WILLIAMSON COUNTY WITH A WRITTEN REPORT ON EACH SUCH MATTER, SETTING FORTH THE STATUS OF EACH MATTER, THE SCHEDULE OR PLANNED PROCEEDINGS WITH RESPECT TO EACH MATTER AND THE COOPERATION OR ASSISTANCE, IF ANY, OF WILLIAMSON COUNTY REQUIRED BY SUCCESSFUL RESPONDENT IN THE DEFENSE OF EACH MATTER. SUCCESSFUL RESPONDENT'S DUTY TO DEFEND, INDEMNIFY AND HOLD WILLIAMSON COUNTY HARMLESS SHALL BE ABSOLUTE. IT SHALL NOT ABATE OR END BY REASON OF THE EXPIRATION OR TERMINATION OF THE CONTRACT AND/OR ANY ENSUING AGREEMENT UNLESS OTHERWISE AGREED BY WILLIAMSON COUNTY IN WRITING. THE PROVISIONS OF THIS SECTION SHALL SURVIVE THE TERMINATION OF THE CONTRACT AND SHALL REMAIN IN FULL FORCE AND EFFECT WITH RESPECT TO ALL SUCH MATTERS NO MATTER WHEN THEY ARISE.

IN THE EVENT OF ANY DISPUTE BETWEEN THE PARTIES AS TO WHETHER A CLAIM, DEMAND, SUIT, ACTION, PROCEEDING, LIEN OR JUDGMENT APPEARS TO HAVE BEEN CAUSED BY OR APPEARS TO HAVE ARISEN OUT OF OR IN CONNECTION WITH ACTS OR OMISSIONS OF WILLIAMSON COUNTY, RESPONDENT SHALL NEVER-THE-LESS FULLY DEFEND SUCH CLAIM, DEMAND, SUIT, ACTION, PROCEEDING, LIEN OR JUDGMENT UNTIL AND UNLESS

THERE IS A DETERMINATION BY A COURT OF COMPETENT JURISDICTION THAT THE ACTS AND OMISSIONS OFRESPONDENT ARE NOT AT ISSUE IN THE MATTER.

SUCCESSFUL RESPONDENT'S INDEMNIFICATION SHALL COVER, AND SUCCESSFUL RESPONDENT AGREES TO INDEMNIFY WILLIAMSON COUNTY, IN THE EVENT WILLIAMSON COUNTY IS FOUND TO HAVE BEEN NEGLIGENT FOR HAVING SELECTED SUCCESSFUL RESPONDENT TO PERFORM THE WORK DESCRIBED IN THIS REQUEST. THE PROVISION BY SUCCESSFUL RESPONDENT OF INSURANCE SHALL NOT LIMIT THE LIABILITY OF SUCCESSFUL RESPONDENT UNDER THE CONTRACT AND/OR ANY ENSUING AGREEMENT.

### 3.2.15 Waiver of Subrogation

Successful Respondent and Successful Respondent's insurance carrier waive any and all rights whatsoever with regard to subrogation against Williamson County as an indirect party to any suit arising out of personal or property damages resulting from the Respondent's performance under this Contract and any ensuing Agreement.

## 3.2.16 Relationship of the Parties

The Successful Respondent shall be an independent contractor and shall assume all of the rights, obligations, liabilities, applicable to it as such independent contractor hereunder and any provisions herein which may appear to give County the right to direct the Successful Respondent as to details of doing work herein covered or to exercise a measure of control over the work shall be deemed to mean that the Successful Respondent shall follow the desires of County in the results of the work only. County shall not retain or have the right to control the Successful Respondent's means, methods or details pertaining to the Successful Respondent's performance of the work. County and the Successful Respondent hereby agree and declare that the Successful Respondent is an independent contractor and as such meets the qualifications of an "Independent Contractor' under Texas Workers Compensation Act, Texas Labor Code, Section 406.141, that the Successful Respondent is not an employee of County, and that the Successful Respondent and its employees, agents and sub- contractors shall not be entitled to workers compensation coverage or any other type of insurance coverage held by County.

#### 3.2.17 Sole Provider

The Successful Respondent agrees and acknowledges that it shall not be considered a sole provider of the goods and/or services described herein and that Williamson County may contract with other providers of such goods and/or services if Williamson County deems, at its sole discretion, that multiple providers of the same goods and/or services will serve the best interest of Williamson County.

## 3.2.18 Force Majeure

If the party obligated to perform is prevented from performance by an act of war, order of legal authority, act of God, or other unavoidable cause not attributable to the fault or negligence of said party, the other party shall grant such party relief from the performance. The burden of proof for the need of such relief shall rest upon the party obligated to perform. To obtain release based on force majeure, the party obligated to perform shall file a written request with the other party.

## 3.2.19 Severability

If any provision of this RFP, the Contract or any ensuing Agreement shall be held invalid or unenforceable by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision thereof, but rather the entire RFP, Contract or any ensuing Agreement will be construed as if not containing the particular invalid or unenforceable provision or provisions, and the rights and obligation of the parties shall be construed and enforced in accordance therewith. The parties acknowledge that if any provision of this RFP, the Contract or any ensuing Agreement is determined to be invalid or unenforceable, it is the desire and intention of each that such provision be reformed and construed in such a manner that it will, to the maximum extent practicable, give effect to the intent of this RFP, the Contract or any ensuing Agreement and be deemed to be validated and enforceable.

#### 3.2.20 Equal Opportunity

Neither party shall discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin.

#### 3.2.21 Notice

Any notice to be given shall be in writing and may be affected by personal delivery or by registered or certified mail, return receipt requested, addressed to the proper party, at the following address:

Williamson County Purchasing Department Max Bricka, Purchasing Agent (or successor) 901 S Austin Ave.

Georgetown, Texas 78626

Respondent: Address set out in Respondent's Transmittal Letter

Notices given in accordance with this provision shall be effective upon (i) receipt by the party to which notice is given, or (ii) on the third (3rd) calendar day following mailing, whichever occurs first.

## 3.2.22 Sales and Use Tax Exemption

Williamson County is a corporate and politic under the laws of the State of Texas and claims exemption from sales and use taxes under Texas Tax Code Ann. § 151.309, as amended, and the services and/or goods subject hereof are being secured for use by Williamson County.

## 3.2.23 Compliance with Laws

Williamson County and Successful Respondent shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of the Contract and any ensuing Agreement, including, without limitation, Workers' Compensation laws, salary and wage statutes and regulations, licensing laws and regulations. When required, the Successful Respondent shall furnish the County with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.

## 3.2.24 Incorporation of Exhibits, Appendices and Attachments

All of the Exhibits, Appendices and Attachments referred to herein be incorporated by reference as if set forth verbatim herein.

## 3.2.25 No Waiver of Immunities

Nothing herein shall be deemed to waive, modify or amend any legal defense available at law or in equity to Williamson County, its past or present officers, employees, or agents, nor to create any legal rights or claim on behalf of any third party. Williamson County does not waive, modify, or alter to any extent whatsoever the availability of the defense of governmental immunity under the laws of the State of Texas and of the United States.

#### 3.2.26 No Waiver

The failure or delay of any party to enforce at any time or any period of time any of the provisions of this RFP, the Contract or any ensuing Agreement shall not constitute a present or future waiver of such provisions nor the right of either party to enforce each and every provision. Furthermore, no term or provision shall be deemed waived and no breach excused unless such waiver or consent shall be in writing and signed by the party claimed to have waived or consented. Any consent by any party to, or waiver of, a breach by the other, whether expressed or implied, shall not constitute a consent to, waiver of or excuse for any other, different or subsequent breach.

#### 3.2.27 Current Revenues

The obligations of the parties under the Contract and any ensuing Agreement do not constitute a general obligation or indebtedness for which County is obligated to levy, pledge, or collect any of taxation. It is understood and agreed that Williamson County shall have the right to terminate the Contract and any ensuing Agreement at the end of any Williamson County fiscal year if the governing of Williamson County does not appropriate sufficient funds as determined by Williamson County's budget for the fiscal year in question. Williamson County may affect such termination by giving written notice of termination to the Successful Respondent at the end of its then-current fiscal year.

## 3.2.28 Binding Effect

This Contract and any ensuing Agreement shall be binding upon and inure to the benefit of the parties and their respective permitted assigns and successors.

#### 3.2.29 Assignment

The Successful Respondent's interest and duties hereunder may not be assigned or delegated to a third party without the express written consent of Williamson County.

RFP Standard Documents

## 3.2.30 General Obligations and Reliance Williamson County, Texas Bid 1605-083

Successful Respondent shall perform all services and/or provide all goods, as well as those reasonably inferable and necessary for completion and provision of the services and goods required hereunder. The Successful Respondent shall keep the County informed of the progress and quality of the services and/or goods to be provided. Successful Respondent agrees and acknowledges that County is relying on Successful Respondent's represented expertise and ability to provide the goods and/or services described herein. Successful Respondent agrees to use its best efforts, skill, judgment, and abilities to perform its obligations in accordance with the highest standards used in the profession and to further the interests of County in accordance with County's requirements and procedures. Successful Respondent's duties as set forth herein shall at no time be in any way diminished by reason of any approval by the County nor shall the Successful Respondent be released from any liability by reason of such approval by the County, it being understood that the County at all times is ultimately relying upon the Successful Respondent's skill and knowledge in performing the services and providing any goods required hereunder.

## 3.2.31 Contractual Development

The Williamson County Commissioners Court may award the Contract on the basis of the initial Proposals received, without any further or additional discussions. Therefore, each initial Proposal should contain the Respondent's best terms and offer. The contents of the RFP and the selected Proposal will become an integral part of the Contract, but may be modified, at Williamson County's sole discretion, by provisions of an ensuing Agreement. Therefore, the Respondent must agree to inclusion in an ensuing Agreement of the Proposal Specifications, Terms and Conditions of this RFP. Williamson County may, at its discretion, opt to conduct further discussions with responsible offerors and request the highest ranked firm's Best and Final Offer.

## 3.2.32 Entire Agreement

The Contract and any ensuing Agreement shall supersede all prior Agreements, written or oral between the Successful Respondent and County and shall constitute the entire Agreement and understanding between the parties with respect to the services and/or goods to be provided. Each of the provisions herein shall be binding upon the parties and may not be waived, modified amended or altered except by writing signed by the Successful Respondent and County.

## 3.2.33 Survivability

All applicable agreements that were entered into between Respondent and Williamson County under the terms and conditions of the Contract and/or any ensuing Agreement shall survive the expiration or termination thereof for ninety (90) days unless a new contract has been awarded.

## 3.2.34 Payment

County's payment for goods and services shall be governed by Chapter 2251 of the Texas Government Code. An invoice shall be deemed overdue the 31st day after the later of (1) the date County receives the goods under the Contract; (2) the date the performance of the service under the Contract is completed; or (3) the date the Williamson County Auditor receives an invoice for the goods or services. Interest charges for any overdue payments shall be paid by County in accordance with Texas Government Code Section 2251.025. More specifically, the rate of interest that shall accrue on a late payment is the rate in effect on September 1 of County's fiscal year in which the payment becomes due. The said rate in effect on September 1 shall be equal to the sum of one percent (1%); and (2) the prime rate published in the Wall Street Journal on the first day of July of the preceding fiscal year that does not fall on a Saturday or Sunday.

In the event that an error appears in an invoice submitted by Successful Respondent, County shall notify Successful Respondent of the error not later than the twenty first (21st) day after the date County receives the invoice. If the error is resolved in favor of Successful Respondent, Successful Respondent shall be entitled to receive interest on the unpaid balance of the invoice submitted by Successful Respondent beginning on the date that the payment for the invoice became overdue. If the error is resolved in favor of the County, Successful Respondent shall submit a corrected invoice that must be paid in accordance within the time set forth above. The unpaid balance accrues interest as provided by

Chapter 2251 of the Texas Government Code if the corrected invoice is not paid by the appropriate date. As a minimum, invoices shall include:

- Name, address, and telephone number of Successful Respondent and similar information in the event the payment is to be made to a different address
- County contract, Purchase Order, and/or delivery order number
- Identification of items or service as outlined in the Contract
- Quantity or quantities, applicable unit prices, total prices, and total amount
- Any additional payment information which may be called for by the Contract

Payment inquiries should be directed to the Williamson County Auditor's Office.

Accounts Payable Department: accountspayable@wilco.org, (512) 943-1500.

## 3.2.35 Contractual Formation and Ensuing Agreement

The RFP and the Respondent's Proposal, when properly accepted by the Williamson County Commissioners Court, shall constitute a contract equally binding between the Successful Respondent and Williamson County. The Successful Respondent may be required by Williamson County to sign an additional Agreement containing terms necessary to ensure compliance with the RFP and Respondent's Proposal.

THE RESPONDENT'S PROPOSAL SHOULD INCLUDE A SAMPLE CONTRACT, ANY OR ALL ADDITIONAL AGREEMENTS OR TERMS AND CONDITIONS AT THE TIME THE RESPONDENT'S PROPOSAL IS SUBMMITTED USING SEPARATE ATTACHED DOCUMENTS FOR THE COUNTY'S REVIEW AND CONSIDERATION.

## 3.2.36 Legal Liability Information

The Successful Bidder shall disclose all legal liability information by listing any pending litigation or anticipated litigation that your firm is involved in, including but not limited to, potential or actual legal matters with private parties and any local, State, Federal or international governmental entities. Williamson County reserves the right to consider legal liability information in the recommendation of any proposed contract to the Williamson County Commissioners Court.

## 3.2.37 Confidentiality

Respondent expressly agrees that it will not use any direct or incidental confidential information that may be obtained while working in a governmental setting for its own benefit, and agrees that it will not access unauthorized areas or confidential information and it will not disclose any information to unauthorized third parties, and will take care to guard the security of the information at all times.

## **Bidder References**

List the last (3) companies or governmental agencies, where the same or similar goods and/or services as contained in this IFB package, were recently provided by Bidder.

Reference 1				
Client Name:		Location:		1
Contact Name:			Title:	1
Phone:			E-mail	1
Contract Date To:	Contract [	Date From:	Contract Value: \$	
Scope of Work:				
			5	
Reference 2				
Neierence Z				
Client Name:			Location:	1
Contact Name:		Title:		,
Phone:		E-mail		_
Contract Date To:	Contract [	Date From:	Contract Value: \$	
Scope of Work:				
			-	

## Reference 3

Client Name:		L	ocation:	
Contact Name:		Ţ	-itle:	
Phone:		[	∃-mail	
Contract Date To:	Contract Date	From:	Contract Value: \$	
Scope of Work:			5	
			6	

## **CONFLICT OF INTEREST QUESTIONNAIRE** Form CIQ For vendor or other person doing business with local governmental entity This questionnaire is being filed in accordance with chapter 176 of the Local OFFICE USE ONLY Government Code by a person doing business with the governmental entity. Date Received By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. Name of person doing business with local governmental entity. 1 2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.) 3 Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money. 5 6 4 Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire. 5

## **CONFLICT OF INTEREST QUESTIONNAIRE**

Form CIQ

•	roi v	entity	raye 2
5		Name of local government officer with whom filer has affiliation or business re (Complete this section only if the answer to A, B, or C is YES.)	elationship.
	Т	his section, item 5 including subparts A, B, C & D, must be completed for each officer wir affiliation or other relationship. Attach additional pages to this Form CIQ as ne	
	Α.	Is the local government officer named in this section receiving or likely to receive taxable of the questionnaire?	e income from the filer
	В.	Yes No Is the filer of the questionnaire receiving or likely to receive taxable income from or at th government officer named in this section AND the taxable income is not from the local  Yes No	
	C.	Is the filer of this questionnaire affiliated with a corporation or other business entity that officer serves as an officer or director, or holds an ownership of 10 percent	
		D. Describe each affiliation or business relationship.	
			5
			6
		6. Describe any other affiliation or business relationship that might cause confl	ict of interest:
			5
7			6
	]		
		Signature of person doing business with the governmental entity	Date
		Signature not required if completing in BIDSYNC electronical	ly.

## PROPOSAL AFFIDAVIT

## This form must be completed, signed, notarized and returned with Proposal package

The undersigned certifies that the RFP and the Respondent's Proposal have been carefully reviewed and are submitted as correct and final. Respondent further certifies and agrees to furnish any and/or all goods and/or services upon which prices are extended at the price Proposal, and upon the conditions contained in the RFP.

STATE OF
COUNTY OF
BEFORE ME, the undersigned authority, a Notary Public in and for the State of, on this day
personally appeared,(Name of Signer), who after being by me duly sworn,
did depose and say: "I,, (Name of Signer) am a duly authorized officer of/agent
for (Name of Respondent) and have been duly authorized to execute the
foregoing on behalf of the said (Name of Respondent).
I hereby certify that the foregoing Proposal has not been prepared in collusion with any other Respondent or other person or persons engaged in the same line of business prior to the official opening of this Proposal. Further, I certify that the Respondent is not now, nor has been for the past six (6) months, directly or indirectly concerned in any pool or agreement or combination, to control the price of services/commodities Proposal on, or to influence any person or persons to submit a Proposal or not to submit a Proposal thereon."
Name of Respondent:
Address of Respondent:
Email:
Telephone#:
By:
Printed Name:
Title:
SUBSCRIBED AND SWORN to before me by the above-named
on this the day of , 20 .

L	·	
	Notary Public in and for	
	The State of	

SIGNATURE AND NOTARY NOT REQUIRED IF COMPLETING IN BIDSYNC ELECTRONICALLY.

#### STATEMENT OF COMPLIANCE

This form must be completed and submitted as a part of your Proposal (if additional space is needed
please attach additional sheet)

#### RE: WILLIAMSON COUNTY

We hereby acknowledge receipt of Request for Proposal for Specific & Aggregate Stop Loss Insurance
Proposal Number: 1605-083 (the "RPF") and certify that our Proposal conforms to the RFP except as
detailed below:

If signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a power of attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to contract award.

Organization	Signature	
		_
Date	Title	

## **FEE PROPOSALS**

Each stop-loss Respondent must complete this form using the census head count provided.

A.	Individual Specific \$ Contract Type: 26/12		_		eludes RX)
	,, <u>——</u>				of Years
	<b>Employee Composite</b>		X_		=
		#E	Es	Rate	Monthly Prem.
	Or				
	Employee Only		_X	=_	
		#EEs	Rat	e	Monthly Prem.
	Dependents Only _		_X	=_	
		#DEPs	Ra	te	Monthly Prem.
	(Note: If rates are EE	and Fami	ly, you will	have to	make subtraction.)
B.	Aggregate stop-loss C Contract Type 26/1	. ,	ith <u>\$ 225</u>	5,000	Specific
(1)	Corridor 120% (includ	•	Rate Gu	arantee:	
	Contract Type 26/12				# of Years
	X		_	ŧ	
	Premium		#EEs		Monthly Att.
	Х		=	=	
	Att. Factor	#	‡EEs		Monthly Att.
	V			_	

#DEPs

Monthly Att.

NOTES: The County is requesting a 120% Aggregating Corridor.

Att. Factor

# (CONTINUED) FEE PROPOSALS

A.	Individual Specific \$ <u>25</u> Contract Type: <u>26/12</u>			cludes RX) ::
	<u>=====</u>			# of Years
	Employee Composite	#EEs	X Rate	= Monthly Prem.
	Or Employee Only	XX	= Rate	Monthly Prem.
	Dependents Only	X_ #DEPs	= Rate	Monthly Prem.
	(Note: If rates are EE an	nd Family, yo	u will have to	make subtraction.)
B.	Aggregate stop-loss Opti Contract Type 26/12		250,000	_Specific
(1)	Corridor 120% (includes Contract Type 26/12	<b>RX)</b> Ra	te Guarantee	e: # of Years
	Premium X	#EE	= s	Monthly Att.
	X Att. Factor	#EEs	=	Monthly Att.
	X Att. Factor	#DEPs	= S	Monthly Att.

NOTES: The County is requesting a 120% Aggregating Corridor.

# (CONTINUED) FEE PROPOSALS

A.	Individual Specific \$ Contract Type: 26/12		oling Point <b>(ir</b> ate Guarante	-
Contract Type  Employee Cor  Or Employee Onl  Dependents C  (Note: If rates  B. Aggregate sto Contract Type  (1) Corridor 120% Contract Type  Premium  Att. Factor	· ·	-		# of Years
	Employee Composite	#EEs	XX Rate	= Monthly Prem.
	Employee Only _	X_ #EEs	= Rate	Monthly Prem.
	Dependents Only _	X_ #DEPs	= Rate	= Monthly Prem.
	(Note: If rates are EE	and Family, yo	ou will have to	o make subtraction.)
B.	Aggregate stop-loss C Contract Type 26/1		275,000	_Specific
(1)	Corridor 120% (included) Contract Type 26/12	•	ate Guarante	e: # of Years
	Premium X	#EE	= :s	Monthly Att.
	X	#EEs	= S	Monthly Att.
	X	#DEF	= Ps	Monthly Att.

NOTES: The County is requesting a 120% Aggregating Corridor.

## (CONTINUED) FEE PROPOSALS

## THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL

The undersigned hereby certifies that he or she has read the terms of this RFP and understands that Williamson County reserves the right to waive any informality in or to reject any or all Proposals.

Respondent Name:		
Address:		
Telephone:	Fax:	
Contact Name	e (please print):	
Authorized Signature	gnature:	
Title or Repre	esentative Capacity of Signer:	
Chata of la compa	eveties/Oursesization or Drive ery Dioce of Duciness	
State of Incorpo	oration/Organization or Primary Place of Business:	

If signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a power of attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the Proposal.

Allegiance Benefit Plan Management, Inc. PAGE: 431 CLAIMS ANALYSIS REPORT

Group - 2001025 Coverage - DIV

11/01/14

LXRTCLAN

WILLIAMSON COUNTY - DIVISION SUMMARY -

Check dates 10/01/2014 - 10/31/2014

Laim Category	Charges	Ineligible	PPO Discount	Deductible Amounts	Coinsurance Out of Pocket	COB Savings ======	Total Paid ======	Claim Count	Lines
0001 ADJUDICATED-NO-PLAN	2,694.78	2,694.78	0.00	0.00	0.00	0.00	0.00	11	25
0001 WILCO-DEN-HIGH	197,249.32	69,381.87	9,193.88	3,074.00	22,458.35	4,168.22	90,427.10	428	1303
0001 WILCO-DEN-LOW	26,729.80	6,144.22	3,838.00	850.00	596.21	0.00	15,301.37	93	305
0001 WILCO-MED-CORE	2,124,912.67	720,139.83	707,301.94	13,183.42	43,974.53	1,062.79	639,250.16	2068	3740
0001 WILCO-MED-DED	2,400,336.53	386,880.25	842,290.60	115,807.79	52,903.43	4,806.06	997,649.03	4242	7918
0001 WILCO-MED-EPO	400,060.07	40,791.16	212,745.11	11,788.88	5,911.06	0.00	128,823.86	592	1222
0001 WILCO-MED-EPO-DIAB	919.00	525.00	225.48	25.00	0.00	0.00	143.52	2	2
0001 WILCO-VIS01	48,940.83	16,555.24	0.00	0.00	0.00	165.26	32,220.33	198	509
0001	5,201,843.00	1,243,112.35	1,775,595.01	144,729.09	125,843.58	10,202.33	1,903,815.37	7634	15024
0001	3,201,043.00	1,243,112.33	1,773,333.01	144,723.03	123,043.30	10,202.33	1,303,013.37	7034	13024
0002 WILCO-DEN-HIGH	31,707.78	10,038.19	1,377.50	445.00	3,582.88	0.00	16,264.21	75	245
0002 WILCO-DEN-LOW	765.00	139.00	55.00	50.00	14.50	0.00	506.50	5	10
0002 ADJUDICATED-NO-PLAN	172.50	172.50	0.00	0.00	0.00	0.00	0.00	1	1
0002 WILCO-MED-CORE-DIAB	423,567.46	24,637.02	202,360.79	2,288.40	11,955.21	0.00	182,326.04	673	1229
0002 WILCO-MED-DED-DIAB	650,072.10	156,440.79	227,645.50	9,084.40	5,768.01	0.00	251,133.40	970	1522
0002 WILCO-MED-EPO-DIAB	261,860.82	34,334.99	76,358.57	4,865.75	5,341.97	0.00	140,959.54	343	582
0002 WILCO-VIS01	4,863.86	1,320.93	0.00	0.00	0.00	0.00	3,542.93	20	48
0002	1,373,009.52	227,083.42	507,797.36	16,733.55	26,662.57	0.00	594,732.62	2087	3637
CBR2 WILCO-MED-CORE-DIAB	1,480.89	0.00	0.00	44.31	0.00	0.00	1,436.58	8	8
CBR2 WILCO-VIS01	444.00	144.00	0.00	0.00	0.00	0.00	300.00	1	3
CBR2	1,924.89	144.00	0.00	44.31	0.00	0.00	1,736.58	9	11
COBR WILCO-MED-CORE	183.00 6,022.32	0.00	88.10 1,940.85	0.00 1,378.66	28.47 0.00	0.00	66.43 2,402.81	1 26	1
COBR WILCO-MED-DED	6,022.32	300.00	1,940.85	1,3/8.00			2,402.81	=======	=======
COBR	6,205.32	300.00	2,028.95	1,378.66	28.47	0.00	2,469.24	27	34
RET2 WILCO-DEN-HIGH	4,686.50	409.06	380.50	250.00	733.85	0.00	2,913.09	17	37
RET2 WILCO-MED-CORE-DIAB	209,843.19	11,709.26	116,673.29	740.64	2,542.59	163.92	78,013.49	192	346
RET2 WILCO-MED-DED-DIAB	42,886.90	17,754.76	4,775.60	2,786.99	1,249.91	3,924.98	12,394.66	98	112
RET2 WILCO-MED-EPO-DIAB	26,294.69	500.00	19,219.91	861.84	157.87	0.00	5,555.07	40	62
RET2 WILCO-VIS01	775.00	600.00	0.00	0.00	0.00	0.00	175.00	3	6
RET2	284,486.28	30,973.08	141,049.30	4,639.47	4,684.22	4,088.90	99,051.31	350	563

11/01/14 Allegiance Benefit Plan Management, Inc. PAGE: 432 LXRTCLAN CLAIMS ANALYSIS REPORT

Group - 2001025 WILLIAMSON COUNTY
Coverage - DIV - DIVISION SUMMARY -

Check dates 10/01/2014 - 10/31/2014

Claim Category		Charges	Ineligible	PPO Discount	Deductible Amounts	Coinsurance Out of Pocket	COB Savings	Total Paid	Claim Count	Lines
RETR	WILCO-DEN-HIGH	5,108.33	1,792.48	308.34	0.00	396.87	0.00	2,610.64	16	44
RETR	WILCO-DEN-LOW	709.00	0.00	60.00	50.00	31.20	0.00	567.80	4	10
RETR	WILCO-MED-CORE	84,728.12	17,581.46	22,524.88	1,646.59	2,310.23	6,214.92	34,450.04	197	326
RETR	WILCO-MED-DED	24,285.18	12.00	7,630.21	2,041.52	86.20	0.00	14,515.25	153	213
RETR	WILCO-MED-EPO	772.56	0.00	342.73	83.86	0.00	0.00	345.97	5	7
RETR	WILCO-VIS01	3,379.98	1,029.00	0.00	0.00	0.00	0.00	2,350.98	19	32
					========	========			=======	=======
RETR		118,983.17	20,414.94	30,866.16	3,821.97	2,824.50	6,214.92	54,840.68	394	632
RXD	WILCO-MED-CORE	606.66-	0.00	0.00	0.00	0.00	0.00	606.66-	1	1
RXD		606.66-	0.00	0.00	0.00	0.00	0.00	606.66-	1	1
- GROUP TOTAL	, -	6,985,845.52	1,522,027.79	2,457,336.78	171,347.05	160,043.34	20,506.15	2,656,039.14	10502	<b>=====</b> 19902

PAGE: 433

Allegiance Benefit Plan Management, Inc. CLAIMS ANALYSIS REPORT

WILLIAMSON COUNTY Group - 2001025 - ALL DIVISIONS -Division - ALL

Plan - ALL All Plans

11/01/14

LXRTCLAN

Coverage - ALL - GROUP SUMMARY -

10/01/2014 - 10/31/2014 Check dates

	Category		Charges	Ineligible	PPO Discount	Deductible Amounts	Coinsurance Out of Pocket	COB Savings	Total Paid	Claim Count	Lines
DEN DEN DEN	ADJUDICATED-NO- WILCO-DEN-HIGH WILCO-DEN-LOW	PLAN	320.00 238,751.93 28,203.80	320.00 81,621.60 6,283.22	0.00 11,260.22 3,953.00	0.00 3,769.00 950.00	0.00 27,171.95 641.91	0.00 4,168.22 0.00	0.00 112,215.04 16,375.67	2 536 102	2 1629 325
DEN	DENTAL		267,275.73	88,224.82	15,213.22	4,719.00	27,813.86	4,168.22	128,590.71	640	1956
MED MED MED MED MED MED MED	ADJUDICATED-NO-WILCO-MED-CORE WILCO-MED-DED WILCO-MED-EPO-ULCO-MED-CORE-WILCO-MED-DED-DED-DED-DED-DED-DED-DED-DED-DED	IAB DIAB	887.35 2,209,217.13 2,430,644.03 400,832.63 289,074.51 634,891.54 692,959.00	887.35 737,721.29 387,192.25 40,791.16 35,359.99 36,346.28 174,195.55	0.00 729,914.92 851,861.66 213,087.84 95,803.96 319,034.08 232,421.10	0.00 14,830.01 119,227.97 11,872.74 5,752.59 3,073.35 11,871.39	0.00 46,313.23 52,989.63 5,911.06 5,499.84 14,497.80 7,017.92	0.00 7,277.71 4,806.06 0.00 0.00 163.92 3,924.98	0.00 673,159.97 1,014,567.09 129,169.83 146,658.13 261,776.11 263,528.06 	6 2267 4421 597 385 873 1068	13 4068 8164 1229 646 1583 1634
VIS VIS	ADJUDICATED-NO-WILCO-VIS01	PLAN	1,659.93 58,403.67	1,659.93 19,649.17	0.00	0.00	0.00	0.00 165.26	0.00 38,589.24	4 241	11 598
VIS	VISION		60,063.60	21,309.10	0.00	0.00	0.00	165.26	38,589.24	245	609
	GROUP TOTAL -		6,985,845.52	1,522,027.79	2,457,336.78	171,347.05	160,043.34	20,506.15	2,656,039.14	10502	19902
ADJU	DICATED-NO-PLAN DICATED-NO-PLAN DICATED-NO-PLAN	PARTICIPANT SPOUSE DEPENDENT	1,089.43 980.00 797.85	1,089.43 980.00 797.85	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	5 3 4	6 9 11
ADJU	DICATED-NO-PLAN	TOTAL	2,867.28	2,867.28	0.00	0.00	0.00	0.00	0.00	12	26
WILC	O-DEN-HIGH O-DEN-HIGH O-DEN-HIGH	PARTICIPANT SPOUSE DEPENDENT	83,262.00 54,261.50 101,228.43	16,741.48 27,948.17 36,931.95	4,753.00 3,080.00 3,427.22	1,790.00 490.00 1,489.00	11,512.18 3,063.13 12,596.64	0.00 801.40 3,366.82	48,465.34 18,878.80 44,870.90	185 104 247	493 300 836
WILC	O-DEN-HIGH	TOTAL	238,751.93	81,621.60	11,260.22	3,769.00	27,171.95	4,168.22	112,215.04	536	1629
WILC	O-DEN-LOW	PARTICIPANT	14,380.00	2,742.94	2,778.00	500.00	339.03	0.00	8,020.03	55	154

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Allegiance Benefit Plan Management, Inc. CLAIMS ANALYSIS REPORT

WILLIAMSON COUNTY Group - 2001025 - ALL DIVISIONS -Division - ALL

Plan - ALL All Plans

11/01/14

LXRTCLAN

Coverage - ALL - GROUP SUMMARY -

10/01/2014 - 10/31/2014 Check dates

Claim Category		Charges	Ineligible	PPO Discount	Deductible Amounts	Coinsurance Out of Pocket	COB Savings	Total Paid	Claim Count	Lines
WILCO-DEN-LOW WILCO-DEN-LOW	SPOUSE DEPENDENT	3,023.00 10,800.80	269.00 3,271.28	292.00 883.00	150.00 300.00	94.12 208.76	0.00	2,217.88 6,137.76	17 30	45 126
WILCO-DEN-LOW	TOTAL	28,203.80	6,283.22	3,953.00	950.00	641.91	0.00	16,375.67	102	325
WILCO-MED-CORE WILCO-MED-CORE WILCO-MED-CORE	PARTICIPANT SPOUSE DEPENDENT	664,168.98 1,181,020.00 364,028.15	243,070.14 359,898.85 134,752.30	179,733.96 491,187.14 58,993.82	7,748.84 4,015.39 3,065.78	17,875.25 17,307.98 11,130.00	6,117.11 995.54 165.06	209,623.68 307,615.10 155,921.19	1062 609 596	1842 1151 1075
WILCO-MED-CORE	TOTAL	2,209,217.13	737,721.29	729,914.92	14,830.01	46,313.23	7,277.71	673,159.97	2267	4068
WILCO-MED-DED WILCO-MED-DED WILCO-MED-DED	PARTICIPANT SPOUSE DEPENDENT	1,024,923.12 963,297.23 442,423.68	181,183.73 134,484.14 71,524.38	390,109.05 340,536.24 121,216.37	62,673.05 23,747.51 32,807.41	24,008.56 5,535.32 23,445.75	0.00 4,764.06 42.00	366,948.73 454,230.59 193,387.77	2172 1153 1096	3710 2499 1955
WILCO-MED-DED	TOTAL	2,430,644.03	387,192.25	851,861.66	119,227.97	52,989.63	4,806.06	1,014,567.09	4421	8164
WILCO-MED-EPO WILCO-MED-EPO WILCO-MED-EPO	PARTICIPANT SPOUSE DEPENDENT	299,122.32 61,811.49 39,898.82	8,146.69 17,764.47 14,880.00	181,841.76 19,070.25 12,175.83	7,636.99 2,051.91 2,183.84	4,581.82 1,072.12 257.12	0.00 0.00 0.00	96,915.06 21,852.74 10,402.03	411 109 77	826 263 140
WILCO-MED-EPO	TOTAL	400,832.63	40,791.16	213,087.84	11,872.74	5,911.06	0.00	129,169.83	597	1229
WILCO-MED-EPO-DIAB WILCO-MED-EPO-DIAB WILCO-MED-EPO-DIAB	PARTICIPANT SPOUSE DEPENDENT	52,223.12 186,795.22 50,056.17	1,470.74 6,121.00 27,768.25	25,904.04 64,288.25 5,611.67	1,613.83 2,722.50 1,416.26	380.15 4,595.28 524.41	0.00 0.00 0.00	22,854.36 109,068.19 14,735.58	168 130 87	227 254 165
WILCO-MED-EPO-DIAB	TOTAL	289,074.51	35,359.99	95,803.96	5,752.59	5,499.84	0.00	146,658.13	385	646
WILCO-VIS01 WILCO-VIS01 WILCO-VIS01	PARTICIPANT SPOUSE DEPENDENT	29,690.65 16,825.75 11,887.27	9,921.44 6,826.53 2,901.20	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 147.30 17.96	19,769.21 9,851.92 8,968.11	120 63 58	295 171 132
WILCO-VIS01	TOTAL	58,403.67	19,649.17	0.00	0.00	0.00	165.26	38,589.24	241	598

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Allegiance Benefit Plan Management, Inc.
CLAIMS ANALYSIS REPORT

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Group - 2001025 WILLIAMSON COUNTY
Division - ALL - ALL DIVISIONS -

Plan - ALL All Plans

11/01/14

LXRTCLAN

Coverage - ALL - GROUP SUMMARY -

Check dates 10/01/2014 - 10/31/2014

			PPO	Deductible	Coinsurance	COB	Total	Claim	
Claim Category	Charges	Ineligible	Discount	Amounts	Out of Pocket	Savings	Paid	Count	Lines
	== ========	=========	=========	========	========	========	=========	=======	=======
WILCO-MED-CORE-DIAB PARTICIPANT	490,572.21	32,175.37	257,260.79	2,192.03	8,237.67	0.00	190,706.35	529	992
WILCO-MED-CORE-DIAB SPOUSE	134,555.80	2,676.91	57,068.87	763.81	5,699.80	163.92	68,182.49	299	510
WILCO-MED-CORE-DIAB DEPENDENT	9,763.53	1,494.00	4,704.42	117.51	560.33	0.00	2,887.27	45	81
	=========	=========	=========	========	=========	=========	=========	=======	=======
WILCO-MED-CORE-DIAB TOTAL	634,891.54	36,346.28	319,034.08	3,073.35	14,497.80	163.92	261,776.11	873	1583
WILCO-MED-DED-DIAB PARTICIPANT	331,123.69	93,725.13	93,097.62	6,356.50	5,796.92	3,924.98	128,222.54	635	921
WILCO-MED-DED-DIAB SPOUSE	325,543.55	78,227.02	126,156.67	2,476.86	430.02	0.00	118,252.98	295	500
WILCO-MED-DED-DIAB DEPENDENT	36,291.76	2,243.40	13,166.81	3,038.03	790.98	0.00	17,052.54	138	213
WILCO MED DED DIAD MODAL		174 105 55		11 071 20	7 017 00	2 004 00		1060	1.624
WILCO-MED-DED-DIAB TOTAL	692,959.00	174,195.55	232,421.10	11,871.39	7,017.92	3,924.98	263,528.06	1068	1634
PARTICIPANT	2,990,555.52	590,267.09	1,135,478.22	90,511.24	72,731.58	10,042.09	1,091,525.30	5342	9466
SPOUSE	2,928,113.54	635,196.09	1,101,679.42	36,417.98	37,797.77	6,872.22	1,110,150.69	2782	5702
DEPENDENT	1,067,176.46	296,564.61	220,179.14	44,417.83	49,513.99	3,591.84	454,363.15	2378	4734
- GROUP TOTAL -	6,985,845.52	1,522,027.79	2,457,336.78	171,347.05	160,043.34	20,506.15	2,656,039.14	10502	19902

			Grand	
<u>Month</u>	<u>Allegiance</u>	<u>Aetna</u>	<u>Total</u>	<u>Emps</u>
Nov-14	\$701,842	\$186,486	\$888,328	1,426
Dec-14	\$298,097	\$883,940	\$1,182,037	1,426
Jan-15	\$61,268	\$732,306	\$793,574	1,416
Feb-15	\$321,112	\$1,322,968	\$1,644,080	1,422
Mar-15	\$81,113	\$1,825,806	\$1,906,919	1,418
Apr-15	-\$1,518	\$1,368,241	\$1,366,723	1,410
May-15	\$2,589	\$1,317,144	\$1,319,733	1,413
Jun-15	\$81,366	\$1,450,500	\$1,531,866	1,395
Jul-15	\$14,715	\$1,252,120	\$1,266,835	1,399
Aug-15	\$5,062	\$1,169,552	\$1,174,614	1,400
Sep-15	\$6,889	\$1,213,287	\$1,220,176	1,400
Oct-15			\$0	
Total	\$1,572,534	\$12,722,350	\$14,294,884	15,525

## SELF FUNDED MONTHLY CLAIMS REPORT

### **WILLIAMSON COUNTY**

Customer Number 866349					November - 14	Through	October - 15
Control - SFX - ACCT Tota	l Product	Month	*(1) Estimated Employees	*(2) Customer Funded Claims	*(3) Individual Stop Loss Claims	*(4) Aggregate Stop Loss Claims	Total Claims
66349 - 010 - 001	(5) Managed Behavioral Health	02/01/2015		\$3,344.58	\$0.00	\$0.00	\$3,344.58
		03/01/2015		\$760.99	\$0.00	\$0.00	\$760.99
		04/01/2015		\$7,642.73	\$0.00	\$0.00	\$7,642.73
		06/01/2015		\$143.21	\$0.00	\$0.00	\$143.2°
		07/01/2015		\$315.30	\$0.00	\$0.00	\$315.30
		08/01/2015		\$360.30	\$0.00	\$0.00	\$360.3
		09/01/2015		\$4,084.16	\$0.00	\$0.00	\$4,084.1
		10/01/2015		\$270.00	\$0.00	\$0.00	\$270.0
	(5) Managed Behavioral Health Total			\$16,921.27	\$0.00	\$0.00	\$16,921.2
	Indemnity Vision	11/01/2014		\$1,689.00			\$1,689.0
	,	12/01/2014		\$2,097.30			\$2,097.3
		01/01/2015		\$732.50			\$732.5
		02/01/2015		\$1,641.60			\$1,641.6
		03/01/2015		\$3,088.40			\$3,088.4
		04/01/2015		\$2,445.00			\$2,445.0
		05/01/2015		\$3,117.85			\$3,117.8
		06/01/2015		\$1,177.45			\$1,177.4
		07/01/2015		\$1,457.83			\$1,457.8
		08/01/2015		\$853.35			\$853.3
		09/01/2015		\$4,071.27			\$4,071.2
		10/01/2015		\$3,205.30			\$3,205.3
	Indemnity Vision Total			\$25,576.85			\$25,576.8
	Open Acc EPO	11/01/2014	137	\$7,038.19	\$0.00	\$0.00	\$7,038.1
	Open 7100 E1 0	12/01/2014	135		\$0.00	\$0.00	\$70,397.5
		01/01/2015	133		\$0.00	\$0.00	\$62,504.6
		02/01/2015	133		\$0.00	\$0.00	\$157,108.2
		03/01/2015	133			\$0.00	\$308,237.3
		04/01/2015	133			\$0.00	\$207,646.7
		05/01/2015	130		\$191,575.53	\$0.00	\$367,941.8
		06/01/2015	128			\$0.00	\$348,115.7
		07/01/2015	128		-\$431,201.55	\$0.00	-\$643,398.6
		08/01/2015	129			\$0.00	\$87,729.2
		09/01/2015	131		\$0.00	\$0.00	\$61,571.5
		10/01/2015	131		\$0.00	\$0.00	\$134,963.0
	Open Acc EPO Total		1,581		\$1,158.98	\$0.00	\$1,169,855.5
	Pharmacy	11/01/2014	137	\$4,947.38	\$0.00	\$0.00	\$4,947.3
	Паппасу	12/01/2014	135			\$0.00	\$16,898.8
7/21/2016 7:45 AM		01/01/2015	133		\$0.00	\$0.00	\$24,021.3

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Rid	1605-083	

		02/01/2015	133	\$21,058.35	\$0.00	\$0.00	\$21,058.35
		03/01/2015	vviillamson C 133	\$21,058.35 County, Texas \$25,984.57	\$0.00	\$0.00	\$21,058.35 Bio \$25,984.57
		04/01/2015	133	\$26,816.39	\$0.00	\$0.00	\$26,816.39
		05/01/2015	130	\$24,915.86	\$2,283.58	\$0.00	\$27,199.44
		06/01/2015	128	\$25,857.51	\$0.00	\$0.00	\$25,857.51
		07/01/2015	128	\$30,712.90	-\$2,283.58	\$0.00	\$28,429.32
		08/01/2015	129	\$28,991.46	\$0.00	\$0.00	\$28,991.46
		09/01/2015	131	\$28,866.26	\$0.00	\$0.00	\$28,866.26
		10/01/2015	131	\$36,454.24	\$0.00	\$0.00	\$36,454.24
	Pharmacy Total		1,581	\$295,525.08	\$0.00	\$0.00	\$295,525.08
Control - SFX - ACCT Total			3,162	\$1,506,719.77	\$1,158.98	\$0.00	\$1,507,878.75
866349 - 010 - 002	Indemnity Vision	01/01/2015		\$300.00			\$300.00
		02/01/2015		\$529.00			\$529.00
		06/01/2015		\$243.55			\$243.55
		07/01/2015		\$560.00			\$560.00
		09/01/2015		\$300.00			\$300.00
	Indemnity Vision Total			\$1,932.55			\$1,932.55
	Open Acc EPO	11/01/2014	14	\$108.39	\$0.00	\$0.00	\$108.39
		12/01/2014	14	\$935.10	\$0.00	\$0.00	\$935.10
		01/01/2015	15	\$8,949.03	\$0.00	\$0.00	\$8,949.03
		02/01/2015	15	\$4,201.83	\$0.00	\$0.00	\$4,201.83
		03/01/2015	14	\$7,919.88	\$0.00	\$0.00	\$7,919.88
		04/01/2015	14	\$4,646.72	\$0.00	\$0.00	\$4,646.72
		05/01/2015	14	\$4,428.89	\$0.00	\$0.00	\$4,428.89
		06/01/2015	13	\$2,970.92	\$0.00	\$0.00	\$2,970.92
		07/01/2015	13	\$5,754.04	\$0.00	\$0.00	\$5,754.04
		08/01/2015	13	\$8,944.62	\$0.00	\$0.00	\$8,944.62
		09/01/2015	12	\$999.29	\$0.00	\$0.00	\$999.29
		10/01/2015	12	\$11,053.27	\$0.00	\$0.00	\$11,053.27
	Open Acc EPO Total		163	\$60,911.98	\$0.00	\$0.00	\$60,911.98
	Pharmacy	11/01/2014	14	\$731.48	\$0.00	\$0.00	\$731.48
		12/01/2014	14	\$3,524.53	\$0.00	\$0.00	\$3,524.53
		01/01/2015	15	\$4,825.09	\$0.00	\$0.00	\$4,825.09
		02/01/2015	15	\$39,006.77	\$0.00	\$0.00	\$39,006.77
		03/01/2015	14	\$39,693.58	\$0.00	\$0.00	\$39,693.58
		04/01/2015	14	\$3,321.36	\$0.00	\$0.00	\$3,321.36
		05/01/2015	14	\$5,789.31	\$0.00	\$0.00	\$5,789.31
		06/01/2015	13	\$4,050.72	\$0.00	\$0.00	\$4,050.72
		07/01/2015	13	\$4,569.22	\$0.00	\$0.00	\$4,569.22
		08/01/2015	13	\$3,888.71	\$0.00	\$0.00	\$3,888.71
		09/01/2015	12	\$5,623.85	\$0.00	\$0.00	\$5,623.85
		10/01/2015	12	\$3,621.13	\$0.00	\$0.00	\$3,621.13
	Pharmacy Total	10,01/2010	163	\$118,645.75	\$0.00	\$0.00	\$118,645.75
Cont7621/8016-7A4504Motal			326	\$181,490.28	\$0.00	\$0.00	\$181,490.28

866349 - 010 - 997		06/01/2015 Williamson Coun		\$0.00	\$0.00	\$0.00	\$0.00	4 160E 0
		09/01/2015	williamson	County, Texas \$0.00	\$0.00	\$0.00	\$0.00	id 1605-0
	Pharmacy Total			\$0.00	\$0.00	\$0.00	\$0.00	
Control - SFX - ACCT Total				\$0.00	\$0.00	\$0.00	\$0.00	
866349 - 011 - 101	(5) Managed Behavioral Health	11/01/2014		\$4,096.00	\$0.00	\$0.00	\$4,096.00	
		12/01/2014		\$4,295.39	\$0.00	\$0.00	\$4,295.39	
		01/01/2015		\$810.71	\$0.00	\$0.00	\$810.71	
		02/01/2015		\$1,049.51	\$0.00	\$0.00	\$1,049.51	
		03/01/2015		\$1,884.96	\$0.00	\$0.00	\$1,884.96	
		04/01/2015		\$1,385.32	\$0.00	\$0.00	\$1,385.32	
		05/01/2015		\$2,155.22	\$0.00	\$0.00	\$2,155.22	
		06/01/2015		\$1,463.11	\$0.00	\$0.00	\$1,463.11	
		07/01/2015		\$2,258.56	\$0.00	\$0.00	\$2,258.56	
		08/01/2015		\$2,216.08	\$0.00	\$0.00	\$2,216.08	
		09/01/2015		\$1,603.14	\$0.00	\$0.00	\$1,603.14	
		10/01/2015		\$1,069.83	\$0.00	\$0.00	\$1,069.83	
	(5) Managed Behavioral Health Total			\$24,287.83	\$0.00	\$0.00	\$24,287.83	
	Indemnity Vision	11/01/2014		\$7,109.83			\$7,109.83	
	,	12/01/2014		\$13,400.99			\$13,400.99	
		01/01/2015		\$11,434.05			\$11,434.05	
		02/01/2015		\$15,353.31			\$15,353.31	
		03/01/2015		\$15,193.35			\$15,193.35	
		04/01/2015		\$13,825.72			\$13,825.72	
		05/01/2015		\$11,983.74			\$11,983.74	
		06/01/2015		\$9,515.15			\$9,515.15	
		07/01/2015		\$13,265.61			\$13,265.61	
		08/01/2015		\$18,326.73			\$18,326.73	
		09/01/2015		\$18,395.72			\$18,395.72	
		10/01/2015		\$17,504.00			\$17,504.00	
	Indemnity Vision Total			\$165,308.20			\$165,308.20	
	Open Acc EPO	11/01/2014	914	\$44,746.21	\$0.00	\$0.00	\$44,746.21	
	oponino Li o	12/01/2014	907	\$186,244.29	\$0.00	\$0.00	\$186,244.29	
		01/01/2015	906	\$117,405.17	\$0.00	\$0.00	\$117,405.17	
		02/01/2015	912	\$330,488.04	\$0.00	\$0.00	\$330,488.04	
		03/01/2015	906	\$594,141.31	\$0.00	\$0.00	\$594,141.31	
		04/01/2015	911	\$400,246.15	\$0.00	\$0.00	\$400,246.15	
		05/01/2015	907	\$264,018.14	\$0.00	\$0.00	\$264,018.14	
		06/01/2015	902	\$310,462.23	\$1,904.65	\$0.00	\$312,366.88	
		07/01/2015	896	\$291,162.50	\$76,254.28	\$0.00	\$367,416.78	
		08/01/2015	895	\$317,185.75	\$5,609.21	\$0.00	\$322,794.96	
		09/01/2015	911	\$286,340.49	\$2,692.26	\$0.00	\$289,032.75	
		10/01/2015	911	\$317,971.81	\$6,717.89	\$0.00	\$324,689.70	
	Open Acc EPO Total	10/01/2013	10,878	\$3,460,412.09	\$93,178.29	\$0.00	\$3,553,590.38	
		+	-,	. , ,	. ,	*****	. , .,	
7/21/2016 7:45 AM	Pharmacy	11/01/2014	914	\$16,560.63	\$0.00	\$0.00	\$16,560.63	р

		12/01/2014	Williamson C	\$100,257.66 County, Texas \$113,769.51	\$0.00	\$0.00	\$100,257.66 \$113,769.51
		01/01/2015	906	\$113,769.51	\$0.00	\$0.00	\$113,769.51
		02/01/2015	912	\$116,384.63	\$0.00	\$0.00	\$116,384.63
		03/01/2015	906	\$132,328.73	\$0.00	\$0.00	\$132,328.73
		04/01/2015	911	\$115,632.05	\$0.00	\$0.00	\$115,632.05
		05/01/2015	907	\$135,311.50	\$0.00	\$0.00	\$135,311.50
		06/01/2015	902	\$142,335.70	\$0.00	\$0.00	\$142,335.70
		07/01/2015	896	\$108,070.98	\$21.05	\$0.00	\$108,092.03
		08/01/2015	895	\$183,224.83	\$207.94	\$0.00	\$183,432.77
		09/01/2015	911	\$147,096.88	\$367.68	\$0.00	\$147,464.56
		10/01/2015	911	\$166,886.74	\$101.30	\$0.00	\$166,988.04
	Pharmacy Total		10,878	\$1,477,859.84	\$697.97	\$0.00	\$1,478,557.81
control - SFX - ACCT Total			21,756	\$5,127,867.96	\$93,876.26	\$0.00	\$5,221,744.22
66349 - 011 - 102	(5) Managed Behavioral Health	01/01/2015	,	\$4,737.36	\$0.00	\$0.00	\$4,737.36
	(1)	02/01/2015		\$17,786.32	\$0.00	\$0.00	\$17,786.32
		03/01/2015		\$3,975.06	\$0.00	\$0.00	\$3,975.06
		07/01/2015		\$185.00	\$0.00	\$0.00	\$185.00
		08/01/2015		\$50.00	\$0.00	\$0.00	\$50.00
		10/01/2015		\$147.73	\$0.00	\$0.00	\$147.73
	(5) Managed Behavioral Health Total	16/01/2010		\$26,881.47	\$0.00	\$0.00	\$26,881.47
	Indemnity Vision	11/01/2014		\$61.75			\$61.75
		01/01/2015		\$900.00			\$900.00
		02/01/2015		\$300.00			\$300.00
		03/01/2015		\$893.96			\$893.96
		04/01/2015		\$868.89			\$868.89
		05/01/2015		\$200.26			\$200.26
		07/01/2015		\$600.00			\$600.00
		08/01/2015		\$1,324.96			\$1,324.96
		09/01/2015		\$300.00			\$300.00
		10/01/2015		\$1,198.00			\$1,198.00
	Indemnity Vision Total			\$6,647.82			\$6,647.82
	Open Acc EPO	11/01/2014	39	\$1,037.21	\$0.00	\$0.00	\$1,037.21
		12/01/2014	39	\$13,450.40	\$0.00	\$0.00	\$13,450.40
		01/01/2015	39	\$25,675.08	\$0.00	\$0.00	\$25,675.08
		02/01/2015	39	\$8,382.39	\$0.00	\$0.00	\$8,382.39
		03/01/2015	41	\$9,414.50	\$0.00	\$0.00	\$9,414.50
		04/01/2015	41	\$5,108.63	\$0.00	\$0.00	\$5,108.63
		05/01/2015	42	\$18,618.65	\$0.00	\$0.00	\$18,618.65
		06/01/2015	46	\$50,291.67	\$0.00	\$0.00	\$50,291.67
		07/01/2015	46	\$33,292.85	\$0.00	\$0.00	\$33,292.85
		08/01/2015	46	\$35,197.52	\$0.00	\$0.00	\$35,197.52
		09/01/2015	44	\$50,492.15	\$0.00	\$0.00	\$50,492.15
		10/01/2015	44	\$51,550.06	\$0.00	\$0.00	\$51,550.06
	Open Acc EPO Total		506	\$302,511.11	\$0.00	\$0.00	\$302,511.11
7/21/2016 7:45 AM		+		. ,		****	. ,-

	Pharmacy	11/01/2014	39	\$2,216.47	\$0.00	\$0.00	\$2,216.47
		12/01/2014	Williamson C 39	\$2,216.47 county, Texas \$16,143.97	\$0.00	\$0.00	\$2,216.47 Bid \$16,143.97
		01/01/2015	39	\$11,467.88	\$0.00	\$0.00	\$11,467.88
		02/01/2015	39	\$12,655.31	\$0.00	\$0.00	\$12,655.31
		03/01/2015	41	\$15,027.96	\$0.00	\$0.00	\$15,027.96
		04/01/2015	41	\$11,275.63	\$0.00	\$0.00	\$11,275.63
		05/01/2015	42	\$17,554.73	\$0.00	\$0.00	\$17,554.73
		06/01/2015	46	\$15,602.28	\$0.00	\$0.00	\$15,602.28
		07/01/2015	46	\$9,957.03	\$0.00	\$0.00	\$9,957.03
		08/01/2015	46	\$19,223.35	\$0.00	\$0.00	\$19,223.35
		09/01/2015	44	\$17,562.44	\$0.00	\$0.00	\$17,562.44
		10/01/2015	44	\$16,517.00	\$0.00	\$0.00	\$16,517.00
	Pharmacy Total		506	\$165,204.05	\$0.00	\$0.00	\$165,204.05
Control - SFX - ACCT Total			1,012	\$501,244.45	\$0.00	\$0.00	\$501,244.45
866349 - 011 - 103	(5) Managed Behavioral Health	05/01/2015	1,012	\$345.62	\$0.00	\$0.00	\$345.62
000349 - 011 - 103	(5) Managed Behavioral Health Total	05/01/2015					
	(5) Managed Benavioral Health Total			\$345.62	\$0.00	\$0.00	\$345.62
	Open Acc EPO	11/01/2014	1	\$0.50	\$0.00	\$0.00	\$0.50
		12/01/2014	2	\$2,263.61	\$0.00	\$0.00	\$2,263.61
		01/01/2015	2	\$184.37	\$0.00	\$0.00	\$184.37
		02/01/2015	2	\$2,449.91	\$0.00	\$0.00	\$2,449.91
		03/01/2015	2	\$19,994.82	\$0.00	\$0.00	\$19,994.82
		04/01/2015	1	\$29,696.58	\$0.00	\$0.00	\$29,696.58
		05/01/2015		\$511.08	\$0.00	\$0.00	\$511.08
		06/01/2015		\$84.02	\$0.00	\$0.00	\$84.02
		07/01/2015		\$901.37	\$0.00	\$0.00	\$901.37
		09/01/2015		\$8,470.00	\$0.00	\$0.00	\$8,470.00
	Open Acc EPO Total		10	\$64,556.26	\$0.00	\$0.00	\$64,556.26
	Pharmacy	11/01/2014	1	\$0.00	\$0.00	\$0.00	\$0.00
	rnamacy	12/01/2014	2	\$2,059.78	\$0.00	\$0.00	\$2,059.78
		01/01/2015	2	\$2,592.18	\$0.00	\$0.00	\$2,592.18
		02/01/2015	2	\$1,937.96	\$0.00	\$0.00	\$1,937.96
		03/01/2015	2	\$871.70	\$0.00	\$0.00	\$871.70
		04/01/2015	1	\$1,843.58	\$0.00	\$0.00	\$1,843.58
		05/01/2015	'	\$901.17	\$0.00	\$0.00	\$901.17
		09/01/2015		\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total	00/01/2010	10	\$10,206.37	\$0.00	\$0.00	\$10,206.37
Control - SFX - ACCT Total			20	\$75,108.25	\$0.00	\$0.00	\$75,108.25
866349 - 012 - 201	(5) Managed Behavioral Health	01/01/2015		\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2015		\$3,550.50	\$0.00	\$0.00	\$3,550.50
		03/01/2015		\$219.29	\$0.00	\$0.00	\$219.29
		04/01/2015		\$3.12	\$0.00	\$0.00	\$3.12
		05/01/2015		\$344.00	\$0.00	\$0.00	\$344.00
=10.1100.10 = 1=		06/01/2015		\$158.20	\$0.00	\$0.00	\$158.20
7/21/2016 7:45 AM		07/01/2015		\$3,404.00	\$0.00	\$0.00	\$3,404.00

		08/01/2015	\\/illiamaan	\$746.65	\$0.00	\$0.00	\$746.65
		09/01/2015	vviillamson	\$746.65 County, Texas \$240.10	\$0.00	\$0.00	\$746.65 \$240.10
		10/01/2015		\$647.81	\$0.00	\$0.00	\$647.81
	(5) Managed Behavioral Health Total			\$9,313.67	\$0.00	\$0.00	\$9,313.67
	Indemnity Vision	11/01/2014		\$1,796.94			\$1,796.94
	indentitity vision	12/01/2014		\$129.20			\$129.20
		01/01/2015		\$300.00			\$300.00
		02/01/2015		\$1,024.49			\$1,024.49
		03/01/2015		\$277.46			\$277.46
		04/01/2015		\$1,136.99			\$1,136.99
		05/01/2015		\$385.00			\$385.00
		06/01/2015		\$474.25			\$474.25
		07/01/2015		\$622.00			\$622.00
		08/01/2015		\$2,486.70			\$2,486.70
		09/01/2015		\$1,754.75			\$1,754.75
		10/01/2015		\$666.30			\$666.30
	Indemnity Vision Total	10/01/2010		\$11,054.08			\$11,054.08
	indenning vision rotal			Ψ11,004.00			Ψ11,004.00
	Open Acc POS	11/01/2014	63	\$5,597.54	\$0.00	\$0.00	\$5,597.54
		12/01/2014	62	\$48,081.23	\$0.00	\$0.00	\$48,081.23
		01/01/2015	61	\$29,984.59	\$0.00	\$0.00	\$29,984.59
		02/01/2015	60	\$84,330.90	\$0.00	\$0.00	\$84,330.90
		03/01/2015	59	\$47,850.06	\$0.00	\$0.00	\$47,850.06
		04/01/2015	61	\$114,013.80	\$0.00	\$0.00	\$114,013.80
		05/01/2015	61	\$82,731.73	\$0.00	\$0.00	\$82,731.73
		06/01/2015	62	\$87,970.23	\$0.00	\$0.00	\$87,970.23
		07/01/2015	62	\$25,591.10	\$0.00	\$0.00	\$25,591.10
		08/01/2015	65	\$28,184.10	\$0.00	\$0.00	\$28,184.10
		09/01/2015	67	\$88,917.78	\$0.00	\$0.00	\$88,917.78
		10/01/2015	67	\$130,983.89	\$0.00	\$0.00	\$130,983.8
	Open Acc POS Total		750	\$774,236.95	\$0.00	\$0.00	\$774,236.95
	Pharmacy	11/01/2014	63	\$12,152.07	\$0.00	\$0.00	\$12,152.07
	Thamasy	12/01/2014	62		\$0.00	\$0.00	\$46,637.0
		01/01/2015	61	\$49,855.03	\$0.00	\$0.00	\$49,855.0
		02/01/2015	60	\$29,598.53	\$0.00	\$0.00	\$29,598.53
		03/01/2015	59	\$24,894.14	\$0.00	\$0.00	\$24,894.1
		04/01/2015	61	\$41,110.67	\$0.00	\$0.00	\$41,110.67
		05/01/2015	61	\$25,523.24	\$0.00	\$0.00	\$25,523.24
		06/01/2015	62	\$32,880.11	\$0.00	\$0.00	\$32,880.1
		07/01/2015	62		\$0.00	\$0.00	\$25,656.89
		08/01/2015	65	\$42,051.17	\$0.00	\$0.00	\$42,051.17
		09/01/2015	67	\$42,227.11	\$0.00	\$0.00	\$42,031.17
		10/01/2015	67	\$29,973.86	\$0.00	\$0.00	\$42,227.1
	Pharmacy Total	10/01/2013	750	\$402,559.89	\$0.00	\$0.00	\$402,559.89
			. 00	Ţ.0 <u>2</u> ,000.00	<b>43.00</b>	Ψ0.00	ψ.3 <u>2</u> ,000.00
ont7621/8191/6-7A1650ATM otal			1,500	\$1,197,164.59	\$0.00	\$0.00	\$1,197,164.59

866349 - 012 - 202	(5) Managed Behavioral Health	08/01/2015	\A/:II:	\$147.77	\$0.00	\$0.00	\$147.77
		09/01/2015	vviillamson	\$147.77 County, Texas \$230.83	\$0.00	\$0.00	\$147.77 B \$230.83
		10/01/2015		\$272.42	\$0.00	\$0.00	\$272.42
	(5) Managed Behavioral Health Total			\$651.02	\$0.00	\$0.00	\$651.02
	Indemnity Vision	05/01/2015		\$300.00			\$300.00
	- Indeximing transfer	10/01/2015		\$273.46			\$273.46
	Indemnity Vision Total			\$573.46			\$573.46
	Open Acc POS	11/01/2014	7	\$321.79	\$0.00	\$0.00	\$321.79
	орен 7.00 г ос	12/01/2014	7	\$4,127.63	\$0.00	\$0.00	\$4,127.63
		01/01/2015	7	\$1,029.98	\$0.00	\$0.00	\$1,029.98
		02/01/2015	7	\$70,752.61	\$0.00	\$0.00	\$70,752.61
		03/01/2015	7	\$3,482.28	\$0.00	\$0.00	\$3,482.28
		04/01/2015	7	\$1,040.82	\$0.00	\$0.00	\$1,040.82
		05/01/2015	7	\$1,694.18	\$0.00	\$0.00	\$1,694.18
		06/01/2015	6	\$3,953.60	\$0.00	\$0.00	\$3,953.60
		07/01/2015	7	\$2,809.38	\$0.00	\$0.00	\$2,809.38
		08/01/2015	7	\$1,008.82	\$0.00	\$0.00	\$1,008.82
		09/01/2015	7		\$0.00	\$0.00	\$23,487.67
		10/01/2015	7	\$7,883.05	\$0.00	\$0.00	\$7,883.05
	Open Acc POS Total	10/01/2010	83		\$0.00	\$0.00	\$121,591.81
	Open Acc i Go Total			ψ121,391.01	ψ0.00	ψ0.00	Ψ121,391.01
	Pharmacy	11/01/2014	7	·	\$0.00	\$0.00	\$221.01
		12/01/2014	7	\$2,626.08	\$0.00	\$0.00	\$2,626.08
		01/01/2015	7	\$812.19	\$0.00	\$0.00	\$812.19
		02/01/2015	7	\$3,273.05	\$0.00	\$0.00	\$3,273.05
		03/01/2015	7	\$2,010.92	\$0.00	\$0.00	\$2,010.92
		04/01/2015	7	\$2,010.30	\$0.00	\$0.00	\$2,010.30
		05/01/2015	7	\$3,416.08	\$0.00	\$0.00	\$3,416.08
		06/01/2015	6		\$0.00	\$0.00	\$1,734.83
		07/01/2015	7	\$1,309.64	\$0.00	\$0.00	\$1,309.64
		08/01/2015	7	\$3,176.05	\$0.00	\$0.00	\$3,176.05
		09/01/2015	7	\$2,486.00	\$0.00	\$0.00	\$2,486.00
		10/01/2015	7	\$4,909.10	\$0.00	\$0.00	\$4,909.10
	Pharmacy Total		83	\$27,985.25	\$0.00	\$0.00	\$27,985.25
Control - SFX - ACCT Total			166	\$150,801.54	\$0.00	\$0.00	\$150,801.54
866349 - 012 - 203	Open Acc POS	06/01/2015	1	\$111.98	\$0.00	\$0.00	\$111.98
		07/01/2015		\$792.16	\$0.00	\$0.00	\$792.16
		08/01/2015		\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2015		\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2015		\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		1	\$904.14	\$0.00	\$0.00	\$904.14
	Pharmacy	06/01/2015	1	\$488.14	\$0.00	\$0.00	\$488.14
	,	07/01/2015		\$169.94	\$0.00	\$0.00	\$169.94
7/21/2016 7:45 AM		08/01/2015		\$127.52	\$0.00	\$0.00	\$127.52

		09/01/2015	Williamaan	\$0.00	\$0.00	\$0.00	\$0.00	d 160E
	Pharmacy Total		vviillamson 1	\$0.00 County, Texas \$785.60	\$0.00	\$0.00	\$0.00 Bio \$785.60	u 1605-
control - SFX - ACCT Total			2	\$1,689.74	\$0.00	\$0.00	\$1,689.74	
66349 - 013 - 301	(5) Managed Behavioral Health	12/01/2014		\$244.16	\$0.00	\$0.00	\$244.16	
		01/01/2015		\$4,631.17	\$0.00	\$0.00	\$4,631.17	
		02/01/2015		\$1,314.31	\$0.00	\$0.00	\$1,314.31	
		03/01/2015		\$145.58	\$0.00	\$0.00	\$145.58	
		04/01/2015		\$5,565.30	\$0.00	\$0.00	\$5,565.30	
		05/01/2015		\$6,153.15	\$0.00	\$0.00	\$6,153.15	
		06/01/2015		\$6,922.43	\$0.00	\$0.00	\$6,922.43	
		07/01/2015		\$1,746.58	\$0.00	\$0.00	\$1,746.58	
		08/01/2015		\$2,274.64	\$0.00	\$0.00	\$2,274.64	
		09/01/2015		\$1,325.01	\$0.00	\$0.00	\$1,325.01	
		10/01/2015		\$1,979.96	\$0.00	\$0.00	\$1,979.96	
	(5) Managed Behavioral Health Total			\$32,302.29	\$0.00	\$0.00	\$32,302.29	
	-							
	Indemnity Vision	11/01/2014		\$2,107.29			\$2,107.29	
	·	12/01/2014		\$3,674.61			\$3,674.61	
		01/01/2015		\$2,752.47			\$2,752.47	
		02/01/2015		\$5,619.39			\$5,619.39	
		03/01/2015		\$2,541.10			\$2,541.10	
		04/01/2015		\$2,099.25			\$2,099.25	
		05/01/2015		\$2,770.00			\$2,770.00	
		06/01/2015		\$4,056.51			\$4,056.51	
		07/01/2015		\$3,558.75			\$3,558.75	
		08/01/2015		\$8,998.76			\$8,998.76	
		09/01/2015		\$6,509.19			\$6,509.19	
		10/01/2015		\$5,277.07			\$5,277.07	
	Indemnity Vision Total			\$49,964.39			\$49,964.39	
	,							
	Open Acc POS	11/01/2014	214	\$30,562.84	\$0.00	\$0.00	\$30,562.84	
		12/01/2014	211	\$201,684.68	\$0.00	\$0.00	\$201,684.68	
		01/01/2015	209	\$99,549.82	\$0.00	\$0.00	\$99,549.82	
		02/01/2015	210	\$195,335.04	\$0.00	\$0.00	\$195,335.04	
		03/01/2015	211	\$430,038.97	\$0.00	\$0.00	\$430,038.97	
		04/01/2015	215	\$217,624.87	\$0.00	\$0.00	\$217,624.87	
		05/01/2015	216	\$187,565.88	\$0.00	\$0.00	\$187,565.88	
		06/01/2015	214	\$167,874.10	\$0.00	\$0.00	\$167,874.10	
		07/01/2015	215	\$310,897.98	\$0.00	\$0.00	\$310,897.98	
		08/01/2015	215	\$163,619.17	\$0.00	\$0.00	\$163,619.17	
		09/01/2015	214	\$189,822.14	\$3,147.66	\$0.00	\$192,969.80	
		10/01/2015	214	\$208,095.23	\$2,820.50	\$0.00	\$210,915.73	
	Open Acc POS Total	10,01/2010	2,558	\$2,402,670.72	\$5,968.16	\$0.00	\$2,408,638.88	
			2,000	ΨΣ, 10Σ,010.12	φο,σσο.10	Ψ0.00	Ψ2, 100,000.00	
	Pharmacy	11/01/2014	214	\$10,218.58	\$0.00	\$0.00	\$10,218.58	
	1 Haimaoy	12/01/2014	214	\$57,423.96	\$0.00	\$0.00	\$57,423.96	

		02/01/2015	Williamson (	\$112,100.91 County, Texas \$38,822.83	\$0.00	\$0.00	\$112,100.91
		03/01/2015	211	\$38,822.83	\$0.00	\$0.00	\$38,822.83
		04/01/2015	215	\$63,017.73	\$0.00	\$0.00	\$63,017.73
		05/01/2015	216	\$61,329.61	\$0.00	\$0.00	\$61,329.61
		06/01/2015	214	\$62,433.01	\$0.00	\$0.00	\$62,433.01
		07/01/2015	215	\$67,037.52	\$0.00	\$0.00	\$67,037.52
		08/01/2015	215	\$73,939.18	\$0.00	\$0.00	\$73,939.18
		09/01/2015	214	\$100,058.97	\$0.00	\$0.00	\$100,058.97
		10/01/2015	214	\$97,683.95	\$0.00	\$0.00	\$97,683.95
	Pharmacy Total		2,558	\$831,120.20	\$0.00	\$0.00	\$831,120.20
Control - SFX - ACCT Tota	1		5,116	\$3,316,057.60	\$5,968.16	\$0.00	\$3,322,025.76
866349 - 013 - 302	Indemnity Vision	11/01/2014	-, -	\$40.00	¥ 1, 1 1 1	****	\$40.00
	indentify therein	12/01/2014		\$1,140.40			\$1,140.40
		03/01/2015		\$300.00			\$300.00
		04/01/2015		\$221.85			\$221.85
		07/01/2015		\$600.00			\$600.00
		08/01/2015		\$476.60			\$476.60
		09/01/2015		\$1,981.35			\$1,981.35
		10/01/2015		\$439.89			\$439.89
	Indemnity Vision Total	10/01/2013		\$5,200.09			\$5,200.09
	indefinity vision rotal			ψ3,200.03			ψ0,200.03
	Open Acc POS	11/01/2014	29	\$563.38	\$0.00	\$0.00	\$563.38
		12/01/2014	29	\$4,517.29	\$0.00	\$0.00	\$4,517.29
		01/01/2015	29	\$912.07	\$0.00	\$0.00	\$912.07
		02/01/2015	29	\$4,070.72	\$0.00	\$0.00	\$4,070.72
		03/01/2015	29	\$21,299.90	\$0.00	\$0.00	\$21,299.90
		04/01/2015	29	\$4,101.86	\$0.00	\$0.00	\$4,101.86
		05/01/2015	29	\$4,670.49	\$0.00	\$0.00	\$4,670.49
		06/01/2015	29	\$5,884.18	\$0.00	\$0.00	\$5,884.18
		07/01/2015	28	\$7,162.87	\$0.00	\$0.00	\$7,162.87
		08/01/2015	28	\$10,282.18	\$0.00	\$0.00	\$10,282.18
		09/01/2015	28	\$6,025.94	\$0.00	\$0.00	\$6,025.94
		10/01/2015	28	\$20,678.76	\$0.00	\$0.00	\$20,678.76
	Open Acc POS Total		344	\$90,169.64	\$0.00	\$0.00	\$90,169.64
	Pharmacy	11/01/2014	29	\$1,761.35	\$0.00	\$0.00	\$1,761.35
		12/01/2014	29	\$9,691.52	\$0.00	\$0.00	\$9,691.52
		01/01/2015	29	\$13,641.02	\$0.00	\$0.00	\$13,641.02
		02/01/2015	29	\$22,384.65	\$0.00	\$0.00	\$22,384.65
		03/01/2015	29	\$5,091.22	\$0.00	\$0.00	\$5,091.22
		04/01/2015	29	\$16,245.32	\$0.00	\$0.00	\$16,245.32
		05/01/2015	29	\$15,462.12	\$0.00	\$0.00	\$15,462.12
		06/01/2015	29	\$10,490.95	\$0.00	\$0.00	\$10,490.95
		07/01/2015	28	\$6,703.16	\$0.00	\$0.00	\$6,703.16
		08/01/2015	28	\$22,581.70	\$0.00	\$0.00	\$22,581.70
		09/01/2015	28	\$13,394.32	\$0.00	\$0.00	\$13,394.32

	Pharmacy Total		Williamson (	\$1 <u>5</u> 3,458.27 County, Texas	\$0.00	\$0.00	\$153,458.27 Bid 1
Control - SFX - ACCT Total			688	\$248,828.00	\$0.00	\$0.00	\$248,828.00
866349 - 013 - 303	Open Acc POS	11/01/2014	1	\$0.50	\$0.00	\$0.00	\$0.50
700010 010 000	0,001,1001,00	12/01/2014	1	\$103.29	\$0.00	\$0.00	\$103.29
		01/01/2015	1	\$0.50	\$0.00	\$0.00	\$0.50
		02/01/2015	1	\$106.01	\$0.00	\$0.00	\$106.01
		03/01/2015	1	\$126.37	\$0.00	\$0.00	\$126.37
		04/01/2015	1	\$0.50	\$0.00	\$0.00	\$0.50
		05/01/2015	1	\$196.68	\$0.00	\$0.00	\$196.68
		06/01/2015	1	\$0.50	\$0.00	\$0.00	\$0.50
		07/01/2015	1	\$2.64	\$0.00	\$0.00	\$2.64
		08/01/2015	1	\$132.33	\$0.00	\$0.00	\$132.33
		09/01/2015	1	\$0.50	\$0.00	\$0.00	\$0.50
		10/01/2015	1	\$3,033.25	\$0.00	\$0.00	\$3,033.25
	Open Acc POS Total	10/01/2010	12	\$3,703.07	\$0.00	\$0.00	\$3,703.07
	open not recircular		12	ψο,7 οσ.σ7	ψ0.00	ψ0.00	ψο,7 σσ.σ7
	Pharmacy	11/01/2014	1				
	Tramacy	12/01/2014	1	\$1,321.39	\$0.00	\$0.00	\$1,321.39
		01/01/2015	1	\$221.58	\$0.00	\$0.00	\$221.58
		02/01/2015	1	\$78.40	\$0.00	\$0.00	\$78.40
		03/01/2015	1	\$152.84	\$0.00	\$0.00	\$152.84
		04/01/2015	1	\$586.65	\$0.00	\$0.00	\$586.65
		05/01/2015	1	\$691.68	\$0.00	\$0.00	\$691.68
		06/01/2015	1	-\$12.97	\$0.00	\$0.00	-\$12.97
		07/01/2015	1	\$477.70	\$0.00	\$0.00	\$477.70
		08/01/2015	1	\$640.44	\$0.00	\$0.00	\$640.44
		09/01/2015	1	\$124.60	\$0.00	\$0.00	\$124.60
		10/01/2015	1	\$1,587.05	\$0.00	\$0.00	\$1,587.05
	Pharmacy Total	10/01/2010	12	\$5,869.36	\$0.00	\$0.00	\$5,869.36
	Triamacy rotal			φο,σσσ.σσ	ψο.σο	ψο.σσ	ψο,οσο.οσ
ontrol - SFX - ACCT Total			24	\$9,572.43	\$0.00	\$0.00	\$9,572.43
66349 - 020 - 401	PPO Dental	11/01/2014	892	\$27,520.50	, , , , ,	,,,,,,	\$27,520.50
		12/01/2014	885	\$61,922.81			\$61,922.81
		01/01/2015	883	\$59,376.50			\$59,376.50
		02/01/2015	883	\$66,577.40			\$66,577.40
		03/01/2015	877	\$71,659.87			\$71,659.87
		04/01/2015	876	\$77,023.05			\$77,023.05
		05/01/2015	872	\$47,509.64			\$47,509.64
		06/01/2015	860	\$69,433.54			\$69,433.54
		07/01/2015	861	\$59,074.29			\$59,074.29
		08/01/2015	856	\$55,115.99			\$55,115.99
		09/01/2015	858	\$64,659.69			\$64,659.69
		10/01/2015	858	\$53,383.57			\$53,383.57
	PPO Dental Total	13.07.2010	10,461	\$713,256.85			\$713,256.85
			- 5, 101	,,			,,
Control - SFX - ACCT Total			10,461	\$713,256.85			\$713,256.85
366374891/8912106 743425 AM		11/01/2014	69	\$393.60			\$393.60

		12/01/2014	69 Williamson	\$1,490.60 County, Texas \$1,287.50	\$1,490.60 Bi \$1,287.50
		01/01/2015			
		02/01/2015	70	\$5,514.20	\$5,514.20
		03/01/2015	72	\$5,277.95	\$5,277.95
		04/01/2015	71	\$3,471.25	\$3,471.25
		05/01/2015	71	\$3,961.12	\$3,961.12
		06/01/2015	72	\$2,549.80	\$2,549.80
		07/01/2015	71	\$1,751.42	\$1,751.42
		08/01/2015	70	\$4,139.37	\$4,139.37
		09/01/2015	68	\$9,442.55	\$9,442.55
		10/01/2015	68	\$3,366.80	\$3,366.80
	PPO Dental Total		841	\$42,646.16	\$42,646.16
Control - SFX - ACCT Total			841	\$42,646.16	\$42,646.16
866349 - 020 - 403		11/01/2014	1	ψ+2,0+0.10	Ψ12,010.10
5555-10 020 T00		12/01/2014	1		
		01/01/2015	1		
		02/01/2015	1		
		03/01/2015	1		
		04/01/2015	1		
		05/01/2015	1		
		06/01/2015	2		
		07/01/2015	1		
		08/01/2015	1		
		09/01/2015	1		
		10/01/2015	1		
	PPO Dental Total		13		
Control - SFX - ACCT Total			13		
866349 - 021 - 501		11/01/2014	309	\$2,518.90	\$2,518.90
		12/01/2014	306	\$7,155.20	\$7,155.20
		01/01/2015	303	\$6,588.40	\$6,588.40
		02/01/2015	305	\$8,010.40	\$8,010.40
		03/01/2015	307	\$14,020.70	\$14,020.70
		04/01/2015	316	\$6,445.40	\$6,445.40
		05/01/2015	319	\$12,119.50	\$12,119.50
		06/01/2015	318	\$8,394.40	\$8,394.40
		07/01/2015	313	\$12,942.67	\$12,942.67
		08/01/2015	315	\$11,731.10	\$11,731.10
		09/01/2015	327	\$13,847.30	\$13,847.30
		10/01/2015	327	\$8,665.10	\$8,665.10
	PPO Dental Total		3,765	\$112,439.07	\$112,439.07
Control - SFX - ACCT Total			3,765	\$112,439.07	\$112,439.07
866349 - 021 - 502		11/01/2014			
000349 - 021 - 302			10	\$367.40	\$367.40
		12/01/2014	10	<b>#</b> 400.00	0.00.00
7/21/2016 7:45 AM		01/01/2015	10	\$420.60	\$420.60
1/2 1/2010 7.43 AIVI		02/01/2015	10	\$117.90	\$117.90

		03/01/2015	10 Williamson	\$86.40 County, Texas \$717.10			\$86.40 Bio \$717.10	
		04/01/2015						
		05/01/2015	10	\$248.00			\$248.00	
		06/01/2015	10	****				
		07/01/2015	11	\$961.60			\$961.60	
		08/01/2015	11	\$312.80			\$312.80	
		09/01/2015	11	\$246.70			\$246.70	
		10/01/2015	11	\$848.80			\$848.80	
	PPO Dental Total		124	\$4,327.30			\$4,327.30	
Control - SFX - ACCT Total			124	\$4,327.30			\$4,327.30	
866349 - 021 - 503		12/01/2014	1	ψ4,327.30			ψ+,527.50	
300010 021 000		01/01/2015	1					
		02/01/2015	1					
		03/01/2015	1	\$391.00			\$391.00	
	PPO Dental Total	00/01/2010	4	\$391.00			\$391.00	
	i i o Bontar Fotal		·	φουτ.σο			ψου 1.00	
Control - SFX - ACCT Total			4	\$391.00			\$391.00	
866349 - 022 - 601	Open Acc EPO	11/01/2014	1					
		12/01/2014	1					
		01/01/2015	1					
		02/01/2015	1					
		03/01/2015	1					
		04/01/2015	1					
		05/01/2015	1					
		06/01/2015	1	\$51,878.90	\$0.00	\$0.00	\$51,878.90	
		07/01/2015	1	\$7,712.74	\$0.00	\$0.00	\$7,712.74	
		08/01/2015	1	\$6,728.50	\$0.00	\$0.00	\$6,728.50	
		09/01/2015	1	\$409.00	\$0.00	\$0.00	\$409.00	
		10/01/2015	1	\$2,886.42	\$0.00	\$0.00	\$2,886.42	
	Open Acc EPO Total		12	\$69,615.56	\$0.00	\$0.00	\$69,615.56	
	Pharmacy	11/01/2014	1					
		12/01/2014	1					
		01/01/2015	1					
		02/01/2015	1					
		03/01/2015	1					
		04/01/2015	1					
		05/01/2015	1					
		06/01/2015	1	\$0.00	\$0.00	\$0.00	\$0.00	
		07/01/2015	1	\$902.04	\$0.00	\$0.00	\$902.04	
		08/01/2015	1	\$6,787.78	\$0.00	\$0.00	\$6,787.78	
		09/01/2015	1	\$205.10	\$0.00	\$0.00	\$205.10	
		10/01/2015	1	\$6,266.65	\$0.00	\$0.00	\$6,266.65	
	Pharmacy Total		12	\$14,161.57	\$0.00	\$0.00	\$14,161.57	
Occurred OFV ACCUTE:			2.	<b>000 777 10</b>	Ф0.00	40.00	<b>#</b> 00 <b>777</b> 11	
Control - SFX - ACCT Total	(E) Managed Dakes in the life	40/04/0045	24	\$83,777.13	\$0.00	\$0.00	\$83,777.13	
8663491/00226 6345 AM	(5) Managed Behavioral Health	10/01/2015		\$180.00	\$0.00	\$0.00	\$180.00	

	(5) Managed Behavioral Health Total		Williamson	\$180.00 County, Texas	\$0.00	\$0.00	\$180.00 Bio	d 1605
	Open Acc EPO	07/01/2015		\$680,929.71	\$0.00	\$0.00	\$680,929.71	
	Open Acc EPO Total	07/01/2013		\$680,929.71	\$0.00	\$0.00	\$680,929.71	
	Open Acc Li O Total			ψ000,929.71	ψ0.00	φυ.υυ	φ000,929.71	
	Open Acc POS	11/01/2014	1					
		12/01/2014	1					
		01/01/2015	1					
		02/01/2015	1					
		03/01/2015	1					
		04/01/2015	1					
		05/01/2015	1					
		06/01/2015	1	\$509.54	\$0.00	\$0.00	\$509.54	
		07/01/2015	1	\$3,109.48	\$0.00	\$0.00	\$3,109.48	
		08/01/2015	1	\$1,468.84	\$0.00	\$0.00	\$1,468.84	
		09/01/2015	1	\$2.00	\$0.00	\$0.00	\$2.00	
		10/01/2015	1	\$2,023.30	\$0.00	\$0.00	\$2,023.30	
	Open Acc POS Total	100000	12		\$0.00	\$0.00	\$7,113.16	
	,		12	Ţ.,S.10	Ψ3.33	70.00	71,113113	
	Pharmacy	11/01/2014	1					
		12/01/2014	1					
		01/01/2015	1					
		02/01/2015	1					
		03/01/2015	1					
		04/01/2015	1					
		05/01/2015	1					
		06/01/2015	1	\$3.00	\$0.00	\$0.00	\$3.00	
		07/01/2015	1	\$2,621.49	\$0.00	\$0.00	\$2,621.49	
		08/01/2015	1	\$3,936.16	\$0.00	\$0.00	\$3,936.16	
		09/01/2015	1	\$69.06	\$0.00	\$0.00	\$69.06	
		10/01/2015	1	\$80.91	\$0.00	\$0.00	\$80.91	
	Pharmacy Total		12	\$6,710.62	\$0.00	\$0.00	\$6,710.62	
ontrol - SFX - ACCT Total			24	\$694,933.49	\$0.00	\$0.00	\$694,933.49	
6349 - 022 - 603	Indemnity Vision	06/01/2015		\$300.00			\$300.00	
		09/01/2015		\$191.49			\$191.49	
	Indemnity Vision Total			\$491.49			\$491.49	
	Open Acc POS	11/01/2014	1					
		12/01/2014	1					
		01/01/2015	1					
		02/01/2015	1					
		03/01/2015	1					
		04/01/2015	1					
		05/01/2015	1					
		06/01/2015	1	\$9,248.62	\$0.00	\$0.00	\$9,248.62	
		07/01/2015	1	\$8,046.55	\$0.00	\$0.00	\$8,046.55	
7/21/2016 7:45 AM		08/01/2015	1	\$1,839.29	\$0.00	\$0.00	\$1,839.29	

		09/01/2015	1	\$1,251.91 County, Texas \$811.60	\$0.00	\$0.00	\$1,251.91
		10/01/2015	vviillamson 1	\$811.60	\$0.00	\$0.00	\$1,251.91 \$811.60
	Open Acc POS Total		12	\$21,197.97	\$0.00	\$0.00	\$21,197.97
	Pharmacy	11/01/2014	1				
		12/01/2014	1				
		01/01/2015	1				
		02/01/2015	1				
		03/01/2015	1				
		04/01/2015	1				
		05/01/2015	1				
		06/01/2015	1	\$2,059.41	\$0.00	\$0.00	\$2,059.41
		07/01/2015	1	\$860.92	\$0.00	\$0.00	\$860.92
		08/01/2015	1	\$6,283.03	\$0.00	\$0.00	\$6,283.03
		09/01/2015	1	\$2,392.61	\$0.00	\$0.00	\$2,392.61
		10/01/2015	1	\$1,933.74	\$0.00	\$0.00	\$1,933.74
	Pharmacy Total		12	\$13,529.71	\$0.00	\$0.00	\$13,529.71
Control - SFX - ACCT Total			24	\$35,219.17	\$0.00	\$0.00	\$35,219.17
One and Takel				\$44,000 F04.70	\$104,000,40	***	\$14.404.F00.40
Grand Total				\$14,003,534.78	\$101,003.40	\$0.00	\$14,104,538.18

(1) Due to timing, current month lives are NOT available and therefore the prior month's lives are used for both months. Estimated Employee counts are unedited and exclude retroactive changes. Audited counts will be used for accounting results.

<sup>(2)</sup> If applicable, claims displayed include charges for the National Advantage Program, Value-Based Pricing and/or specific buy-up program fees/ad hoc service charges that are billed through the claim wire. The monthly Claim Detail Report is available to identify specific claim wire billed fees/charges.

<sup>(3), (4)</sup> Stop Loss claim values (including 0.00) display only if applicable. Absence of values in a Stop Loss column indicates that arrangement is not in effect. Stop Loss claims may be greater than displayed if subject to a year end reconciliation.

<sup>(5)</sup> Managed Behavioral Health lives are assumed to equal the medical on the same account. This may or may not be representative of your plan.

## Aetna Medical Claims by plan, active /retiree / COBRA

	Medical	Medical	Medical	Medical	
	<b>ACO High</b>	ACO Low	POS High	POS Low	<u>Total</u>
12 Nov-14	\$14,513	\$75,829	\$20,089	\$45,254	\$155,685
Dec-14	\$107,255	\$324,714	\$101,601	\$279,801	\$813,371
Jan-15	\$100,301	\$276,640	\$81,683	\$206,010	\$664,634
Feb-15	\$224,720	\$491,133	\$191,506	\$335,390	\$1,242,749
Mar-15	\$382,596	\$777,641	\$78,456	\$495,677	\$1,734,370
Apr-15	\$250,074	\$565,189	\$158,179	\$307,143	\$1,280,585
May-15	\$408,477	\$451,599	\$114,393	\$278,838	\$1,253,307
Jun-15	\$383,072	\$601,633	\$127,771	\$257,648	\$1,370,124
Jul-15	\$84,346	\$553,492	\$141,365	\$398,188	\$1,177,391
Aug-15	\$136,172	\$601,206	\$77,930	\$282,945	\$1,098,253
Sep-15	\$105,586	\$533,320	\$163,795	\$322,389	\$1,125,090
Oct-15	\$191,850	\$572,845	\$187,507	\$354,786	\$1,306,988
Total	\$2,388,962	\$5,825,241	\$1,444,275	\$3,564,069	\$13,222,547
Avg. Emps	147	950	71	244	1,412
Avg cost per emp / mo	\$1,354	\$511	\$1,695	\$1,217	\$780
Avg. Funding (Included Fixed Costs)	\$1,160	\$938	\$1,362	\$1,283	\$1,042
,					
	Medical	Medical	Medical		Medical
	<u>Active</u>	Retirees	COBRA		<u>Total</u>
Nov-14	\$148,622	\$7,061	\$2		\$155,685
Dec-14	\$738,066	\$69,558	\$5,747		\$813,371
Jan-15	\$589,585	\$72,050	\$2,999		\$664,634
Feb-15	\$1,055,663	\$182,514	\$4,572		\$1,242,749
Mar-15	\$1,605,307	\$107,917	\$21,146		\$1,734,370
Apr-15	\$1,200,705	\$47,751	\$32,129		\$1,280,585
May-15	\$1,178,527	\$72,133	\$2,647		\$1,253,307
Jun-15	\$1,274,229	\$95,223	\$672		\$1,370,124
Jul-15	\$1,101,543	\$73,503	\$2,345		\$1,177,391
Aug-15	\$991,049	\$106,304	\$900		\$1,098,253
Sep-15	\$993,612	\$122,883	\$8,595		\$1,125,090
Oct-15	\$1,167,814	\$134,554	\$4,620		\$1,306,988
Total	\$12,044,722	\$1,091,451	\$86,374		\$13,222,547
Emps	1319	91	2		1412

Avg cost \$761 \$999 \$3,599 \$780

per emp / mo

## Average monthly cost by per employee from 11/1/14

Medical	Medical	Medical	Medical	
ACO High	<b>ACO Low</b>	POS High	<b>POS Low</b>	<u>Total</u>
\$1,354	\$511	\$1,695	\$1,217	\$780

Emps

Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16

7467 2258

9725

\$71.63 \$top Loss \$98,849 \$98,921 \$99,494 \$99,781 \$99,422 \$100,354 \$0 \$0 \$0 \$0

\$696,602

Tot. Admin \$69,855 \$69,906 \$70,321 \$70,524 \$70,524 \$70,270 \$70,939 \$0 \$0 \$0 \$0

\$492,339

\$15,472 \$15,472 \$15,472 \$15,472 \$15,472 \$15,472 \$15,424 \$15,424 \$0 \$0 \$0 \$0 \$0 \$0

Administration

ACO \$54,383 \$54,434 \$54,897 \$55,052 \$55,052 \$54,846 \$55,515 \$0 \$0 \$0 \$0 \$0 \$0

\$384,179 \$108,160

	Aetha iviedio	ai Claims by pia	n, active / retir	ee / COBRA	
	Medical	Medical	Medical	Medical	
	ACO High	ACO Low	POS High	POS Low	Total
7 Nov-15	\$90,339	\$561,789	\$83,769	\$277,188	\$1,013,085
Dec-15	\$22,621	\$543,088	\$47,010	\$415,548	\$1,028,267
Jan-16	\$10,368	\$544,073	\$2,998	\$386,661	\$944,100
Feb-16	\$2,025	\$725,117	-\$53,985	\$918,580	\$1,591,737
Mar-16	-\$15,233	\$931,290	-\$2,476	\$621,615	\$1,535,196
Apr-16	\$2,991	\$989,893	\$1,049	\$457,029	\$1,450,962
May-16	\$1,289	\$941,377	-\$488	\$404,516	\$1,346,694
Jun-16					\$0
Jul-16					\$0
Aug-16					\$0
Sep-16					\$0
Oct-16					\$0
Total	\$114,400	\$5,236,627	\$77,877	\$3,481,137	\$8,910,041
Avg. Emps		1,065		322	1,387
Avg cost	NA	\$702	NA	\$1,544	\$918
per emp / mo					
Avg. Funding	NA	\$919	NA	\$1,291	\$1,042
(Included Fixed Costs)					
	Medical	Medical	Medical		Medical
	Active	Retirees	COBRA		Total
Nov-15	\$871,293	\$141,174	\$618		\$1,013,085
Dec-15	\$893,018	\$134,249	\$1,000		\$1,028,267
Jan-16	\$836,239	\$105,780	\$2,081		\$944,100
Feb-16	\$1,501,309	\$90,361	\$67		\$1,591,737
Mar-16	\$1,434,255	\$100,831	\$110		\$1,535,196
Apr-16	\$1,298,272	\$152,240	\$450		\$1,450,962
May-16	\$1,228,023	\$117,993	\$678		\$1,346,694
Jun-16					\$0
Jul-16					\$0
Aug-16					\$0
Sep-16					\$0
Oct-16					\$0
Total	\$8,062,409	\$842,628	\$5,004		\$8,910,041
Emps	1,301	86	2		1,389
Avg cost	\$885	\$1,400	\$357		\$916

Aetna Medical Claims by plan, active /retiree / COBRA

Average	monthly cost i	by per employe	e from 11/1/14	
Medical	Medical	Medical	Medical	
ACO High	ACO Low	POS High	POS Low	Total
NA	\$702 N	Ą	\$1,544	\$918

#### **WILLIAMSON COUNTY**

Customer Number 8663	49				November - 15	Through	April - 16
Control - SFX - ACCT Total	Product	Month	*(1) Estimated Employees	*(2) Customer Funded Claims	*(3) Individual Stop Loss Claims	*(4) Aggregate Stop Loss Claims	Total Claims
866349 - 010 - 001	(5) Managed Behavioral Health	11/01/2015	0	\$150.00	\$0.00	\$0.00	\$150.0
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.0
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
	(5) Managed Behavioral Health Total		0	\$150.00	\$0.00	\$0.00	\$150.0
	Indemnity Vision	11/01/2015	0	\$2,556.25	\$0.00	\$0.00	\$2,556.2
		12/01/2015	0	\$105.80	\$0.00	\$0.00	\$105.8
		01/01/2016	0	\$33.00	\$0.00	\$0.00	\$33.0
		02/01/2016	0	\$184.60	\$0.00	\$0.00	\$184.6
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
	Indemnity Vision Total		0	\$2,879.65	\$0.00	\$0.00	\$2,879.6
	Open Acc EPO	11/01/2015	0	\$50,288.38	\$0.00	\$0.00	\$50,288.3
		12/01/2015	0	\$21,464.05	\$0.00	\$0.00	\$21,464.0
		01/01/2016	0	\$10,335.10	\$0.00	\$0.00	\$10,335.1
		02/01/2016	0	\$732.67	\$0.00	\$0.00	\$732.6
		03/01/2016	0	-\$15,252.15	\$0.00	\$0.00	-\$15,252.1
		04/01/2016	0	\$2,811.06	\$0.00	\$0.00	\$2,811.0
	Open Acc EPO Total		0	\$70,379.11	\$0.00	\$0.00	\$70,379.1
	Pharmacy	11/01/2015	0	\$13,895.64	\$0.00	\$0.00	\$13,895.6
		12/01/2015	0	\$109.94	\$0.00	\$0.00	\$109.9
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		02/01/2016	0	\$538.13	\$0.00	\$0.00	\$538.1
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
	Pharmacy Total		0	\$14,543.71	\$0.00	\$0.00	\$14,543.7
Control - SFX - ACCT Total			0	\$87,952.47	\$0.00	\$0.00	\$87,952.4
866349 - 010 - 002	Indemnity Vision	11/01/2015	0	\$516.00	\$0.00	\$0.00	\$516.0
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.0
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.0
7/21/2016 7:45 AM	Indemnity Vision Total		0	\$516.00	\$0.00	\$0.00	\$516.0

Pharr  Control - SFX - ACCT Total	en Acc EPO Total armacy armacy Total	12/01/2015 01/01/2016 02/01/2016 03/01/2016 04/01/2016 11/01/2015 12/01/2015 01/01/2016 02/01/2016 03/01/2016 04/01/2016	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$17,506.10 bunty, Texas \$940.67 \$0.00 \$481.30 \$19.22 \$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00 \$4,775.43	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$17,506.10 \$940.67 \$0.00 \$481.30 \$19.22 \$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00 \$0.00
Pharr Control - SFX - ACCT Total	armacy	02/01/2016 03/01/2016 04/01/2016 11/01/2015 12/01/2015 01/01/2016 02/01/2016 03/01/2016	0 0 0 0 0 0 0 0	\$481.30 \$19.22 \$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$481.30 \$19.22 \$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00
Pharr Control - SFX - ACCT Total	armacy	03/01/2016 04/01/2016 11/01/2015 12/01/2015 01/01/2016 02/01/2016 03/01/2016	0 0 0 0 0 0 0	\$19.22 \$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$19.22 \$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00
Pharr Control - SFX - ACCT Total	armacy	04/01/2016 11/01/2015 12/01/2015 01/01/2016 02/01/2016 03/01/2016	0 0 0 0 0 0	\$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$180.21 \$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00
Pharr Control - SFX - ACCT Total	armacy	11/01/2015 12/01/2015 01/01/2016 02/01/2016 03/01/2016	0 0 0 0 0 0	\$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$19,127.50 \$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00
Pharr Control - SFX - ACCT Total	armacy	12/01/2015 01/01/2016 02/01/2016 03/01/2016	0 0 0 0 0	\$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$4,686.51 \$0.00 \$0.00 \$88.92 \$0.00
Pharr Control - SFX - ACCT Total	ırmacy Total	12/01/2015 01/01/2016 02/01/2016 03/01/2016	0 0 0 0	\$0.00 \$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$88.92 \$0.00
Pharr Control - SFX - ACCT Total	ırmacy Total	12/01/2015 01/01/2016 02/01/2016 03/01/2016	0 0 0 0	\$0.00 \$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$88.92 \$0.00
Control - SFX - ACCT Total	·	01/01/2016 02/01/2016 03/01/2016	0 0 0	\$0.00 \$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$88.92 \$0.00
Control - SFX - ACCT Total	·	02/01/2016 03/01/2016	0 0 0	\$88.92 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00	\$88.92 \$0.00
Control - SFX - ACCT Total	·	03/01/2016	0	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00
Control - SFX - ACCT Total	·		0	\$0.00	\$0.00		
Control - SFX - ACCT Total	·	04/01/2016				\$0.00	\$0.00
Control - SFX - ACCT Total	·		0	\$4,775.43	¢0.00	the state of the s	
	ırmacy				\$0.00	\$0.00	\$4,775.43
	ırmacy			<b>#</b> 0.4.440.00	Φο οο	Ф0.00	<b>***</b>
866349 - 010 - 997 Phari	rmacy	11/01/0015	0	\$24,418.93	\$0.00	\$0.00	\$24,418.93
		11/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	-\$14,989.06	\$0.00	\$0.00	-\$14,989.06
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
Pharr	rmacy Total		0	-\$14,989.06	\$0.00	\$0.00	-\$14,989.06
Control - SFX - ACCT Total			0	-\$14,989.06	\$0.00	\$0.00	-\$14,989.06
	Managed Behavioral Health	11/01/2015	0	\$5,876.32	\$0.00	\$0.00	\$5,876.32
(6)		12/01/2015	0	\$1,098.47	\$0.00	\$0.00	\$1,098.47
		01/01/2016	0	\$4,385.11	\$0.00	\$0.00	\$4,385.11
		02/01/2016	0	\$11,683.07	\$0.00	\$0.00	\$11,683.07
		03/01/2016	0	\$3,387.98	\$0.00	\$0.00	\$3,387.98
		04/01/2016	0	\$8,602.66	\$0.00	\$0.00	\$8,602.66
(5) M	Managed Behavioral Health Total	0.00.120.0	0	\$35,033.61	\$0.00	\$0.00	\$35,033.61
Inden	emnity Vision	11/01/2015	0	\$29,108.59	\$0.00	\$0.00	\$29,108.59
		12/01/2015	0	\$18,535.81	\$0.00	\$0.00	\$18,535.81
		01/01/2016	0	\$10,741.25	\$0.00	\$0.00	\$10,741.25
		02/01/2016	0	\$26,463.84	\$0.00	\$0.00	\$26,463.84
		03/01/2016	0	\$20,781.51	\$0.00	\$0.00	\$20,781.51
		04/01/2016	0	\$10,872.39	\$0.00	\$0.00	\$10,872.39
Inden	emnity Vision Total		0	\$116,503.39	\$0.00	\$0.00	\$116,503.39
Oner	en Acc EPO	11/01/2015	1,002	\$273,470.76	\$0.00	\$0.00	\$273,470.76
Орен	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12/01/2015	1,003	\$297,955.15	\$0.00	\$0.00	\$297,955.15
		01/01/2016	1,015	\$254,109.77	\$0.00	\$0.00	\$254,109.77
		02/01/2016	1,015	\$420,909.36	\$0.00	\$0.00	\$420,909.36
		03/01/2016	1,017	\$594,053.83	\$0.00	\$0.00	\$594,053.83
7/21/2016 7:45 AM		04/01/2016	1,014	\$621,693.99	\$5,239.48	\$0.00	\$626,933.47

	Open Acc EPO Total		6,065 Williamson C	\$2,462,192.86 ounty, Texas	\$5,239.48	\$0.00	\$2,467,432.34 Bid
	Pharmacy	11/01/2015	1,002	\$177,981.75	\$0.00	\$0.00	\$177,981.75
	,	12/01/2015	1,003	\$157,559.43	\$0.00	\$0.00	\$157,559.43
		01/01/2016	1,015	\$202,560.08	\$0.00	\$0.00	\$202,560.08
		02/01/2016	1,017	\$202,110.57	\$0.00	\$0.00	\$202,110.57
		03/01/2016	1,014	\$245,069.67	\$0.00	\$0.00	\$245,069.67
		04/01/2016	1,014	\$224,169.26	\$245.32	\$0.00	\$224,414.58
	Pharmacy Total	0 1/0 1/20 10	6,065	\$1,209,450.76	\$245.32	\$0.00	\$1,209,696.08
	Thaimacy rotal		0,000	ψ1,200, 100.10	ΨΕ 10.0Ε	ψο.σσ	ψ1,200,000.00
Control - SFX - ACCT Total			12,130	\$3,823,180.62	\$5,484.80	\$0.00	\$3,828,665.42
66349 - 011 - 102	(5) Managed Behavioral Health	11/01/2015	0	\$265.01	\$0.00	\$0.00	\$265.01
	(c) managed Denameral Floatin	12/01/2015	0	\$9,897.70	\$0.00	\$0.00	\$9,897.70
		01/01/2016	0	\$8,483.50	\$0.00	\$0.00	\$8,483.50
		02/01/2016	0	\$84.87	\$0.00	\$0.00	\$84.87
		03/01/2016	0	\$877.12	\$0.00	\$0.00	\$877.12
		04/01/2016	0	\$1,253.34	\$0.00	\$0.00	\$1,253.34
	(5) Managed Behavioral Health Total	04/01/2010	0	\$20,861.54	\$0.00	\$0.00	\$20,861.54
	(3) Ivianageu benavioral Health Total		U	φ20,001.04	φυ.υυ	φυ.υυ	φ20,001.04
	Indemnity Vision	11/01/2015	0	\$1,924.60	\$0.00	\$0.00	\$1,924.60
	indeminity vision	12/01/2015	0	\$1,036.00	\$0.00	\$0.00	\$1,036.00
		01/01/2016	0	\$810.00	\$0.00	\$0.00	\$810.00
				·			
		02/01/2016	0	\$1,436.00	\$0.00	\$0.00	\$1,436.00
		03/01/2016	0	\$49.60	\$0.00	\$0.00	\$49.60
	1 1 2 2 15 T 1 1	04/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
	Indemnity Vision Total		0	\$5,556.20	\$0.00	\$0.00	\$5,556.20
	Open Acc EPO	11/01/2015	53	\$55,969.57	\$0.00	\$0.00	\$55,969.57
		12/01/2015	51	\$39,706.71	\$0.00	\$0.00	\$39,706.71
		01/01/2016	51	\$40,656.61	\$0.00	\$0.00	\$40,656.61
		02/01/2016	51	\$44,357.37	\$0.00	\$0.00	\$44,357.37
		03/01/2016	50	\$33,630.96	\$0.00	\$0.00	\$33,630.96
		04/01/2016	50	\$85,681.25	\$0.00	\$0.00	\$85,681.25
	Open Acc EPO Total		306	\$300,002.47	\$0.00	\$0.00	\$300,002.47
	·						
	Pharmacy	11/01/2015	53	\$16,950.60	\$0.00	\$0.00	\$16,950.60
		12/01/2015	51	\$17,297.60	\$0.00	\$0.00	\$17,297.60
		01/01/2016	51	\$22,287.24	\$0.00	\$0.00	\$22,287.24
		02/01/2016	51	\$18,070.85	\$0.00	\$0.00	\$18,070.85
		03/01/2016	50	\$33,328.29	\$0.00	\$0.00	\$33,328.29
		04/01/2016	50	\$31,386.33	\$0.00	\$0.00	\$31,386.33
	Pharmacy Total		306	\$139,320.91	\$0.00	\$0.00	\$139,320.91
ontrol - SFX - ACCT Total			612	\$465,741.12	\$0.00	\$0.00	\$465,741.12
66349 - 011 - 103	Open Acc EPO	11/01/2015	0	\$240.00	\$0.00	\$0.00	\$240.00
		12/01/2015	1	\$0.50	\$0.00	\$0.00	\$0.50
		01/01/2016	1	\$38.87	\$0.00	\$0.00	\$38.87
7/21/2016 7:45 AM		02/01/2016	2	\$1.00	\$0.00	\$0.00	\$1.00

		03/01/2016	2	\$1.00	\$0.00	\$0.00	\$1.00	
		04/01/2016	Williamson 2	\$1.00 County, Texas \$289.66	\$0.00	\$0.00	\$289.66	id 1605-083
	Open Acc EPO Total		8			\$0.00		
	Pharmacy	11/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00	
		12/01/2015	1	\$0.00	\$0.00	\$0.00	\$0.00	
		01/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00	
		02/01/2016	2	\$0.00	\$0.00	\$0.00	\$0.00	
		03/01/2016	2	\$109.54	\$0.00	\$0.00	\$109.54	
		04/01/2016	2	\$160.56	\$0.00	\$0.00	\$160.56	
	Pharmacy Total		8	\$270.10	\$0.00	\$0.00	\$270.10	
Control - SFX - ACCT Total			16	\$841.13	\$0.00	\$0.00	\$841.13	
866349 - 012 - 201	(5) Managed Behavioral Health	11/01/2015	0	\$1,035.30	\$0.00	\$0.00	\$1,035.30	
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00	
		01/01/2016	0	\$0.80	\$0.00	\$0.00	\$0.80	
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00	
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00	
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00	
	(5) Managed Behavioral Health Total		0	\$1,036.10	\$0.00	\$0.00	\$1,036.10	
	Indemnity Vision	11/01/2015	0	\$693.03	\$0.00	\$0.00	\$693.03	
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00	
		01/01/2016	0	\$9.00	\$0.00	\$0.00	\$9.00	
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00	
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00	
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00	
	Indemnity Vision Total		0	\$702.03	\$0.00	\$0.00	\$702.03	
	Open Acc POS	11/01/2015	0	\$46,849.97	\$0.00	\$0.00	\$46,849.97	
		12/01/2015	0					
		01/01/2016	0		\$0.00			
		02/01/2016	0		\$0.00			
		03/01/2016	0					
		04/01/2016	0					
	Open Acc POS Total		0					
				, , , , , , , , , , , , , , , , , , , ,	*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
	Pharmacy	11/01/2015	0	\$21,977.40	\$0.00	\$0.00	\$21,977.40	
		12/01/2015	0		\$0.00			
		01/01/2016	0		\$0.00			
		02/01/2016	0		\$0.00			
		03/01/2016	0					
		04/01/2016	0					
	Pharmacy Total		0					
Control - SFX - ACCT Total			0	\$65,230.71	\$0.00	\$0.00	\$65,230.71	
866349 - 012 - 202	Indemnity Vision	11/01/2015	0		\$0.00			
7/21/2016 7:45 AM		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00	p. 68

		01/01/2016	(	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	Williamsor	County, Texas \$0.00 \$0.00	\$0.00	\$0.00	\$0.00 \$0.00
		03/01/2016				\$0.00	\$0.00
		04/01/2016					\$0.00
	Indemnity Vision Total	04/01/2010	(			\$0.00	\$215.00
	indemnity vision rotal			φ213.00	φ0.00	φ0.00	φ213.00
	Open Acc POS	11/01/2015	C	\$3,546.37	\$0.00	\$0.00	\$3,546.37
		12/01/2015	(		\$0.00	\$0.00	\$0.00
		01/01/2016	C	-\$296.68	\$0.00	\$0.00	-\$296.68
		02/01/2016	C	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	C	\$39.71	\$0.00	\$0.00	\$39.71
		04/01/2016	C	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		C	\$3,289.40	\$0.00	\$0.00	\$3,289.40
	Pharmacy	11/01/2015	(	\$505.58	\$0.00	\$0.00	\$505.58
	, mammas,	12/01/2015			\$0.00	\$0.00	\$0.00
		01/01/2016	(		\$0.00	\$0.00	\$0.00
		02/01/2016	(		\$0.00	\$0.00	\$0.00
		03/01/2016	(		\$0.00	\$0.00	\$0.00
		04/01/2016	(		\$0.00		\$0.00
	Pharmacy Total		C		\$0.00	\$0.00	\$505.58
Control - SFX - ACCT Total			(	\$4,009.98	\$0.00	\$0.00	\$4,009.98
866349 - 012 - 203	Open Acc POS	11/01/2015	(		\$0.00	\$0.00	\$0.00
500549 - 012 - 205	Open Acc POS	12/01/2015	(		\$0.00	\$0.00	-\$11.56
		01/01/2016	(		\$0.00	\$0.00	\$0.00
		02/01/2016	(		\$0.00	\$0.00	\$0.00
		03/01/2016	(		\$0.00	\$0.00	\$0.00
		04/01/2016	(		\$0.00		\$0.00
	Open Acc POS Total	04/01/2010	(		\$0.00	\$0.00	-\$11.56
	Open Acc 1 GG Total			ψ11.50	φ0.00	ψ0.00	ψ11.50
	Pharmacy	11/01/2015	C	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2015	C	\$0.00	\$0.00	\$0.00	\$0.00
		01/01/2016	C	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	C	\$5.60	\$0.00	\$0.00	\$5.60
		03/01/2016	C	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	C	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		C	\$5.60	\$0.00	\$0.00	\$5.60
Control - SFX - ACCT Total			C	-\$5.96	\$0.00	\$0.00	-\$5.96
866349 - 013 - 301	(5) Managed Behavioral Health	11/01/2015	C	\$1,164.72	\$0.00		\$1,164.72
		12/01/2015	C	\$3,595.75	\$0.00	\$0.00	\$3,595.75
		01/01/2016	C	\$1,021.79	\$0.00	\$0.00	\$1,021.79
		02/01/2016	C	\$1,380.76	\$0.00	\$0.00	\$1,380.76
		03/01/2016	C	\$914.99	\$0.00	\$0.00	\$914.99
		04/01/2016	(	\$4,127.78			\$4,127.78
7/24/2046 7:45 454	(5) Managed Behavioral Health Total		(	\$12,205.79	\$0.00	\$0.00	\$12,205.79
7/21/2016 7:45 AM							

	Indemnity Vision	11/01/2015	Williamson	\$5,488.03 County, Texas \$5,138.31	\$0.00	\$0.00	\$5,488.03 Bio \$5,138.31
		12/01/2015	0	\$5,138.31	\$0.00	\$0.00	\$5,138.31
		01/01/2016	0	\$2,027.25	\$0.00	\$0.00	\$2,027.25
		02/01/2016	0	\$11,778.68	\$0.00	\$0.00	\$11,778.68
		03/01/2016	0	\$6,380.38	\$0.00	\$0.00	\$6,380.38
		04/01/2016	0	\$3,472.00	\$0.00	\$0.00	\$3,472.00
	Indemnity Vision Total		0	\$34,284.65	\$0.00	\$0.00	\$34,284.65
	Onen Ass DOS	11/01/2015	200	¢450.052.72	<b>\$0.00</b>	00.00	¢450 052 72
	Open Acc POS		286		\$0.00	\$0.00	\$158,853.73
		12/01/2015	287		\$0.00	\$0.00	\$255,147.16
		01/01/2016	287		\$0.00	\$0.00	\$227,692.58
		02/01/2016	288		\$5,759.89	\$0.00	\$794,571.72
		03/01/2016	287		\$6,563.40	\$0.00	\$454,041.01
	0 1 2007	04/01/2016	287		\$1,226.55	\$0.00	\$287,407.27
	Open Acc POS Total		1,722	\$2,164,163.63	\$13,549.84	\$0.00	\$2,177,713.47
	Pharmacy	11/01/2015	286	\$72,215.65	\$0.00	\$0.00	\$72,215.65
		12/01/2015	287		\$0.00	\$0.00	\$85,287.25
		01/01/2016	287		\$0.00	\$0.00	\$120,037.63
		02/01/2016	288		\$214.86	\$0.00	\$84,946.48
		03/01/2016	287		\$711.57	\$0.00	\$127,393.11
		04/01/2016	287		\$576.39	\$0.00	\$128,581.99
	Pharmacy Total		1,722		\$1,502.82	\$0.00	\$618,462.11
0				40.00=040.00	0.5.050.00		
Control - SFX - ACCT Total	(5)		3,444		\$15,052.66	\$0.00	\$2,842,666.02
866349 - 013 - 302	(5) Managed Behavioral Health	11/01/2015	0	·	\$0.00	\$0.00	\$0.00
		12/01/2015	0	·	\$0.00	\$0.00	\$0.00
		01/01/2016	0	·	\$0.00	\$0.00	\$0.00
		02/01/2016	0	·	\$0.00	\$0.00	\$54.17
		03/01/2016	0	·	\$0.00	\$0.00	\$227.42
		04/01/2016	0		\$0.00	\$0.00	\$161.66
	(5) Managed Behavioral Health Total		0	\$443.25	\$0.00	\$0.00	\$443.25
	Indemnity Vision	11/01/2015	0	\$1,188.00	\$0.00	\$0.00	\$1,188.00
		12/01/2015	0		\$0.00	\$0.00	\$0.00
		01/01/2016	0		\$0.00	\$0.00	\$300.00
		02/01/2016	0		\$0.00	\$0.00	\$600.00
		03/01/2016	0		\$0.00	\$0.00	\$1,036.00
		04/01/2016	0		\$0.00	\$0.00	\$0.00
	Indemnity Vision Total	0.000	0		\$0.00	\$0.00	\$3,124.00
	Open Acc POS	11/01/2015	36		\$0.00	\$0.00	\$19,071.18 \$52,365,01
		12/01/2015	35		\$0.00	\$0.00	\$52,365.91 \$5,140.67
		01/01/2016	35		\$0.00	\$0.00	\$5,140.67
		02/01/2016	35		\$0.00	\$0.00	\$5,412.46
		03/01/2016	35		\$0.00	\$0.00	\$12,344.78
7/24/2016 7:45 444		04/01/2016	35		\$0.00	\$0.00	\$11,964.67
7/21/2016 7:45 AM	Open Acc POS Total		211	\$106,299.67	\$0.00	\$0.00	\$106,299.67

, Bid 1605-083

			Williamson	County Texas			R
	Pharmacy	11/01/2015	36	County, Texas \$18,828.11	\$0.00	\$0.00	\$18,828.11
		12/01/2015	35	\$13,003.30	\$0.00	\$0.00	\$13,003.30
		01/01/2016	35	\$28,397.35	\$0.00	\$0.00	\$28,397.35
		02/01/2016	35	\$19,777.22	\$0.00	\$0.00	\$19,777.22
		03/01/2016	35	\$19,277.74	\$0.00	\$0.00	\$19,277.74
		04/01/2016	35	\$21,313.16	\$0.00	\$0.00	\$21,313.16
	Pharmacy Total		211	\$120,596.88	\$0.00	\$0.00	\$120,596.88
Control - SFX - ACCT Total			422	\$230,463.80	\$0.00	\$0.00	\$230,463.80
866349 - 013 - 303	Open Acc POS	11/01/2015	1	\$156.45	\$0.00	\$0.00	\$156.45
		12/01/2015	1	\$114.15	\$0.00	\$0.00	\$114.15
		01/01/2016	0	\$2,041.89	\$0.00	\$0.00	\$2,041.89
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		2	\$2,312.49	\$0.00	\$0.00	\$2,312.49
	Pharmacy	11/01/2015	1	\$221.58	\$0.00	\$0.00	\$221.58
	,	12/01/2015	1	\$896.61	\$0.00		\$896.61
		01/01/2016	0	\$0.00	\$0.00		
		02/01/2016	0	\$60.00	\$0.00		\$60.00
		03/01/2016	0	\$0.00	\$0.00		\$0.00
		04/01/2016	0	\$0.00	\$0.00		
	Pharmacy Total		2	\$1,178.19	\$0.00		\$1,178.19
Control - SFX - ACCT Total			4	\$3,490.68	\$0.00	\$0.00	\$3,490.68
866349 - 020 - 401	PPO Dental	11/01/2015	896	\$68,088.96	\$0.00		\$68,088.96
0000.0 020 .0.	1.000	12/01/2015	897	\$71,191.68	\$0.00		
		01/01/2016	901	\$69,409.33	\$0.00		\$69,409.33
		02/01/2016	902	\$65,772.02	\$0.00		
		03/01/2016	901	\$55,268.75	\$0.00		
		04/01/2016	901	\$6,626.10	\$0.00		
	PPO Dental Total	0 1/0 1/2010	5,398	\$336,356.84	\$0.00		\$336,356.84
Control - SFX - ACCT Total			5,398	\$336,356.84	\$0.00	\$0.00	\$336,356.84
866349 - 020 - 402	PPO Dental	11/01/2015	67	\$5,661.57	\$0.00		
0000+0 020 +02	11 o Bentai	12/01/2015	65	\$4,826.30	\$0.00		
		01/01/2016	65	\$2,226.74	\$0.00		
		02/01/2016	64	\$2,588.92	\$0.00		
		03/01/2016	63	\$2,976.81	\$0.00		
		04/01/2016	63	\$793.80	\$0.00		
	PPO Dental Total	04/01/2010	387	\$19,074.14	\$0.00		\$19,074.14
Control - SFX - ACCT Total			207	¢10.07/.44	<b>¢</b> 0.00	<b>¢</b> 0.00	¢40.074.44
	DDO Dontol	11/01/0015	387	\$19,074.14	\$0.00		\$19,074.14
866349 - 021 - 501	PPO Dental	11/01/2015	314	\$11,395.10	\$0.00		
7/21/2016 7:45 AM		12/01/2015	313	\$9,997.60	\$0.00		
1/2 1/20 10 / 1:45 AIVI		01/01/2016	312	\$8,449.80	\$0.00	\$0.00	\$8,449.80

		02/01/2016	312	\$12,013.10 County, Texas \$5,587.60	\$0.00	\$0.00	\$12,013.10
		03/01/2016	vviiliamson 307	\$5,587.60	\$0.00	\$0.00	\$12,013.10 \$5,587.60
		04/01/2016	307	\$76.00	\$0.00	\$0.00	\$76.00
	PPO Dental Total		1,865	\$47,519.20	\$0.00	\$0.00	\$47,519.20
Control - SFX - ACCT Total			1,865	\$47,519.20	\$0.00	\$0.00	\$47,519.20
866349 - 021 - 502	PPO Dental	11/01/2015	6	\$74.40	\$0.00	\$0.00	\$74.40
0000+0 021 002	11 O Bontai	12/01/2015	6	\$67.00	\$0.00	\$0.00	\$67.00
		01/01/2016	6	\$861.00	\$0.00	\$0.00	\$861.00
		02/01/2016	7	\$120.00	\$0.00	\$0.00	\$120.00
		03/01/2016	7	\$158.00	\$0.00	\$0.00	\$158.00
		04/01/2016	7	\$0.00	\$0.00	\$0.00	\$0.00
	PPO Dental Total	04/01/2010	39	\$1,280.40	\$0.00	\$0.00	\$1,280.40
Control - SFX - ACCT Total			39	\$1,280.40	\$0.00	\$0.00	\$1,280.40
866349 - 022 - 601	Open Acc EPO	11/01/2015	0	\$6,200.80	\$0.00	\$0.00	\$6,200.80
		12/01/2015	0	\$14.11	\$0.00	\$0.00	\$14.11
		01/01/2016	0	\$39.19	\$0.00	\$0.00	\$39.19
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc EPO Total		0	\$6,254.10	\$0.00	\$0.00	\$6,254.10
	Pharmacy	11/01/2015	0	\$287.02	\$0.00	\$0.00	\$287.02
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$287.02	\$0.00	\$0.00	\$287.02
Control - SFX - ACCT Total			0	\$6,541.12	\$0.00	\$0.00	\$6,541.12
866349 - 022 - 602	(5) Managed Behavioral Health	11/01/2015	0	\$86.40	\$0.00	\$0.00	\$86.40
000349 - 022 - 002	(5) Managed Benavioral Health	12/01/2015	0	\$0.00	·	\$0.00	\$0.00
		01/01/2016	0	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total	04/01/2016	0		\$0.00	\$0.00	\$86.40
	( )						
	Open Acc POS	11/01/2015	0	\$565.84	\$0.00	\$0.00	\$565.84
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total	04/01/2016	0	\$0.00 \$565.84	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$565.84
	Open Acc FOO Toldl		U	ტეტე.64	φυ.υυ	φυ.υυ	ტეთე.84

Grand Total				\$7,932,048.61	\$20,537.46	\$0.00	\$7,952,586.07
Overal Tetal				<b>\$7,000,040,04</b>	\$20.507.40	<b>#0.00</b>	A7 050 500 07
Control - SFX - ACCT Total			0	\$2,588.62	\$0.00	\$0.00	\$2,588.62
	Pharmacy Total		0	\$687.81	\$0.00	\$0.00	\$687.81
	DI T.I	04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$26.82	\$0.00	\$0.00	\$26.82
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy	11/01/2015	0	\$660.99	\$0.00	\$0.00	\$660.99
	Open Acc POS Total		0	\$1,192.30	\$0.00	\$0.00	\$1,192.30
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	-\$62.00	\$0.00	\$0.00	-\$62.00
		01/01/2016	0	\$157.86	\$0.00	\$0.00	\$157.86
		12/01/2015	0	\$7.44	\$0.00	\$0.00	\$7.44
	Open Acc POS	11/01/2015	0	\$1,089.00	\$0.00	\$0.00	\$1,089.00
	Indemnity Vision Total		0	\$708.51	\$0.00	\$0.00	\$708.51
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
366349 - 022 - 603	Indemnity Vision	11/01/2015	0	\$708.51	\$0.00	\$0.00	\$708.51
Control - SFX - ACCT Total			0	\$740.51	\$0.00	\$0.00	\$740.51
			-	,,,,	,,,,,,	****	,,,,
	Pharmacy Total	0 1/0 1/20 10	0	\$88.27	\$0.00	\$0.00	\$88.27
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy	12/01/2015	Williamson (	\$88.27 County, Texas \$0.00	\$0.00	\$0.00	\$88.27 \$0.00

<sup>(1)</sup> Due to timing, current month lives are NOT available and therefore the prior month's lives are used for both months. Estimated Employee counts are unedited and exclude retroactive changes. Audited counts will be used for accounting results.

<sup>(2)</sup> If applicable, claims displayed include charges for the National Advantage Program, Value-Based Pricing and/or specific buy-up program fees/ad hoc service charges that are billed through the claim wire. The monthly Claim Detail Report is available to identify specific claim wire billed fees/charges.

<sup>(3), (4)</sup> Stop Loss claim values (including 0.00) display only if applicable. Absence of values in a Stop Loss column indicates that arrangement is not in effect. Stop Loss claims may be greater than displayed if subject to a year end reconciliation.

<sup>(5)</sup> Managed Behavioral Health lives are assumed to equal the medical on the same account. This may or may not be representative of your plan.

## Question and Answers for Bid #1605-083 - Specific & Aggregate Stop Loss Insurance

**Overall Bid Questions** 

There are no questions associated with this bid.