



PUBLIC ANNOUNCEMENT AND GENERAL INFORMATION

WILLIAMSON COUNTY PURCHASING DEPARTMENT SOLICIATION 1702-144

Third Party Administrator for Self-Funded or Fully Insured Benefits

**PROPOSALS MUST BE RECEIVED ON OR BEFORE:
Apr 11, 2017 2:00:00 PM CDT**

**PROPOSAL WILL BE PUBLICLY OPENED:
Apr 11, 2017 2:00:00 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 proposal must be submitted via: www.bidsync.com

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.

Respondents are strongly encouraged to carefully read this entire RFP.

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.

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.

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

General Information:

- If mailed or delivered in person, Proposal 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.
 - Williamson County will NOT be responsible for unmarked or improperly marked envelopes.
 - Williamson County will not accept any responsibility for Proposals being delivered by third party carriers.
 - Facsimile transmittals will NOT be accepted.
- Proposals will be opened publicly in a manner; however, to avoid public disclosure of contents, only the 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.

Bid 1702-144**Third Party Administrator for Self-Funded or Fully Insured Benefits**

Bid Number	1702-144
Bid Title	Third Party Administrator for Self-Funded or Fully Insured Benefits
Bid Start Date	In Held
Bid End Date	Apr 11, 2017 2:00:00 PM CDT
Question & Answer End Date	Apr 5, 2017 5:00:00 PM CDT
Bid Contact	Kerstin N Hancock 512-943-1546 khancock@wilco.org
Contract Duration	3 years
Contract Renewal	2 annual renewals
Prices Good for	30 days
Pre-Bid Conference	Mar 20, 2017 2:00:00 PM CDT Attendance is optional Location: Williamson County Purchasing Department 901 S. Austin Ave. Georgetown, TX 78626 This conference can be attended via phone call: Dial-in Number: (641) 715-3680 For bidders who would like to attend over the phone: Dial-in number: (641) 715-3680 Participant access code: 496683#
Bid Comments	<p>The County is seeking proposals on the following Benefits options:</p> <ul style="list-style-type: none"> - Third Party Administrator Services for Medical, Dental & Vision Programs: <ul style="list-style-type: none"> Self-Insured option Fully-Insured option - PPO, POS, and ACO Network Options - Biometric/Wellness Program Management - Prescription Drug Card Services – retail card and mail order - Precertification/Large case management - Disease Management/ Diabetic Plan Management - Section 125 Claims Administration <p>Administration for these Services should include Plan Sponsor Online Access, Employee Enrollment Platform, standard file feeds and upload capabilities.</p> <p>Please include the following documents with your proposal:</p> <ul style="list-style-type: none"> -Transmittal Letter -Executive Summary -Conflict of Interest Questionnaire (completed) -Proposal References -Acknowledgement of Addenda (if applicable) -Proposal Affidavit -Pricing Responses on Worksheets -Sample contract/agreement (s) -Proposal Response

Item Response Form

Item **1702-144--01-01 - Please attach all required 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 include the following documents with your proposal:

- Transmittal Letter
- Executive Summary
- Conflict of Interest Questionnaire (completed)
- Proposal References
- Acknowledgement of Addenda (if applicable)
- Proposal Affidavit
- Pricing Responses on Worksheets
- Sample contract/agreement (s)
- Proposal Response

**CHECK LIST FOR REQUIRED DOCUMENTS****Third Party Administrator for Self-Funded or Fully Insured Benefits
1702-143**

Proposal may not be deemed complete without the inclusion of requested material below. These required forms should be attached to the line item. Please use this document as a check list for you to ensure you have completed this Proposal Package.

<input type="checkbox"/>	Transmittal Letter
<input type="checkbox"/>	Executive Summary
<input type="checkbox"/>	Conflict of Interest Form (completed and signed)
<input type="checkbox"/>	References
<input type="checkbox"/>	Acknowledgement of Addenda if applicable
<input type="checkbox"/>	Proposal Affidavit
<input type="checkbox"/>	Pricing responses on worksheets
<input type="checkbox"/>	Sample contract/agreement (s)
<input type="checkbox"/>	Statement of Compliance
<input type="checkbox"/>	Proposal Response



Williamson County – Request for Proposal (RFP)

SECTION 1 - DEFINITIONS

Addendum/Addenda – means any written or graphic instruments issued by the County prior to the consideration of Proposals which modify or interpret the Proposal Documents by additions, deletions, clarifications, or corrections.

Agreement/Ensuing Agreement(s) – means the Successful Respondent may be required by the County to sign an additional Agreement containing terms necessary to ensure compliance with the RFP and the Respondent's Proposal. Such Ensuing Agreement(s) shall contain the Proposal specifications, terms and conditions that are derived from the RFP.

Contract – means this RFP and the Proposal of the Successful Respondent shall become a Contract between the Successful Respondent and the County once the Successful Respondent's Proposal is properly accepted by the Williamson County Commissioners Court (sometimes referred to herein as the Commissioner's Court").

Commissioner's Court – means the Williamson County Commissioners Court.

County – means Williamson County, a political subdivision of the State of Texas.

Executive Summary – means the document submitted by Respondent that represents a concise summary of the contents of the Proposal. It does not include any information concerning costs.

Proposal Documents – means the Legal Notice, RFP including attachments, and any Addenda issued by the County prior to the consideration of any Proposals.

Proposal – means the complete, properly signed document, and ALL required forms and documentation listed in the proposal package which have been submitted in accordance with this RFP package. A Proposal submitted in accordance with this RFP is irrevocable during the specified time period for evaluation and acceptance of Proposals, unless a waiver is obtained from the Williamson County Purchasing Agent.

Respondent – means a person or entity who submits a Proposal in response to this RFP.

Request for Proposals (RFP) – means this document, together with the attachments thereto and any future Addenda issued by the County.

Successful Respondent– means the responsible Respondent who, in the County's sole opinion, submits the Proposal which is in the best interest of the County, taking into account factors identified

herein, and to whom the County intends to award the Contract.

SECTION 2 - RESPONSE FORMAT AND SUBMISSION

2.1 INTRODUCTION

Each Proposal submitted in response to this RFP should clearly reference the 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 the County staff to efficiently evaluate all submitted Proposals, the 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:

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

Vague and general Proposals will be considered non-responsive, and may, at the 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.

2.2 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 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:

- A. Transmittal Letter. Please see Section 2.3, Transmittal Letter, for more information.
- B. Table of Contents.
- C. Executive Summary. Please see Section 2.4, Executive Summary.
- D. Proposal Response to Criteria. (Please see the sections in this RFP package that list the Specifications & Cost Proposal, Experience and Qualifications, References, and Implementation Strategy to respond to our criteria in a clear and concise manner)
- E. Price Sheet.
- F. References: Identification of three (3) references within the last four (4) years, for which the Respondent is providing, or has provided, the goods and/or services (public sector) of the type requested in this RFP. Include the name, position/title, and telephone number of a contact person at each entity.
- G. Conflict of Interest Questionnaire.

H. Proposal Affidavit (Signature Page).

- I. Attach your entities sample Contract, if applicable, for the County's review and consideration. This should include any additional terms or conditions. The County is not required to use the sample Contract submitted.

2.3 TRANSMITTAL LETTER

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

- 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.). See Section 3.5, Signature of Respondent, for more information.
- C. Place of incorporation or organization, if applicable.
- D. Name and location of major offices and other facilities that relate to the Respondent performance under the terms of this RFP.
- E. Name, physical address, email 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 the County;
- H. A statement that the Proposal is valid for the time specified on page three (3), under the section named *Prices Good for*, of this Proposal packet. Any Proposal containing a term of less than the required amount, may at the County's sole discretion, be rejected as non-responsive.
- I. If the Proposal being submitted will have an effect on air quality for the 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. See Section 4.40, Air Quality for more information.

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

2.4 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 should not include any information concerning the cost of the Proposal, but instead must represent a full and concise summary of the contents of the Proposal. It is recommended the Executive Summary include the following information:

- A. Identify any goods and/or services 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 goods and/or services specifically required, at the County's sole discretion, may result in disqualification of the Proposal.

- B. Indicate why the Respondent believes that it is the most qualified Respondent to provide the services described in this RFP. The Successful Respondent must demonstrate extensive experience and understanding of 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 personnel and telephone numbers for each contact, as described in Section 3.14, References.
- C. Briefly state why the Respondent believes its proposed goods and/or services best meet the County's needs and RFP requirements, and the Respondent also should concisely describe any additional features, aspects, or advantages of its goods and/or services in any relevant area not covered elsewhere in its Proposal.

2.5 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, all Respondents are responsible for complying with Local Government Code, Title 5, Subtitle C, Chapter 176. Additional information may be obtained from the County's 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 of interest may include an existing business or personal relationship between the Respondent, its principal, or any affiliate or subcontractor with the County or any other entity or person involved in any way with the project that is subject to this RFP.** Similarly, any personal or business relationship between the Respondent, the principals, or any affiliate or subcontractor with any employee, or official of the 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 the County employees or officials may be cause for termination.

The 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 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 the 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 with their Proposal Package. Package may be deemed incomplete without this form.

2.6 CERTIFICATE OF INTERESTED PARTIES – FORM 1295

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

- A. Requires an action or vote by the Commissioners Court before the contract may be signed (all contracts that fall under the jurisdiction of the Commissioners Court approval, such as contracts resulting from an Initiation for Bid (IFB), RFP, Request for Qualifications (RFQ), etc., excluding,

but not limited to, certain Juvenile Service contracts, contracts funded with Sheriff's seized monies, etc.); or

- B. Has a value of at least \$1,000,000.

By January 1, 2016, the Texas Ethics Commission will make 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:

- A. Use the online application to process the required information on Form 1295.
- B. Print a copy of the form which will contain a unique certification number.
- C. An authorized agent of the Respondent must sign the printed copy of the form.
- D. Have the form notarized.
- E. File the completed Form 1295 and certification of filing (scanning and emailing form is sufficient) with Williamson County Purchasing Agent at the time the signed Contract is submitted for approval.

After the Commissioners Court award of the contract, the County shall notify the Texas Ethics Commission, using the Texas Ethics 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 Texas Ethics Commission will post the completed Form 1295 to its website within seven business days after receiving notice from the County.

2.7 PROPOSAL SUBMITTAL DEADLINE

The Proposal is due no later than the submittal date and time set forth in the Public Announcement and General Information listed in this RFP package. Contents of each Proposal shall be submitted in accordance with this RFP.

2.8 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 the County.

2.9 DELIVERY OF PROPOSALS

The County uses BidSync to distribute and receive bids and Proposals. It is preferred that Proposals be submitted electronically through BidSync; however, Respondents can submit a hard copy.

Refer to www.bidsync.com for further information on how to submit electronically.

If mailed or delivered in person, Proposal 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 in this RFP package, to:

Williamson County Purchasing Department

Attn: **Proposal Name and Number**

901 South Austin Avenue
Georgetown, Texas 78626

Also, all Respondents should list their Name and Address, and the Date of the Proposal opening on the outside of the box or envelope and note "Sealed Proposal Enclosed." Williamson County will not accept any Proposals after the submittal deadline, and shall return such Proposals unopened to the Respondent. The County will not accept any responsibility for Proposals being delivered by third party carriers.

Proposals will be opened publicly; however, in a manner to avoid public disclosure of contents, only names of Respondents will be read aloud: no pricing will be announced at the opening.

SECTION 3 - INSTRUCTIONS AND GENERAL REQUIREMENTS

3.1 INSTRUCTIONS

Read this document carefully, and follow all instructions and requirements. All Respondents are responsible for fulfilling all requirements and specifications. Be sure to 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 and modifications issued as a part of this RFP. Be sure your Proposal package is complete.

3.2 AMBIGUITY, CONFLICT, OR OTHER ERRORS IN THIS RFP

If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in this RFP, the Respondent shall immediately notify the 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 the County prior to the date and time fixed for submission of Proposals of an error or ambiguity in the RFP known to the Respondent, or an error or ambiguity that reasonably should have been known to the Respondent, then the Respondent shall be deemed to have waived the error or ambiguity or its later resolution.

The County may also modify the RFP, no later than forty-eight (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 one (1).

3.3 NOTIFICATION OF MOST CURRENT ADDRESS

All 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 forty-eight (48) hours prior to the date and time fixed for submission of Proposals.

3.4 SIGNATURE OF RESPONDENT

A Transmittal Letter, which shall be considered an integral part of the Proposal as stated in Section 2.3, Transmittal Letter, shall be signed by an individual who is authorized to bind the Respondent contractually.

- A. 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.
- B. 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.
- C. 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.
- D. If the Respondent is a Sole Proprietor(s) (individual), each Sole Proprietor(s) shall sign.
- E. 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 equivalent document must be submitted to the Williamson County Purchasing Department.

3.5 ASSUMED BUSINESS NAME

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

3.6 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 the County, rejected and not considered.

3.7 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(s).

3.8 COMPLIANCE WITH RFP SPECIFICATIONS

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

3.9 EVALUATION

The County reserves the right to use all pertinent information (also learned from sources other than disclosed in the RFP process) that might affect the County's judgment as to the appropriateness of 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 Proposal, may also be noted and made part of the evaluation file. The County shall have sole discretion for determining the reliability of the source. The 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 the County.

3.10 WITHDRAWAL OF PROPOSAL

The Respondent may withdraw its Proposal by submitting a written request with the company letterhead and the signature of an authorized individual, as described in Section 3.4, Signature of Respondent, to the Williamson County Purchasing Department any time prior to the submission deadline.

The Respondent may submit a new Proposal prior to the deadline. Alterations of the Proposal in any manner will not be considered if submitted after the deadline. Withdrawal of a Proposal after the deadline will be subject to written approval of the Williamson County Purchasing Agent.

3.11 RESPONSIBILITY

It is expected that a Respondent will be able to affirmatively demonstrate responsibility. A prospective 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 that can be determined thru references provided; and
- D. Be otherwise qualified and eligible to receive an award.

The County may request representation and other information sufficient to determine the Respondent ability to meet these minimum standards listed above.

3.12 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.

3.13 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.

3.14 REFERENCES

Respondents shall furnish a list of contracts where similar responsibilities and goods and/or services have been required and/or performed for the past five (5) years, to include names, titles, phone numbers and email addresses of reference contacts, contract numbers and dates of performance.

Also, Respondents shall include a list of any contracts that have been cancelled or terminated within the last five (5) years, along with an explanation of the cancellation and the names, email address and phone number of a reference person with that institution.

The County may contact some or all of the references in order to determine the Respondent performance record on work similar to that described in this RFP. The County reserves the right to contact references other than those provided in the response and to use the information gained from them in the evaluation process.

References should be provided in accordance with this RFP. Proposal may not be deemed complete without the inclusion of requested references.

SECTION 4 - TERMS AND CONDITIONS

4.1 VENUE AND GOVERNING LAW

The 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(s), 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(s) is governed by the laws of the United States, this RFP, the Contract and any Ensuing Agreement(s) shall be governed by and construed in accordance with the laws of the State of Texas, excluding, however, its choice of law rules.

4.2 INCORPORATION BY REFERENCE AND PRECEDENCE

- A. The Contract shall be derived from the RFP and its Addenda (if applicable), and the Respondent 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 (if applicable); and
2. The Respondent's Proposal.

- B. In the event the County requires that an Ensuing Agreement be executed following award and a dispute arises between the terms and conditions of the Ensuing Agreement, the RFP and its Addenda (if applicable), and 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. The terms and conditions of the Ensuing Agreement;
2. The RFP and its Addenda; and
3. The Respondent's Proposal.

4.3 OWNERSHIP OF PROPOSAL

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

4.4 DISQUALIFICATION OF RESPONDENT

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

4.5 FUNDING

The County intends to budget and make sufficient funds available and authorize funds for expenditure to finance the costs of the Contract. All 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 this Contract.

4.6 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 the Commissioners Court. The Contract and any Ensuing Agreement(s) shall be binding upon and inure to the benefit of the contracting parties hereto and their respective successors and permitted assigns.

4.7 IMPLIED REQUIREMENTS

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

4.8 TERMINATION

- A. Termination for Cause:** The County reserves the right to terminate the Contract and/or any Ensuing Agreement(s) for default if the Successful Respondent breaches any of the Proposal specifications, terms and conditions, including warranties of the 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 the County may have at law or equity or as may otherwise be provided hereunder. 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 the County's satisfaction, and/or to meet all other obligations and requirements.
- B. Termination for Convenience:** The County may terminate the Contract and/or any Ensuing Agreement(s) for convenience and without cause or further liability, upon no less than thirty (30) calendar days written notice to the Successful Respondent. The County reserves the right to extend this period if it is in the best interest of the County. In the event the 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 the County's termination for convenience.

4.9 NON-PERFORMANCE

It is the objective of the 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, the 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.

4.10 PROPRIETARY INFORMATION AND THE 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. 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.

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.

To the extent, if any, that any provision in this RFP or in the Respondent's Proposal is in conflict with Texas Government Code, Chapter 552, as amended (the "Public Information Act"), the same shall be of no force or effect. Furthermore, it is expressly understood, and agreed, that the County, and 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 the County as to whether or not the same are available to the public. It is further understood that that the County, and its officers and employees, shall have the right to rely on the advice, decisions and opinions of the Attorney General, and that the 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 the County by a party hereto, in reliance of any advice, decision or opinion of the Attorney General of the State of Texas.

4.11 RIGHT TO AUDIT

The Successful Respondent agrees that the County or its duly authorized representatives shall, until the expiration of three (3) years after termination or expiration of the services to be performed, have access to and the right to examine and photocopy any and all books, documents, papers and records of the Successful Respondent, which are directly pertinent to the services to be performed or goods to delivered for the purposes of making audits, examinations, excerpts and transcriptions. The Successful Respondent agrees that the 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. The County shall give the Successful Respondent reasonable advance notice of intended audits.

4.12 TESTING AND INSPECTIONS

The County reserves the right to inspect and test equipment, supplies, materials 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, the County can deem the Respondent to be in breach and terminate the Contract and/or any Ensuing Agreement(s).

4.13 PROPOSAL PREPARATION COSTS

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

4.14 INDEMNIFICATION

The Successful Respondent shall indemnify, defend and save harmless, the County, its officials, employees, agents and agent's employees from, and against, all claims, liability, and expenses including reasonable attorneys' fees, arising from activities of the Respondent, its agents, servants or employees, performed hereunder that result from the negligent act, error, or omission of the Respondent or any of the Respondent's agents, servants or employees, as well as all claims of loss or damage to the Respondent's and the County's property, equipment, and/or supplies.

Furthermore, the 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 limited to, theft. The Successful Respondent further agrees to indemnify, defend and save harmless, the County from its officials, employee, agents and agents' employees against all claims of whatever nature arising from any accident, injury, or damage whatsoever, caused to any person, or the property of any person, occurring in relation to the Successful Respondent's performance of any services requested hereunder during the term of the Contract and/or any Ensuing Agreement(s).

The Successful Respondent shall timely report all claims, demands, suits, actions, proceedings, liens or judgements to the County and shall, upon the receipt of any claim, demand, suit, action, proceeding, lien or judgement, not later than the fifteenth (15th) day of each month; provide the 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 the County required by the Successful Respondent in the defense of each matter. The Successful Respondent's duty to defend, indemnify and hold the 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(s), unless otherwise agreed by the 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 judgement, that appears to have been caused by or appears to have arisen out of or in connection with acts or omissions of the County, the Respondent shall nevertheless fully defend such claim, demand, suit or action, proceeding, lien or judgement, until and unless there is a determination by a court of competent jurisdiction that the acts and omissions of the Respondent are not an issue in the matter.

The Successful Respondent's indemnification shall cover, and the Successful Respondent agrees to, indemnify the County, in the event the County is found to have been negligent for having selected the Successful Respondent to perform the work described in this request. The provision by the Successful Respondent of insurance shall not limit the liability of the Successful Respondent under the Contract and/or any Ensuing Agreement(s).

4.15 WAIVER OF SUBROGATION

The Successful Respondent and the Successful Respondent's insurance carrier waive any and all rights whatsoever with regard to subrogation against the 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(s).

4.16 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 the 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 the County in the results of the work only. The 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. The 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 the County, and that the Successful Respondent and its employees, agents and subcontractors shall not be entitled to workers compensation coverage or any other type of insurance coverage held by the County.

4.17 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 the County may contract with other providers of such goods and/or services if the County deems, at its sole discretion, that multiple providers of the same goods and/or services will serve the best interest of the County.

4.18 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.

4.19 SEVERABILITY

If any provision of this RFP, the Contract or any Ensuing Agreement(s) 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(s) 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(s) 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(s) and be deemed to be validated and enforceable.

4.20 EQUAL OPPORTUNITY

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

4.21 NOTICE

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

The County: Williamson County Purchasing Department
Attn: Purchasing Agent
901 South Austin Avenue
Georgetown, Texas 78626

The Respondent: Address set out in Respondent's Transmittal Letter

Notices given in accordance with this provision shall be effective upon (1) receipt by the party to which notice is given, or (2) on the third (3rd) calendar day following mailing, whichever occurs first.

4.22 SALES AND USE TAX EXEMPTION

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

4.23 COMPLIANCE WITH LAWS

The County and the 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(s), 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.

4.24 INCORPORATION OF EXHIBITS, APPENDICES AND ATTACHMENTS

All of the Exhibits, Appendices and Attachments referred to herein are incorporated by reference as if set forth verbatim herein. Any conflicting terms in the Contract documents will be resolved at the sole discretion of the Commissioners Court.

4.25 NO WAIVER OF IMMUNITIES

Nothing herein shall be deemed to waive, modify or amend any legal defense available at law or in equity to the County, its past or present officers, employees, or agents, nor to create any legal rights or claim on behalf of any third party. The 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.

4.26 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(s) 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 hereof 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.

4.27 CURRENT REVENUES

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

4.28 BINDING EFFECT

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

4.29 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 the County.

4.30 SAFETY

The Successful Respondent is responsible for initiating, maintaining, and supervising all safety precautions and programs in connection with any services to be provided hereunder. The safety program shall comply with all applicable requirements of the current federal Occupational Safety and Health Act and all other applicable federal, state and local laws and regulations.

4.31 GENERAL OBLIGATIONS AND RELIANCE

The Successful Respondent shall perform all services and/or provide all goods, as well as those reasonably inferable and necessary for completion and provision of services and/or goods required hereunder. The Successful Respondent shall keep the County informed of the progress and quality the services. The Successful Respondent agrees and acknowledges that the County is relying on the Successful Respondent's represented expertise and ability to provide the goods and/or services described herein. The 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 the County in accordance with the County's requirements and procedures. The 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 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.

4.32 CONTRACTUAL DEVELOPMENT

The 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 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 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 (BAFO).

4.33 ENTIRE AGREEMENT

The Contract and any Ensuing Agreement(s) shall supersede all prior Agreements, written or oral between the Successful Respondent and the 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 the County.

4.34 SURVIVABILITY

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

The County may exercise, by written notice to the Successful Respondent no later than ten (10) calendar days of the Contract expiration, this clause for emergency cases only.

4.35 PAYMENT

The County's payment for goods and services shall be governed by the Texas Government Code, Chapter 2251. An invoice shall be deemed overdue the thirty-first (31st) day after the later of the following:

- A. The date the County receives the goods under the Contract;
- B. The date the performance of the service under the Contract is completed; or
- C. The date the Williamson County Auditor receives an invoice for the goods or services.

Interest charges for any overdue payments shall be paid by the 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 the 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 (1) percent and the prime rate published in the Wall Street Journal on the first (1st) 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 the Successful Respondent, the County shall notify the Successful Respondent of the error not later than the twenty-first (21st) day after the date the County receives the invoice. If the error is resolved in favor of the Successful Respondent, the Successful Respondent shall be entitled to receive interest on the unpaid balance of the invoice submitted by the Successful Respondent beginning on the date that the payment for the invoice became overdue. If the error is resolved in favor of the County, the 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 the Texas Government Code, Chapter 2251, if the corrected invoice is not paid by the appropriate date.

As a minimum, invoices shall include:

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

Payment inquiries should be directed to the following address:

Williamson County Auditor's Office, Accounts Payable Department
Email: accountspayable@wilco.org
Phone: 512-943-1500

4.36 CONTRACTUAL FORMATION AND ENSUING AGREEMENT

The RFP and the Respondent's Proposal, when properly accepted by the Commissioners Court, shall constitute a Contract equally binding between the Successful Respondent and the 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.

4.37 LEGAL LIABILITY INFORMATION

The Successful Respondent shall disclose all legal liability information by listing any pending litigation 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. The County reserves the right to consider legal liability information in the recommendation of any proposed contract to the Commissioners Court.

4.38 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.

4.39 INCLEMENT WEATHER

In case of inclement weather or any other unforeseen event causing the County to close for business on the date of a Proposal submission deadline, the Proposal closing will automatically be postponed until the next business day the County is open. If inclement weather conditions or any other unforeseen event causes delays in carrier service operations, the County may issue an Addendum to all known Respondents interested in the project to extend the deadline. It will be the responsibility of the Respondent to notify the County of their interest in the project if these conditions are impacting their ability to turn in a submission within the stated deadline. The County reserves the right to make the final judgement call to extend any deadline.

4.40 AIR QUALITY

In determining the overall best Proposal, the County may, to the extent applicable, exercise the option granted to local governments under the Texas Local Government Code, Section 271.907.

This option allows the County to evaluate Proposals and give preference to goods and/or services of Respondent that demonstrates that the Respondent meets or exceeds any and all state or federal environmental standards, including voluntary standards, relating to air quality. If the Proposal being submitted will have an effect on air quality for the County (as it relates to any state, federal, or voluntary air quality standard), then the Respondent is encouraged to provide information in narrative indicating anticipated air quality impact. All Respondents are expected to meet all mandated state and federal air quality standards.

4.41 COOPERATIVE PURCHASING PROGRAM

During the term of the Contract resulting from this RFP, the County would like to afford the same prices, terms and conditions to other political subdivisions or public entities. Another entity's participation in the Contract resulting from this RFP is subject to a properly authorized Purchasing Cooperative Inter-local Agreement (ILA) with the County. Any liability created by purchase orders issued against the Contract shall be the sole responsibility of the governmental agency placing the order.

4.42 CONFIDENTIALITY

The 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.



Specifications

1 Proposal Specifications

1.1 Background Information

The County has a self-funded medical benefit program that provides benefits to its employees and dependents. The County has two (2) self-funded medical plans, an ACO and a PPO, both currently administered by Aetna Third Party Administrator that differ by network. The medical plans include vision coverage. The County also has Preventative Diabetic Wellness and Co-Morbid Disease benefits provided in both medical plans and administered by Aetna Third Party Administrator. Details of this plan are included in Section K.

As of December 2016, the County has 1780. 1473 employees, 88 Retirees, and 5 COBRA participants are enrolled in the two medical plans. The County is currently using Aetna's PPO Network and Seton's ACO Network.

The County also offers a self-funded PPO dental Plan with two (2) plan options to choose from with 1283 employees and 76 retirees participating and 5 COBRA participants.

Premier Pension Solutions is currently administering the Section 125 Cafeteria Plan with approximately 400 participants. The maximum an employee can elect to contribute for the Health Care Reimbursement Account is \$2,550 and \$5,000 for the Dependent Care Account.

1.2 Scope of Work

The bulk of this RFP is for differing types of administration. Respondents may submit Proposals for all or selected services, however, if Respondent submits for one specific service offered, Respondent must ensure the capability of integrating with the Third Party Administrator selected.

The following services are requested with this RFP:

- Third Party Administrator Services for Medical, Dental & Vision Programs
 - Self-Insured option
 - Fully-Insured option
- PPO, POS, and ACO Network Options
- Biometric/Wellness Program Management
- Prescription Drug Card Services – retail card and mail order
- Precertification/Large case management
- Disease Management/ Diabetic Plan Management
- Section 125 Claims Administration

Administration for these Services should include Plan Sponsor Online Access, Employee Enrollment Platform, standard file feeds and upload capabilities.

As it pertains to the medical plan, the County is particularly interested in reviewing PPO, POS, and ACO network options which can slow the rate of healthcare inflation, while providing excellent access to providers where our members live. The County is interested in reviewing comprehensive, narrow, and concentric network options. Ideally the chosen network option will provide trend guarantees, and/ or target claim cost guarantees. The County is also interested in reviewing and considering both traditional and transparent PBM models.

Your inability to quote all of the above options would not preclude you from being selected as a finalist. Should you have standard products which do not, in their entirety, meet the RFP, please feel free to quote based upon your standard package, or custom solutions. However, you must specify any and all deviations in your quotation and the RFP on the “Statement of Compliance.” It will be assumed that your Proposal is in compliance if deviations are not noted in the “Statement of Compliance.”

Any prospective Respondent will be responsible for having qualified personnel and computerized systems capable of handling a case of this size and their plan of benefits. The Respondent must provide references and proof of the provider's ability to satisfactorily serve the County. **All Respondents must be completely HIPAA compliant - a statement of compliance is required with any Proposals submitted to the County.**

NOTE: Williamson County reserves the right to make changes to Plan Design based upon legislative changes.

1.3 Mandatory Requirements

1.3.1 For evidence of Financial Stability of Insurance Company, Respondent must provide the following:

1.3.1.1 Respondent must have been rated by A.M. Best for at least the past three years as an A- rated company, provide rating and date of rating.

1.3.1.2 Respondent must have been rated by Moody's Investors Service, Inc. for at least the past three years as an A- rated company, provide rating and date of rating.

1.3.1.3 Respondent must have been rated by Standard & Poor's Corp. for at least the past three years as an A- rated company, provide rating and date of rating.

1.3.2 Respondent must be licensed to do business in the State of Texas

1.4 Requirements

Please note that the requirements are listed in the excel worksheets attached to this RFP. The evaluation will be based upon the responses submitted to the questions and the data provided on the worksheets, by each Respondent.

Please respond only with the worksheet (s) for the services Respondent wishes to bid on.



Additional Stipulations

1 Additional Stipulations

1.1 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.

1.2 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 the County's sole discretion, result in the Respondent's disqualification.

1.3 Proposal Evaluation and Selection

1.3.1 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 the County, and further helps the 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 the County at its discretion, including but not limited to respondent's ability to perform "without delay or interference, character,

Additional Stipulations - Proposal

responsibility, integrity, and experience or demonstrated capability; quality of prior work; compliance with laws; and noncompliance with requirements as to submission of relevant information.”

1.3.2 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 Respondent's Proposal.

1.3.3 Mandatory Criteria

Mandatory Criteria must be passed in order to be considered for scoring as described in section 1.3.4

Minimum Requirements	Rating provided yes/no	Rating	Date of Rating
A.M. Best			
Moody's Investors Service, Inc			
Standard & Poor's Corp.			
	yes/no		
Licensed to do business in the State of Texas			

Additional Stipulations - Proposal

1.3.4 Graded Evaluation Factors

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

Evaluation Criteria	Total Points Available
Customer Service	10
Administrative Flexibility	10
Experience	20
Network	20
Price (RFP Cost/Lowest Respondent's proposal/ Respondent's Proposal x 40 (points))	40
Total	100

1.3.5 Interviews

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

1.3.6 Additional Evaluation Information

The 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. The Respondent shall neither contact

Additional Stipulations - Proposal

nor lobby evaluators during the evaluation process. Attempts by the Respondent to contact and/or influence members of the Evaluation Committee may result in disqualification of Proposal.

1.4 Technical Contact

Shelley Loughrey, Benefits Administrator (or successor), Williamson County, 301 SE Inner Loop, Ste 108, Georgetown, TX shall serve as the 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.

1.5 Initial Contract Term

The Successful Respondent shall provide the goods and/or services described herein for an initial term of thirty-six (36) months beginning on January 1, 2018 through December 31, 2020

1.6 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 the County's timeframe which reflect renewal terms for the forthcoming policy year that are deemed by the County to be competitive with current market conditions. However, the 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 the Commissioners Court for the fiscal year in question. Upon the failure of the 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.

1.7 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.**

Additional Stipulations - Proposal

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 the County property. The Successful Respondent is strongly encouraged to obtain insurance on its property to the extent deemed necessary by the Successful Respondent.

The deductible for an insurance policy required hereunder shall not exceed \$100,000. **The 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

Additional Stipulations - Proposal

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.

1.8 Legal Compliance

The Successful Respondent shall have the ability to provide services for this specific project without any legal impediment in the opinion of legal counsel for Williamson County. This includes adequate confirmation that there is no conflict of interest, including but not limited to, the appearance of improper influence over the administration of elections. See Tex. Const. Art. XVI, § 1 (stating in relevant part that “I have not directly or indirectly ... offered ... any money or thing of value ... or promised any ... employment for the giving or withholding of a vote ...”). Williamson County reserves the right to consider legal compliance information in the recommendation of any proposed contract to the Williamson County Commissioners Court, including all local, state, and federal laws.

1.9 Tentative Schedule

<u>Event</u>	<u>Date</u>	<u>Time</u>
RFP released in BidSync	March 7, 2017	
Deadline for RFP questions	April 5, 2017	5:00PM
RFP final responses due	April 11, 2017	2:00PM
Onsite Interviews with Finalists at Finalist locations	April 26 and April 27, 2017	All day
Benefit Committee Meeting – Final Selection of Vendor	May 11, 2017	3:00PM
Contract awarded	June 6, 2017	
Contract effective date	January 1, 2018	

Proposal References

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

Reference 1

Client Name:

Location:

Contact Name:

Title:

Phone:

E-mail

Contract Date To:

Contract Date From:

Contract Value: \$

Scope of Work:

Reference 2

Client Name:

Location:

Contact Name:

Title:

Phone:

E-mail

Contract Date To:

Contract Date From:

Contract Value: \$

Scope of Work:

Reference 3

Client Name:

Location:

Contact Name:

Title:

Phone:

E-mail

Contract Date To:

Contract Date From:

Contract Value: \$

Scope of Work:

5

6

CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity		Form CIQ
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>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.</p> <p>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.</p>		OFFICE USE ONLY Date Received <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
1	Name of person doing business with local governmental entity. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2	<p style="text-align: center;">Check this box if you are filing an update to a previously filed questionnaire.</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 10px;"> <p>(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.)</p> </div> </div>	
3	<p>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.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: right; position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; text-align: center;">5</div> <div style="position: absolute; bottom: 0; right: 0; width: 20px; height: 20px; text-align: center;">6</div> </div>	
4	<p>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.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: right; position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; text-align: center;">5</div> <div style="position: absolute; bottom: 0; right: 0; width: 20px; height: 20px; text-align: center;">6</div> </div>	

CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity		Form CIQ Page 2
5	<p>Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)</p> <p>This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Describe each affiliation or business relationship.</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
	<p>6. Describe any other affiliation or business relationship that might cause conflict of interest:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
7	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 35%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> Signature of person doing business with the governmental entity Date </div>	
	Signature not required if completing in BIDSYNC electronically.	

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.

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:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Address of Respondent:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Email:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Telephone:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Printed Name of Person Submitting Affidavit:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Signature of Person Submitting Affidavit:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Cooperative Purchasing Program

Check one of the following options below. A non-affirmative Proposal will in no way have a negative impact on the County's evaluation of the Proposal.

<input type="checkbox"/>	I will offer the quoted prices to all authorized entities during the term of the County's Contract.
<input type="checkbox"/>	I will not offer the quoted prices to all authorized entities.

If no box is checked, the Respondent agrees to make best efforts in good faith to offer the quoted prices to all authorized entities.

BEFORE ME, the undersigned authority, a Notary Public, 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).

SUBSCRIBED AND SWORN to before me by the above-named
on this the day of , 20.

Notary Public in and for
The State of
The County of

SIGNATURE AND NOTARY NOT REQUIRED IF COMPLETING IN BIDSYNCH ELECTRONICALLY.

Williamson County, Texas
STATEMENT OF COMPLIANCE

Bid 1702-144

Please submit as a part of your Proposal the following information:

RE: WILLIAMSON COUNTY

We hereby acknowledge receipt of Request for Proposal for Third Party Administrator for Self-Funded or Fully Insured Benefits to include Third Party Administrator Services for Medical, Dental & Vision Programs, PPO, POS, and ACO Network Options, Biometric/Wellness Program Management, Prescription Drug Card Services – retail card and mail order, Precertification/Large Case Management, Section 125 Claims Administration.

Proposal Number: 1702-144 (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

Flexible Spending Account Questionnaire

Vendor Name

The following questionnaire must be completed.

Flexible Spending Account (FSA) carriers are required to respond to all requests for information contained in this questionnaire. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please so indicate. If you are selected to administer the Client's employee benefit plans, your responses to the questionnaire will be considered part of your contractual responsibilities. You are also requested to return the indicated exhibits as part of your proposal.

Answers should be summarized in short format and not exceed the allotted space within the cell(s) provided. DO NOT add extra rows/columns--work within the allotted space. Additional information in carrier format may be submitted along with the Attachments spreadsheet if a carrier would like to include more detailed information.

Vendor Name		Response
1	How many clients do you provide FSA services to?	
2	How long has your organization been providing FSA services?	
Plan Design		Response
3	Do you offer an FSA debit card?	
4	Are these debit cards included in the FSA fees you have proposed?	
5	How many cards are provided per enrollee?	
6	For what claims/services can the debit card be used?	



Implementation and Termination		Response
7	What initial information is required from the employer for implementation? Explain in detail the steps you anticipate will be needed to ensure a smooth implementation.	
8	Please attach a checklist that details the implementation steps.	
9	Will you produce an FSA SPD on behalf of the client?	
10	If yes, is there a cost for this SPD?	
11	Is there a dedicated account manager assigned for the client/consultant?	
12	What is the standard turnaround time for adding new enrollees?	
13	How will terminations be handled?	
14	In the event of contract termination, discuss the transition process. Include penalties, number of days notice, etc.	Please see above response.
Banking and Billing		Response
15	Is a separate bank account required for the FSA?	
16	Is an imprest balance required for this account?	
17	If yes, what is the amount required?	
18	Do you offer self-bill?	
19	Do you offer electronic billing?	
Reporting		Response
20	Are FSA utilization reports available?	
21	At what frequency are they available?	
22	Provide a copy of the standard reports.	
23	Confirm that your reporting will be broken out between Medical FSA and Dependent Care FSA	
24	Do you provide discrimination testing on the FSA plan?	
Communications and Web Tools		Response
25	Provide a URL, userID and password for the RFP evaluation team to view your employee website.	
26	Do you have the ability to communicate the unused balances to FSA participants towards the end of the plan year?	
27	If so, is there a cost involved?	
Claims Payment		Response
28	What is your average claim payment time frame?	
29	What receipts are required to make payment for a claim?	
30	Are receipts required to substantiate debit card transactions?	
31	If receipts are required but not obtained, is the debit card suspended?	
32	Are receipts required to make payment for non-debit card transactions?	
33	Do you provide auto-rollover claim payments from the medical system?	
34	Do you offer direct deposit for FSA payments?	
35	If yes, is there a minimum claim payment amount for direct deposit?	



Vendor Name -

Please note that you must complete rate information in the following requested format in order for your quote to be considered.

Proposed FSA Fees

	Proposed FSA Fees
FSA Administration Fee (PEPM)	
Debit Card Fee (PEPM)	
Implementation/Set Up Fee	
Annual Renewal Fee	
Additional Fees (please outline/explain Minimum Monthly Fee)	
Employee Communication Matieral (Please List)	
1 Educational Brochures / On-Line Video Library	
2 Enrollment Communications	
Monthly Premiums	
Annual Premiums	

Assumptions

Participation Requirements	
Rate Guarantee	
Net Commissions	
Other	

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	\$150.00
		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	\$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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total		0	\$150.00	\$0.00	\$0.00	\$150.00
	Indemnity Vision	11/01/2015	0	\$2,556.25	\$0.00	\$0.00	\$2,556.25
		12/01/2015	0	\$105.80	\$0.00	\$0.00	\$105.80
		01/01/2016	0	\$33.00	\$0.00	\$0.00	\$33.00
		02/01/2016	0	\$184.60	\$0.00	\$0.00	\$184.60
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$2,879.65	\$0.00	\$0.00	\$2,879.65
	Open Acc EPO	11/01/2015	0	\$50,288.38	\$0.00	\$0.00	\$50,288.38
		12/01/2015	0	\$21,464.05	\$0.00	\$0.00	\$21,464.05
		01/01/2016	0	\$10,335.10	\$0.00	\$0.00	\$10,335.10
		02/01/2016	0	\$732.67	\$0.00	\$0.00	\$732.67
		03/01/2016	0	-\$15,252.15	\$0.00	\$0.00	-\$15,252.15
		04/01/2016	0	\$2,811.06	\$0.00	\$0.00	\$2,811.06
		05/01/2016	0	\$3,163.65	\$0.00	\$0.00	\$3,163.65
		06/01/2016	0	\$264,612.36	\$0.00	\$0.00	\$264,612.36
		07/01/2016	0	-\$268,631.65	\$0.00	\$0.00	-\$268,631.65

		08/01/2016	0	\$2,228.93	\$0.00	\$0.00	\$2,228.93
		09/01/2016	0	-\$1,542.56	\$0.00	\$0.00	-\$1,542.56
		10/01/2016	0	-\$4,698.86	\$0.00	\$0.00	-\$4,698.86
		11/01/2016	0	\$0.00	-\$335.40	\$0.00	-\$335.40
		12/01/2016	0	-\$18.43	\$0.00	\$0.00	-\$18.43
	Open Acc EPO Total		0	\$65,492.55	-\$335.40	\$0.00	\$65,157.15
	Pharmacy	11/01/2015	0	\$13,895.64	\$0.00	\$0.00	\$13,895.64
		12/01/2015	0	\$109.94	\$0.00	\$0.00	\$109.94
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$538.13	\$0.00	\$0.00	\$538.13
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$14,543.71	\$0.00	\$0.00	\$14,543.71
Control - SFX - ACCT Total			0	\$83,065.91	-\$335.40	\$0.00	\$82,730.51
866349 - 010 - 002	Indemnity Vision	11/01/2015	0	\$516.00	\$0.00	\$0.00	\$516.00
		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	\$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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$516.00	\$0.00	\$0.00	\$516.00
	Open Acc EPO	11/01/2015	0	\$17,506.10	\$0.00	\$0.00	\$17,506.10
		12/01/2015	0	\$940.67	\$0.00	\$0.00	\$940.67
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$481.30	\$0.00	\$0.00	\$481.30
		03/01/2016	0	\$19.22	\$0.00	\$0.00	\$19.22
		04/01/2016	0	\$180.21	\$0.00	\$0.00	\$180.21
		05/01/2016	0	-\$1,874.87	\$0.00	\$0.00	-\$1,874.87

		06/01/2016	0	-\$2,408.30	\$0.00	\$0.00	-\$2,408.30
		07/01/2016	0	-\$949.80	\$0.00	\$0.00	-\$949.80
		08/01/2016	0	\$140.61	\$0.00	\$0.00	\$140.61
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	-\$42.15	\$0.00	\$0.00	-\$42.15
	Open Acc EPO Total		0	\$13,992.99	\$0.00	\$0.00	\$13,992.99
	Pharmacy	11/01/2015	0	\$4,686.51	\$0.00	\$0.00	\$4,686.51
		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	\$88.92	\$0.00	\$0.00	\$88.92
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$4,775.43	\$0.00	\$0.00	\$4,775.43
Control - SFX - ACCT Total			0	\$19,284.42	\$0.00	\$0.00	\$19,284.42
866349 - 010 - 997	Pharmacy	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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy 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
866349 - 011 - 101	(5) Managed Behavioral Health	11/01/2015	0	\$5,876.32	\$0.00	\$0.00	\$5,876.32
		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
		05/01/2016	0	\$3,763.47	\$0.00	\$0.00	\$3,763.47
		06/01/2016	0	\$17,583.01	\$0.00	\$0.00	\$17,583.01
		07/01/2016	0	\$4,237.94	\$0.00	\$0.00	\$4,237.94
		08/01/2016	0	\$8,728.88	\$0.00	\$0.00	\$8,728.88
		09/01/2016	0	\$3,572.35	\$0.00	\$0.00	\$3,572.35
		10/01/2016	0	\$8,031.37	\$0.00	\$0.00	\$8,031.37
		11/01/2016	0	\$6,569.08	\$0.00	\$0.00	\$6,569.08
		12/01/2016	0	\$1,215.48	\$270.00	\$0.00	\$1,485.48
	(5) Managed Behavioral Health Total		0	\$88,735.19	\$270.00	\$0.00	\$89,005.19
	Indemnity 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
		05/01/2016	0	\$14,052.26	\$0.00	\$0.00	\$14,052.26
		06/01/2016	0	\$12,164.14	\$0.00	\$0.00	\$12,164.14
		07/01/2016	0	\$17,858.59	\$0.00	\$0.00	\$17,858.59
		08/01/2016	0	\$24,892.16	\$0.00	\$0.00	\$24,892.16
		09/01/2016	0	\$18,036.59	\$0.00	\$0.00	\$18,036.59
		10/01/2016	0	\$25,113.91	\$0.00	\$0.00	\$25,113.91
		11/01/2016	0	\$22,258.26	\$0.00	\$0.00	\$22,258.26
		12/01/2016	0	\$25,588.97	\$0.00	\$0.00	\$25,588.97
	Indemnity Vision Total		0	\$276,468.27	\$0.00	\$0.00	\$276,468.27
	Open Acc EPO	11/01/2015	1,007	\$273,470.76	\$0.00	\$0.00	\$273,470.76
		12/01/2015	1,007	\$297,955.15	\$0.00	\$0.00	\$297,955.15
		01/01/2016	1,017	\$254,109.77	\$0.00	\$0.00	\$254,109.77
		02/01/2016	1,020	\$420,909.36	\$0.00	\$0.00	\$420,909.36
		03/01/2016	1,018	\$594,053.83	\$0.00	\$0.00	\$594,053.83
		04/01/2016	1,028	\$621,693.99	\$5,239.48	\$0.00	\$626,933.47
		05/01/2016	1,028	\$663,494.61	\$8,639.19	\$0.00	\$672,133.80
		06/01/2016	1,040	\$466,159.66	-\$486.33	\$0.00	\$465,673.33
		07/01/2016	1,044	\$417,519.78	\$0.00	\$0.00	\$417,519.78
		08/01/2016	1,095	\$955,653.75	\$0.00	\$0.00	\$955,653.75
		09/01/2016	1,112	\$515,897.67	\$1,777.36	\$0.00	\$517,675.03
		10/01/2016	1,116	\$743,994.77	\$49,673.39	\$0.00	\$793,668.16
		11/01/2016	1,123	\$1,008,368.10	\$51,745.66	\$0.00	\$1,060,113.76
		12/01/2016	1,123	\$536,279.61	\$148,772.92	\$0.00	\$685,052.53
	Open Acc EPO Total		14,778	\$7,769,560.81	\$265,361.67	\$0.00	\$8,034,922.48
	Pharmacy	11/01/2015	1,007	\$177,981.75	\$0.00	\$0.00	\$177,981.75
		12/01/2015	1,007	\$157,559.43	\$0.00	\$0.00	\$157,559.43
		01/01/2016	1,017	\$202,560.08	\$0.00	\$0.00	\$202,560.08

		02/01/2016	1,020	\$202,110.57	\$0.00	\$0.00	\$202,110.57
		03/01/2016	1,018	\$245,069.67	\$0.00	\$0.00	\$245,069.67
		04/01/2016	1,028	\$224,169.26	\$245.32	\$0.00	\$224,414.58
		05/01/2016	1,028	\$162,683.09	\$77.50	\$0.00	\$162,760.59
		06/01/2016	1,040	\$242,355.94	\$162.86	\$0.00	\$242,518.80
		07/01/2016	1,044	\$197,082.97	\$0.00	\$0.00	\$197,082.97
		08/01/2016	1,095	\$209,849.31	-\$154.03	\$0.00	\$209,695.28
		09/01/2016	1,112	\$231,795.02	\$0.00	\$0.00	\$231,795.02
		10/01/2016	1,116	\$202,264.70	\$747.78	\$0.00	\$203,012.48
		11/01/2016	1,123	\$207,666.06	\$1,168.05	\$0.00	\$208,834.11
		12/01/2016	1,123	\$275,582.70	\$804.99	\$0.00	\$276,387.69
	Pharmacy Total		14,778	\$2,938,730.55	\$3,052.47	\$0.00	\$2,941,783.02
Control - SFX - ACCT Total			29,556	\$11,073,494.82	\$268,684.14	\$0.00	\$11,342,178.96
866349 - 011 - 102	(5) Managed Behavioral Health	11/01/2015	0	\$265.01	\$0.00	\$0.00	\$265.01
		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
		05/01/2016	0	\$30,887.25	\$0.00	\$0.00	\$30,887.25
		06/01/2016	0	\$3,308.74	\$0.00	\$0.00	\$3,308.74
		07/01/2016	0	\$957.24	\$0.00	\$0.00	\$957.24
		08/01/2016	0	-\$4,218.39	\$0.00	\$0.00	-\$4,218.39
		09/01/2016	0	\$7,909.74	\$0.00	\$0.00	\$7,909.74
		10/01/2016	0	\$172.00	\$0.00	\$0.00	\$172.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$16,150.00	\$0.00	\$0.00	\$16,150.00
	(5) Managed Behavioral Health Total		0	\$76,028.12	\$0.00	\$0.00	\$76,028.12
	Indemnity Vision	11/01/2015	0	\$1,924.60	\$0.00	\$0.00	\$1,924.60
		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
		04/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
		05/01/2016	0	\$750.00	\$0.00	\$0.00	\$750.00
		06/01/2016	0	\$590.30	\$0.00	\$0.00	\$590.30
		07/01/2016	0	\$295.00	\$0.00	\$0.00	\$295.00
		08/01/2016	0	\$551.75	\$0.00	\$0.00	\$551.75
		09/01/2016	0	\$1,159.96	\$0.00	\$0.00	\$1,159.96
		10/01/2016	0	\$426.75	\$0.00	\$0.00	\$426.75
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$9,329.96	\$0.00	\$0.00	\$9,329.96

	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	49	\$33,630.96	\$0.00	\$0.00	\$33,630.96
		04/01/2016	49	\$85,681.25	\$0.00	\$0.00	\$85,681.25
		05/01/2016	50	\$36,725.72	\$0.00	\$0.00	\$36,725.72
		06/01/2016	50	\$31,856.88	\$0.00	\$0.00	\$31,856.88
		07/01/2016	49	\$68,849.87	\$0.00	\$0.00	\$68,849.87
		08/01/2016	2	\$88,991.80	\$0.00	\$0.00	\$88,991.80
		09/01/2016	1	\$64,144.58	\$0.00	\$0.00	\$64,144.58
		10/01/2016	1	\$37,064.06	\$0.00	\$0.00	\$37,064.06
		11/01/2016	1	\$742.44	\$0.00	\$0.00	\$742.44
		12/01/2016	1	\$283.59	\$0.00	\$0.00	\$283.59
	Open Acc EPO Total		459	\$628,661.41	\$0.00	\$0.00	\$628,661.41
	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	49	\$33,328.29	\$0.00	\$0.00	\$33,328.29
		04/01/2016	49	\$31,386.33	\$0.00	\$0.00	\$31,386.33
		05/01/2016	50	\$19,625.87	\$0.00	\$0.00	\$19,625.87
		06/01/2016	50	\$29,397.19	\$0.00	\$0.00	\$29,397.19
		07/01/2016	49	\$46,504.77	\$0.00	\$0.00	\$46,504.77
		08/01/2016	2	\$15,892.50	\$0.00	\$0.00	\$15,892.50
		09/01/2016	1	\$37,936.65	\$0.00	\$0.00	\$37,936.65
		10/01/2016	1	\$18,249.52	\$0.00	\$0.00	\$18,249.52
		11/01/2016	1	-\$12,894.57	\$0.00	\$0.00	-\$12,894.57
		12/01/2016	1	\$857.45	\$0.00	\$0.00	\$857.45
	Pharmacy Total		459	\$294,890.29	\$0.00	\$0.00	\$294,890.29
Control - SFX - ACCT Total			918	\$1,008,909.78	\$0.00	\$0.00	\$1,008,909.78
866349 - 011 - 103	Indemnity Vision	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	\$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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00

	Indemnity Vision Total		0	\$300.00	\$0.00	\$0.00	\$300.00
	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
		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	2	\$289.66	\$0.00	\$0.00	\$289.66
		05/01/2016	2	\$265.22	\$0.00	\$0.00	\$265.22
		06/01/2016	2	\$1.20	\$0.00	\$0.00	\$1.20
		07/01/2016	3	\$17.70	\$0.00	\$0.00	\$17.70
		08/01/2016	4	\$534.79	\$0.00	\$0.00	\$534.79
		09/01/2016	5	\$5,966.97	\$0.00	\$0.00	\$5,966.97
		10/01/2016	5	\$5,361.02	\$0.00	\$0.00	\$5,361.02
		11/01/2016	5	\$3,855.56	\$0.00	\$0.00	\$3,855.56
		12/01/2016	5	\$4,494.40	\$0.00	\$0.00	\$4,494.40
	Open Acc EPO Total		39	\$21,067.89	\$0.00	\$0.00	\$21,067.89
	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
		05/01/2016	2	\$412.61	\$0.00	\$0.00	\$412.61
		06/01/2016	2	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	3	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	4	\$409.08	\$0.00	\$0.00	\$409.08
		09/01/2016	5	\$1,380.50	\$0.00	\$0.00	\$1,380.50
		10/01/2016	5	\$1,902.10	\$0.00	\$0.00	\$1,902.10
		11/01/2016	5	\$2,360.64	\$0.00	\$0.00	\$2,360.64
		12/01/2016	5	\$1,611.09	\$0.00	\$0.00	\$1,611.09
	Pharmacy Total		39	\$8,346.12	\$0.00	\$0.00	\$8,346.12
Control - SFX - ACCT Total			78	\$29,714.01	\$0.00	\$0.00	\$29,714.01
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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00

		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$128.00	\$0.00	\$0.00	\$128.00
	Indemnity Vision Total		0	\$830.03	\$0.00	\$0.00	\$830.03
	Open Acc POS	11/01/2015	0	\$46,849.97	\$0.00	\$0.00	\$46,849.97
		12/01/2015	0	\$47,018.76	\$0.00	\$0.00	\$47,018.76
		01/01/2016	0	\$2,196.71	\$0.00	\$0.00	\$2,196.71
		02/01/2016	0	-\$54,975.60	\$0.00	\$0.00	-\$54,975.60
		03/01/2016	0	-\$2,965.52	\$0.00	\$0.00	-\$2,965.52
		04/01/2016	0	\$1,049.33	\$0.00	\$0.00	\$1,049.33
		05/01/2016	0	-\$488.22	\$0.00	\$0.00	-\$488.22
		06/01/2016	0	\$164.80	\$0.00	\$0.00	\$164.80
		07/01/2016	0	\$187.48	\$0.00	\$0.00	\$187.48
		08/01/2016	0	\$164.27	\$0.00	\$0.00	\$164.27
		09/01/2016	0	\$69.02	\$0.00	\$0.00	\$69.02
		10/01/2016	0	\$278.79	\$0.00	\$0.00	\$278.79
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$25.68	\$0.00	\$0.00	\$25.68
	Open Acc POS Total		0	\$39,575.47	\$0.00	\$0.00	\$39,575.47
	Pharmacy	11/01/2015	0	\$21,977.40	\$0.00	\$0.00	\$21,977.40
		12/01/2015	0	-\$18.90	\$0.00	\$0.00	-\$18.90
		01/01/2016	0	\$890.90	\$0.00	\$0.00	\$890.90
		02/01/2016	0	\$1,020.11	\$0.00	\$0.00	\$1,020.11
		03/01/2016	0	\$449.42	\$0.00	\$0.00	\$449.42
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$1,206.82	\$0.00	\$0.00	\$1,206.82

		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$25,525.75	\$0.00	\$0.00	\$25,525.75
Control - SFX - ACCT Total			0	\$66,967.35	\$0.00	\$0.00	\$66,967.35
866349 - 012 - 202	Indemnity Vision	11/01/2015	0	\$215.00	\$0.00	\$0.00	\$215.00
		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	\$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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$215.00	\$0.00	\$0.00	\$215.00
	Open Acc POS	11/01/2015	0	\$3,546.37	\$0.00	\$0.00	\$3,546.37
		12/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
		01/01/2016	0	-\$296.68	\$0.00	\$0.00	-\$296.68
		02/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$39.71	\$0.00	\$0.00	\$39.71
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$338.01	\$0.00	\$0.00	\$338.01
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	\$3,627.41	\$0.00	\$0.00	\$3,627.41
	Pharmacy	11/01/2015	0	\$505.58	\$0.00	\$0.00	\$505.58
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00

		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$505.58	\$0.00	\$0.00	\$505.58
Control - SFX - ACCT Total			0	\$4,347.99	\$0.00	\$0.00	\$4,347.99
866349 - 012 - 203	Open Acc POS	11/01/2015	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2015	0	-\$11.56	\$0.00	\$0.00	-\$11.56
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	-\$11.56	\$0.00	\$0.00	-\$11.56
	Pharmacy	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	\$5.60	\$0.00	\$0.00	\$5.60
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$5.60	\$0.00	\$0.00	\$5.60
Control - SFX - ACCT Total			0	-\$5.96	\$0.00	\$0.00	-\$5.96
866349 - 013 - 301	(5) Managed Behavioral Health	11/01/2015	0	\$1,164.72	\$0.00	\$0.00	\$1,164.72
		12/01/2015	0	\$3,595.75	\$0.00	\$0.00	\$3,595.75
		01/01/2016	0	\$1,021.79	\$0.00	\$0.00	\$1,021.79
		02/01/2016	0	\$1,380.76	\$0.00	\$0.00	\$1,380.76
		03/01/2016	0	\$914.99	\$0.00	\$0.00	\$914.99
		04/01/2016	0	\$4,127.78	\$0.00	\$0.00	\$4,127.78

		05/01/2016	0	\$13,781.55	\$0.00	\$0.00	\$13,781.55
		06/01/2016	0	\$8,840.63	\$0.00	\$0.00	\$8,840.63
		07/01/2016	0	\$21,287.86	\$0.00	\$0.00	\$21,287.86
		08/01/2016	0	\$5,644.65	\$0.00	\$0.00	\$5,644.65
		09/01/2016	0	\$18,982.25	\$0.00	\$0.00	\$18,982.25
		10/01/2016	0	\$1,073.09	\$0.00	\$0.00	\$1,073.09
		11/01/2016	0	\$722.35	\$0.00	\$0.00	\$722.35
		12/01/2016	0	\$613.72	\$0.00	\$0.00	\$613.72
	(5) Managed Behavioral Health Total		0	\$83,151.89	\$0.00	\$0.00	\$83,151.89
	Indemnity Vision	11/01/2015	0	\$5,488.03	\$0.00	\$0.00	\$5,488.03
		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
		05/01/2016	0	\$2,841.05	\$0.00	\$0.00	\$2,841.05
		06/01/2016	0	\$4,912.78	\$0.00	\$0.00	\$4,912.78
		07/01/2016	0	\$3,044.88	\$0.00	\$0.00	\$3,044.88
		08/01/2016	0	\$9,795.19	\$0.00	\$0.00	\$9,795.19
		09/01/2016	0	\$2,624.25	\$0.00	\$0.00	\$2,624.25
		10/01/2016	0	\$10,795.39	\$0.00	\$0.00	\$10,795.39
		11/01/2016	0	\$8,225.04	\$0.00	\$0.00	\$8,225.04
		12/01/2016	0	\$6,319.65	\$0.00	\$0.00	\$6,319.65
	Indemnity Vision Total		0	\$82,842.88	\$0.00	\$0.00	\$82,842.88
	Open Acc POS	11/01/2015	283	\$158,853.73	\$0.00	\$0.00	\$158,853.73
		12/01/2015	284	\$255,147.16	\$0.00	\$0.00	\$255,147.16
		01/01/2016	285	\$227,692.58	\$0.00	\$0.00	\$227,692.58
		02/01/2016	286	\$788,811.83	\$5,759.89	\$0.00	\$794,571.72
		03/01/2016	285	\$447,477.61	\$6,563.40	\$0.00	\$454,041.01
		04/01/2016	287	\$286,180.72	\$1,226.55	\$0.00	\$287,407.27
		05/01/2016	284	\$280,221.19	\$38.04	\$0.00	\$280,259.23
		06/01/2016	281	\$189,368.67	\$63.05	\$0.00	\$189,431.72
		07/01/2016	283	\$208,217.19	\$63.05	\$0.00	\$208,280.24
		08/01/2016	318	\$290,828.50	\$194.49	\$0.00	\$291,022.99
		09/01/2016	318	\$310,807.85	\$94,560.29	\$0.00	\$405,368.14
		10/01/2016	324	\$232,620.20	\$10,179.91	\$0.00	\$242,800.11
		11/01/2016	328	\$246,413.32	\$1,897.50	\$0.00	\$248,310.82
		12/01/2016	328	\$309,230.83	\$411.98	\$0.00	\$309,642.81
	Open Acc POS Total		4,174	\$4,231,871.38	\$120,958.15	\$0.00	\$4,352,829.53
	Pharmacy	11/01/2015	283	\$72,215.65	\$0.00	\$0.00	\$72,215.65
		12/01/2015	284	\$85,287.25	\$0.00	\$0.00	\$85,287.25
		01/01/2016	285	\$120,037.63	\$0.00	\$0.00	\$120,037.63
		02/01/2016	286	\$84,731.62	\$214.86	\$0.00	\$84,946.48
		03/01/2016	285	\$126,681.54	\$711.57	\$0.00	\$127,393.11
		04/01/2016	287	\$128,005.60	\$576.39	\$0.00	\$128,581.99

		05/01/2016	284	\$75,526.93	\$227.62	\$0.00	\$75,754.55
		06/01/2016	281	\$128,090.91	\$576.39	\$0.00	\$128,667.30
		07/01/2016	283	\$87,073.13	\$576.39	\$0.00	\$87,649.52
		08/01/2016	318	\$87,024.05	\$225.88	\$0.00	\$87,249.93
		09/01/2016	318	\$75,100.56	\$231.08	\$0.00	\$75,331.64
		10/01/2016	324	\$108,317.16	\$373.68	\$0.00	\$108,690.84
		11/01/2016	328	\$98,443.26	\$1,378.33	\$0.00	\$99,821.59
		12/01/2016	328	\$119,440.18	\$1,593.17	\$0.00	\$121,033.35
	Pharmacy Total		4,174	\$1,395,975.47	\$6,685.36	\$0.00	\$1,402,660.83
Control - SFX - ACCT Total			8,348	\$5,793,841.62	\$127,643.51	\$0.00	\$5,921,485.13
866349 - 013 - 302	(5) Managed Behavioral Health	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	\$54.17	\$0.00	\$0.00	\$54.17
		03/01/2016	0	\$227.42	\$0.00	\$0.00	\$227.42
		04/01/2016	0	\$161.66	\$0.00	\$0.00	\$161.66
		05/01/2016	0	\$24.00	\$0.00	\$0.00	\$24.00
		06/01/2016	0	\$24.00	\$0.00	\$0.00	\$24.00
		07/01/2016	0	\$69.00	\$0.00	\$0.00	\$69.00
		08/01/2016	0	\$69.00	\$0.00	\$0.00	\$69.00
		09/01/2016	0	\$132.62	\$0.00	\$0.00	\$132.62
		10/01/2016	0	\$138.00	\$0.00	\$0.00	\$138.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total		0	\$899.87	\$0.00	\$0.00	\$899.87
	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	\$0.00
		01/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
		02/01/2016	0	\$600.00	\$0.00	\$0.00	\$600.00
		03/01/2016	0	\$1,036.00	\$0.00	\$0.00	\$1,036.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$234.70	\$0.00	\$0.00	\$234.70
		08/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
		09/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
		10/01/2016	0	\$600.00	\$0.00	\$0.00	\$600.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$4,858.70	\$0.00	\$0.00	\$4,858.70
	Open Acc POS	11/01/2015	36	\$19,071.18	\$0.00	\$0.00	\$19,071.18
		12/01/2015	35	\$52,365.91	\$0.00	\$0.00	\$52,365.91
		01/01/2016	35	\$5,140.67	\$0.00	\$0.00	\$5,140.67

		02/01/2016	35	\$5,412.46	\$0.00	\$0.00	\$5,412.46
		03/01/2016	35	\$12,344.78	\$0.00	\$0.00	\$12,344.78
		04/01/2016	35	\$11,964.67	\$0.00	\$0.00	\$11,964.67
		05/01/2016	37	\$7,884.82	\$0.00	\$0.00	\$7,884.82
		06/01/2016	38	\$13,562.56	\$0.00	\$0.00	\$13,562.56
		07/01/2016	39	\$30,508.16	\$0.00	\$0.00	\$30,508.16
		08/01/2016	2	\$7,062.69	\$0.00	\$0.00	\$7,062.69
		09/01/2016	1	\$8,155.21	\$0.00	\$0.00	\$8,155.21
		10/01/2016	0	\$4,786.52	\$0.00	\$0.00	\$4,786.52
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	-\$97.84	\$0.00	\$0.00	-\$97.84
	Open Acc POS Total		328	\$178,161.79	\$0.00	\$0.00	\$178,161.79
	Pharmacy	11/01/2015	36	\$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
		05/01/2016	37	\$23,670.27	\$0.00	\$0.00	\$23,670.27
		06/01/2016	38	\$23,067.96	\$0.00	\$0.00	\$23,067.96
		07/01/2016	39	\$17,874.64	\$0.00	\$0.00	\$17,874.64
		08/01/2016	2	\$23,380.31	\$0.00	\$0.00	\$23,380.31
		09/01/2016	1	\$19,501.65	\$0.00	\$0.00	\$19,501.65
		10/01/2016	0	\$12,205.25	\$0.00	\$0.00	\$12,205.25
		11/01/2016	0	-\$160.99	\$0.00	\$0.00	-\$160.99
		12/01/2016	0	\$269.15	\$0.00	\$0.00	\$269.15
	Pharmacy Total		328	\$240,405.12	\$0.00	\$0.00	\$240,405.12
Control - SFX - ACCT Total			656	\$424,325.48	\$0.00	\$0.00	\$424,325.48
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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	1	\$154.67	\$0.00	\$0.00	\$154.67
		09/01/2016	1	\$58,210.58	\$0.00	\$0.00	\$58,210.58
		10/01/2016	1	\$2,435.69	\$0.00	\$0.00	\$2,435.69
		11/01/2016	1	\$7,062.95	\$0.00	\$0.00	\$7,062.95
		12/01/2016	1	\$27,188.00	\$0.00	\$0.00	\$27,188.00
	Open Acc POS Total		7	\$97,364.38	\$0.00	\$0.00	\$97,364.38
	Pharmacy	11/01/2015	1	\$221.58	\$0.00	\$0.00	\$221.58

		12/01/2015	1	\$896.61	\$0.00	\$0.00	\$896.61
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$60.00	\$0.00	\$0.00	\$60.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	1	\$666.18	\$0.00	\$0.00	\$666.18
		10/01/2016	1	\$623.17	\$0.00	\$0.00	\$623.17
		11/01/2016	1	\$21.17	\$0.00	\$0.00	\$21.17
		12/01/2016	1	\$611.38	\$0.00	\$0.00	\$611.38
	Pharmacy Total		7	\$3,100.09	\$0.00	\$0.00	\$3,100.09
Control - SFX - ACCT Total			14	\$100,464.47	\$0.00	\$0.00	\$100,464.47
866349 - 020 - 401	PPO Dental	11/01/2015	900	\$68,088.96	\$0.00	\$0.00	\$68,088.96
		12/01/2015	900	\$71,191.68	\$0.00	\$0.00	\$71,191.68
		01/01/2016	905	\$69,409.33	\$0.00	\$0.00	\$69,409.33
		02/01/2016	908	\$65,772.02	\$0.00	\$0.00	\$65,772.02
		03/01/2016	907	\$55,268.75	\$0.00	\$0.00	\$55,268.75
		04/01/2016	910	\$6,626.10	\$0.00	\$0.00	\$6,626.10
		05/01/2016	907	\$168,090.36	\$0.00	\$0.00	\$168,090.36
		06/01/2016	913	\$53,514.79	\$0.00	\$0.00	\$53,514.79
		07/01/2016	914	\$59,838.61	\$0.00	\$0.00	\$59,838.61
		08/01/2016	973	\$75,453.11	\$0.00	\$0.00	\$75,453.11
		09/01/2016	978	\$50,551.28	\$0.00	\$0.00	\$50,551.28
		10/01/2016	983	\$59,971.58	\$0.00	\$0.00	\$59,971.58
		11/01/2016	988	\$63,431.12	\$0.00	\$0.00	\$63,431.12
		12/01/2016	988	\$54,110.64	\$0.00	\$0.00	\$54,110.64
	PPO Dental Total		13,074	\$921,318.33	\$0.00	\$0.00	\$921,318.33
Control - SFX - ACCT Total			13,074	\$921,318.33	\$0.00	\$0.00	\$921,318.33
866349 - 020 - 402	PPO Dental	11/01/2015	67	\$5,661.57	\$0.00	\$0.00	\$5,661.57
		12/01/2015	65	\$4,826.30	\$0.00	\$0.00	\$4,826.30
		01/01/2016	65	\$2,226.74	\$0.00	\$0.00	\$2,226.74
		02/01/2016	64	\$2,588.92	\$0.00	\$0.00	\$2,588.92
		03/01/2016	61	\$2,976.81	\$0.00	\$0.00	\$2,976.81
		04/01/2016	61	\$793.80	\$0.00	\$0.00	\$793.80
		05/01/2016	64	\$8,886.77	\$0.00	\$0.00	\$8,886.77
		06/01/2016	66	\$3,616.46	\$0.00	\$0.00	\$3,616.46
		07/01/2016	67	\$1,932.90	\$0.00	\$0.00	\$1,932.90
		08/01/2016	3	\$2,032.40	\$0.00	\$0.00	\$2,032.40
		09/01/2016	1	\$4,255.47	\$0.00	\$0.00	\$4,255.47
		10/01/2016	0	\$734.00	\$0.00	\$0.00	\$734.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00

		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	PPO Dental Total		584	\$40,532.14	\$0.00	\$0.00	\$40,532.14
Control - SFX - ACCT Total			584	\$40,532.14	\$0.00	\$0.00	\$40,532.14
866349 - 020 - 403	PPO Dental	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	1	\$0.00	\$0.00	\$0.00	\$0.00
		03/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	1	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	2	\$544.00	\$0.00	\$0.00	\$544.00
		10/01/2016	2	\$251.00	\$0.00	\$0.00	\$251.00
		11/01/2016	2	\$120.00	\$0.00	\$0.00	\$120.00
		12/01/2016	2	\$0.00	\$0.00	\$0.00	\$0.00
	PPO Dental Total		15	\$915.00	\$0.00	\$0.00	\$915.00
Control - SFX - ACCT Total			15	\$915.00	\$0.00	\$0.00	\$915.00
866349 - 021 - 501	PPO Dental	11/01/2015	311	\$11,395.10	\$0.00	\$0.00	\$11,395.10
		12/01/2015	311	\$9,997.60	\$0.00	\$0.00	\$9,997.60
		01/01/2016	310	\$8,449.80	\$0.00	\$0.00	\$8,449.80
		02/01/2016	310	\$12,013.10	\$0.00	\$0.00	\$12,013.10
		03/01/2016	305	\$5,587.60	\$0.00	\$0.00	\$5,587.60
		04/01/2016	312	\$76.00	\$0.00	\$0.00	\$76.00
		05/01/2016	311	\$29,257.90	\$0.00	\$0.00	\$29,257.90
		06/01/2016	310	\$8,355.80	\$0.00	\$0.00	\$8,355.80
		07/01/2016	314	\$8,987.90	\$0.00	\$0.00	\$8,987.90
		08/01/2016	322	\$9,682.68	\$0.00	\$0.00	\$9,682.68
		09/01/2016	332	\$7,670.70	\$0.00	\$0.00	\$7,670.70
		10/01/2016	336	\$9,303.60	\$0.00	\$0.00	\$9,303.60
		11/01/2016	338	\$10,573.60	\$0.00	\$0.00	\$10,573.60
		12/01/2016	338	\$9,299.40	\$0.00	\$0.00	\$9,299.40
	PPO Dental Total		4,460	\$140,650.78	\$0.00	\$0.00	\$140,650.78
Control - SFX - ACCT Total			4,460	\$140,650.78	\$0.00	\$0.00	\$140,650.78
866349 - 021 - 502	PPO Dental	11/01/2015	6	\$74.40	\$0.00	\$0.00	\$74.40
		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

		05/01/2016	7	\$310.60	\$0.00	\$0.00	\$310.60
		06/01/2016	7	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	8	\$318.00	\$0.00	\$0.00	\$318.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$543.50	\$0.00	\$0.00	\$543.50
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	PPO Dental Total		61	\$2,452.50	\$0.00	\$0.00	\$2,452.50
Control - SFX - ACCT Total			61	\$2,452.50	\$0.00	\$0.00	\$2,452.50
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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	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
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total		0	\$86.40	\$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
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	\$565.84	\$0.00	\$0.00	\$565.84
	Pharmacy	11/01/2015	0	\$88.27	\$0.00	\$0.00	\$88.27
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$3,385.55	\$0.00	\$0.00	\$3,385.55
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$3,473.82	\$0.00	\$0.00	\$3,473.82
Control - SFX - ACCT Total			0	\$4,126.06	\$0.00	\$0.00	\$4,126.06

866349 - 022 - 603	Indemnity Vision	11/01/2015	0	\$708.51	\$0.00	\$0.00	\$708.51
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$708.51	\$0.00	\$0.00	\$708.51
	Open Acc POS	11/01/2015	0	\$1,089.00	\$0.00	\$0.00	\$1,089.00
		12/01/2015	0	\$7.44	\$0.00	\$0.00	\$7.44
		01/01/2016	0	\$157.86	\$0.00	\$0.00	\$157.86
		02/01/2016	0	-\$62.00	\$0.00	\$0.00	-\$62.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	-\$23.35	\$0.00	\$0.00	-\$23.35
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$234.79	\$0.00	\$0.00	\$234.79
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	\$1,403.74	\$0.00	\$0.00	\$1,403.74
	Pharmacy	11/01/2015	0	\$660.99	\$0.00	\$0.00	\$660.99
		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	\$26.82	\$0.00	\$0.00	\$26.82
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$7,013.79	\$0.00	\$0.00	\$7,013.79
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$7,701.60	\$0.00	\$0.00	\$7,701.60

Control - SFX - ACCT Total			0	\$9,813.85	\$0.00	\$0.00	\$9,813.85
Grand Total				\$19,715,770.61	\$395,992.25	\$0.00	\$20,111,762.86

Vendor Name

RFP BID# _____

Primary Contact Information

Name	<div></div>
Title	<div></div>
Address	<div></div>
Phone #	<div></div>
Fax #	<div></div>
Email	<div></div>

Secondary Contact Information

Name	<div></div>
Title	<div></div>
Address	<div></div>
Phone #	<div></div>
Fax #	<div></div>
Email	<div></div>

Coverages to be Proposed (Please mark an "x" to all plan ty

Medical	<div></div>
PBM	<div></div>
Life	<div></div>



MEDICAL QUESTIONNAIRECarrier Name

The following questionnaire must be completed.

Medical health carriers are required to respond to all requests for information contained in this questionnaire. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this. If you are selected to administer the Client's employee benefit plans, your responses to the questionnaire will be considered part of your contractual responsibilities. You are also requested to return the indicated exhibits as part of your proposal.

Answers should be summarized in short format and not exceed the allotted space within the cell(s) provided. **DO NOT add extra rows/columns--work within the allotted space.** Additional information in carrier format may be submitted along with the "Attachments" spreadsheet if a carrier would like to include "more detailed" information.

VENDOR Questionnaire	
1 Do you have the ability to administer direct medical contracts?	Please Select
2 Does your contractual definition of provider include facilities as well as medical professionals?	Please Select
3 Will you provide a fulltime onsite dedicated representative for the Williamson County?	Please Select
4 Do you have the ability to receive RX claims from third party vendors and integrate for out of pocket maximums?	Please Select
5 Do you have the ability to transfer medical, Rx and eligibility claims data to 3rd party vendors on a monthly basis?	Please Select
6 The County currently has an enhanced benefit tier with different benefits for certain hospital organizations. Can you administer this benefit? Do you offer different or similar network options?	Please Select
Additional Vendor Questions	
Organizational Strength	
7 How many clients do you currently have in force in the state of Texas?	Please Select
8 Do you have a specialized team that works with public entity employers?	Please Select
9 How many clients do you currently have in Texas that are public entities?	
Administrative Flexibility	
10 The County will require employees to get a preventive care visit. Can you track which employees have received their visits and report this information back to a 3rd party vendor?	Please Select



MEDICAL QUESTIONNAIRECarrier Name**The following questionnaire must be completed.**

11	If there is an additional cost, please indicate what that cost will be and make sure it is included in your PEPM administrative fee.	
12	How does your claims system process a preventive care claim?	
13	Are you able to pay a preventive care claim at 100% if a preventive diagnosis is not the primary diagnosis?	Please Select
14	Will you partner with pricing transparency vendors?	Please Select
15	Do you have your own proprietary pricing transparency service?	Please Select
16	Are you able to administer direct contracts for the County?	Please Select
17	Is there an additional cost for administering a direct contract, please indicate what that cost will be.	
18	Can your system allow for different plan designs or copays to promote steerage to preferred facilities and physicians?	Please Select
19	If so, what is the lead time to make these changes?	
20	If there is an additional cost, please indicate what that cost will be and make sure it is included in your PEPM administrative fee.	Please Select
21	Will there be a dedicated banking representative?	Please Select
22	What are the banking payment options available? (i.e.: ACH or Wire)	
23	What are your preferred/required banks?	
24	What are your banking requirements?	
25	Provide a copy of the sample banking reports	Please Select
26	Can banking reports be made available daily?	Please Select
27	Please provide your most recent Service Organizational Control report(s).	Please Select
28	Will you notify the County prior to a high dollar claim being paid?	Please Select
29	If so, what is the high dollar threshold?	
30	How will you assist the County with the payment of the healthcare reform PCORI fee?	
Implementation Process		Response
31	Will you have an onsite representative available for Benefits Fair, and potential open enrollment meetings as requested by the County?	Please Select
32	Please confirm that as part of the annual implementation process you will fund the creation and development of your product's communication materials which will include: Williamson County video library employee communication materials.	Please Select
33	If so, what is your annual communication allowance?	
34	Please confirm the following systems are integrated: Enrollment, Medical claims processing/ Care Coordination Referral and Authorization/ Contracts.	Please Select
35	Provide a timeline for implementation	Please Select
36	Confirm that you will produce the SPD for the County	Please Select



MEDICAL QUESTIONNAIRECarrier Name**The following questionnaire must be completed.**

37	Confirm the County will have a dedicated implementation manager.	Please Select
38	Do you have implementation guarantees?	Please Select
39	Confirm that you will produce the SBC for the County	Please Select
Claims Administration		Response
40	Please attach a sample of your Administrative Services Agreement.	Please Select
41	Will there be a dedicated claims analyst?	Please Select
42	If so, what experience will be required before they are assigned to the County?	
43	Additionally, what training will they receive?	
44	What dollar threshold is set for the claims analyst?	
45	Are large claims reviewed by a supervisor?	Please Select
46	What is the threshold for an audit or review?	
47	Will the County have access to see claims online?	Please Select
48	What is your error/reprocessing rate?	
49	What are the claims processing timeliness measurements?	
50	What are the YTD claims timeliness results?	
51	How will your systems integrate with a PBM vendor in order to comply with the max out of pocket benefit to comply with HCR.	
52	Are you making enhancements to the claim system as part of HCR requirements?	Please Select
53	Please confirm the following systems are integrated: Enrollment, Medical claims processing/ Care Coordination Referral and Authorization/ Contracts.	Please Select
54	What is the percentage of auto adjudication for your claims?	
55	Do you have recommended benefit changes to SPD to increase auto adjudication? (If yes, add to the Deviations-Variations tab)	Please Select
56	What types of claims are auto adjudicated?	
57	Is this based upon a threshold?	Please Select
58	If yes, what is that threshold?	
59	Is there a process in place to verify that these claims have been paid in accordance with the Plan?	Please Select
Claims Audits		Response
60	How many times a year can the County complete a claims audit?	
61	Describe your internal audit claim procedures.	
62	What are the YTD quality audit results?	
63	Please explain large dollar claim auditing criteria	
Utilization Management		Response
64	How are UM cases identified?	
65	Are any UM activities that your company performs subcontracted?	Please Select
66	If so, who is your subcontractor and how long has that partnership been in place?	



MEDICAL QUESTIONNAIRECarrier Name**The following questionnaire must be completed.**

67	If so, are there costs involved with the subcontracting?	Please Select
68	Describe the denial and appeals process for UM.	
69	What is the associated turn-around time for these processes?	
70	Do you have onsite nurse at each hospital indicated on the disruption tab?	Please Select



MEDICAL QUESTIONNAIRECarrier Name**The following questionnaire must be completed.**

Disease Management		Response
71	Which disease management (DM) programs do you offer as part of your base fee?	
72	Can the County carve out these programs?	Please Select
73	How do you integrate your DM programs with PBM programs?	
74	Which disease management (DM) programs do you offer at an additional cost? (Please outline the additional costs on the Fee Tab of the spreadsheet.)	
Reporting		Response
75	Provide a sample of all financial reporting the County can expect to receive on a regular basis. Additionally, include any Adhoc reports that other clients have found useful in claims analysis.	Please Select
76	The County occasionally has members transisiton from active plans to retiree plans. Can your system track accumulator between plans?	Please Select
77	Are Direct Billi services available? If so please provide details.	
78	Can claims be reported by type (i.e., Retiree, COBRA, employee, medical, dental, etc.)?	Please Select
79	If yes, how are these identified on the reporting file?	
80	Can you break out claims by dependent (i.e., child or spouse)?	Please Select
81	Is the reporting in a format that can be manipulated (ie. Excel, CSV)?	Please Select
82	Can reporting be provided that will have calendar YTD (1/1 – 12/31) that will have claims in detail by type (i.e., COBRA dental, retiree medical, etc.)	Please Select
83	Will you prepare a monthly reconciliation between incurred to paid claims?	Please Select
84	Can you provide a detailed report of large claims and diagnoses?	Please Select
85	Describe the process to communicate with plan administrators information that aids in making timely decisions and/or adjustments.	
86	If you have system updates, please confirm that you will inform the County prior to system updates occurring and what these updates will effect.	Please Select
87	Provide a sample of your annual health plan review.	Please Select
88	Would the County have a dedicated reporting analyst?	Please Select
89	What is the standard distribution frequency for each report provided?	Please Select
90	When are you monthly financial reports produced?	
91	Will you set up a schedule to automatically email the standard reports to the County on a monthly, quarterly and annual basis as requested at no additional cost?	Please Select
92	Will you provide Third Party claims appeal options as required by healthcare reform?	Please Select
93	What is the process for requesting ad hoc reports?	
94	Is there a fee involved?	Please Select
95	What is the standard turn around time?	
96	Describe how current reporting data is used for predictive modeling and risk management analysis	



MEDICAL QUESTIONNAIRECarrier Name**The following questionnaire must be completed.**

97	Will you send Holmes Murphy a full medical and eligibility claims file monthly?	Please Select
98	If so, outline these costs and make sure this is included in your PEPM administrative fee.	
99	How are you helping your clients with increasing claim cost?	
100	Provide examples of actual client success stories within the past 2-3 years.	
101	How are you keeping clients informed about HRC requirements and changes?	
102	How will you assist the County with the 6066 and 6055 reporting?	
Direct Contracts		Response
103	Is there an additional fee for loading and maintaining direct medical contracts? If so, please included that cost in your proposed PEPM.	Please Select
104	Please confirm that you can adminster a direct contract if needed.	Please Select
105	Will you perform a pre-implementation audit and deliver the results to the County prior to the contract effective date?	Please Select
106	Are there restrictions on particular services or facilities in reference to direct contracting? If so, please explain.	
107	Are you able to adminster bundled pricing on a direct contract?	Please Select
108	Would you reduce your network access fee as a result of direct contracting?	Please Select
Wellness		Response
109	Do you use detailed claim information to help clients design an impactful wellness program?	Please Select
110	If so, provide examples	
111	Provide examples of recommendations of wellness programs that you have worked with clients on in the past 2 years.	
112	Provide examples of ROI on client wellness activities.	
113	Do you provide an online health risk assessment for members?	Please Select
114	If yes, is this included as part of your base fee?	Please Select
115	Will you include a wellness budget for the County?	Please Select
116	If yes, is this included as part of your base fee? If not, outline separately on the pricing spreadsheet.	Please Select
117	Describe the wellness programs offered to the County at no additional charge.	
118	Do you design programs around the conditions of the employee population?	Please Select
119	Do you subcontract any wellness services to an outside vendor?	Please Select
120	If yes, identify which services are outsourced and the name of the subcontractor.	
121	What methods of coaching available (online, telephonic...)?	Please Select
122	Does your organization offer discounts to support healthy lifestyles such as gym memberships, vitamins, massage therapy, etc.?	Please Select
123	If yes, is there an additional cost for this program?	Please Select



MEDICAL QUESTIONNAIRECarrier Name**The following questionnaire must be completed.**

Employer/Employee Websites		Response
124	Provide a URL, userID and password for the RFP evaluation team to view your employer website.	
125	URL	
126	User ID	
127	Password	
128	Provide a URL, userID and password for the RFP evaluation team to view your member website.	
129	URL	
130	User ID	
131	Password	
132	Please confirm an in depth, live demo of both employer and employee websites will be given upon request.	
Fees and Subrogation		Response
133	Do you have capitation fees?	Please Select
134	Confirm that ASO costs are mature	Please Select
135	What will be the cost to accept data feeds from 3rd party PBM? (please make sure this amount is included in your PEPM admin. fee)	
136	Confirm that you will be able to provide claims subrogation services for the County.	Please Select
137	Confirm that you can provide monthly reporting to the County outlining the Subrogation activity/savings.	Please Select
138	Will this service be outsourced to a 3 rd party?	Please Select
139	If yes, is there an additional cost for this service?	Please Select
140	If there is an additional cost, please indicate what those costs will be.	
Customer Service		Response
141	Where is your call center located?	Please Select
142	Will there be a dedicated call center to Williamson County?	Please Select
143	If so, where is this located?	
144	Are there multilingual resources available on this team, if so, please list which languages are available?	
145	What are the hours of operation?	
146	What is the turnover percentage of your call center?	
147	What is the turnover percentage of your account management team?	
148	What is the average tenure of the account managers that service the municipalities in your organization?	
149	How many clients do they currently service?	
150	What is the average answer speed?	
151	What are the YTD results for your average speed to answer?	



MEDICAL QUESTIONNAIRECarrier Name**The following questionnaire must be completed.**

152	What is the call abandonment rate?	
153	What are the YTD results for your call abandonment rate?	
	Misc.	Response
154	Do you have a post 65 retiree offering?	Please Select
155	Review inforce SPD and indicate any provisions you cannot accommodate on the "SPD" deviations / variations page. If there are NO deviations listed we will assume the plan can be duplicated in its entirety.	Please Select



Carrier Name

For any benefits you cannot duplicate or administer, per the in force SPD, please indicate on this tab. Please clearly note the differences.

Proposed Medical -- Deviations/Variations

Please Select the Appropriate Category for each Deviation / Variation	Deviation / Variation
Please Select	
Please Select	
Please Select	
Please Select	
Please Select	
Please Select	
Please Select	



Carrier Name

Please note that you must include this information in the following requested formats in order for your quote to be considered. Enter only the network information that is included in your quoted rate.

If offering options, please create an additional tab and clearly label

Medical Network Discounts

Please provide your organization's self reported discounts within the Client's area for:

Hospital Inpatient	
Hospital Outpatient	
Physician	

Geo Access Results

Please provide full detailed reports for the medical GEO access within your formal proposal.

Measurement	Primary Care Physicians	Specialists	Acute Care Hospitals
# of Employees / Zip Codes Evaluated			
Providers			
# of Providers			
# of Locations			
X Providers within X Miles	2 / 10	2 / 15	1 / 20
% of Employee WITH access			
# of Employees WITH access			
% of Employee WITHOUT access			
# of Employees WITHOUT access			
Average distance to 2 providers for employees WITH desired access			
Please list all Centers of Excellence (COE) and/or Speciality Providers including medical tourism in your network			

Carrier Name

Please note that you must complete the disruption analysis for each network quoted in the following requested format in order for your quote to be considered.

Medical Disruption Analysis

Name	Tax ID	Zip	In Network? (Y/N)	Net Paid
Seton Medical Center Williamson	741109643	78665	Y	\$1,221,933.47
Cedar Park Regional Medical Center	203904667	78613	Y	\$509,762.11
Seton Medical Center	741109643	78705	Y	\$462,349.86
North Austin Medical Center - HCA Affili	742781812	78758	Y	\$457,553.40
Round Rock Medical Center - HCA Affiliat	742781812	78681	Y	\$371,423.65
Dell Children's Medical Center of Centra	741109643	78723	Y	\$369,804.27
St. David's Medical Center	742781812	78705	Y	\$283,163.48
St. David's Medical Center	742781812	78705	N	\$208,214.81
Baylor Scott & White Medical Center - Te	741166904	76508	Y	\$179,234.93
Baylor Scott & White Medical Center - Ro	203749695	78665	Y	\$177,716.85
St. David's Georgetown Hospital - HCA Af	742781812	78628	Y	\$139,042.87
Seton Highland Lakes	741109643	78611	Y	\$137,599.86
Little River Healthcare	205220791	76567	Y	\$123,886.47
University Medical Center at Brackenridg	741109643	78701	Y	\$110,696.87
Williamson Surgery Center	270929515	78665	Y	\$84,710.40
Austin Endoscopy Center I	742934462	78757	Y	\$64,770.92
St. David's Georgetown Hospital - HCA Af	742781812	78628	N	\$63,477.44
Hendrick Medical Center	750827446	79601	N	\$62,596.45
Seton Northwest Hospital	741109643	78759	Y	\$47,754.14
Baylor Scott & White Medical Center-Tayl	741595711	76574	Y	\$46,664.31
Cook Children's Medical Center	752051646	76104	Y	\$44,052.52
Christus Spohn Hospital Shoreline	741109836	78404	Y	\$43,935.06
Harborview Medical Center	911631806	98104	Y	\$43,568.97
Round Rock Medical Center - HCA Affiliat	742781812	78681	N	\$42,379.99
Heart Hospital of Austin	742781812	78756	Y	\$41,245.26
Texas Orthopedic Surgery Center L.P., L.	743013713	78759	Y	\$39,200.68
Newman Memorial Hospital	730570773	73858	N	\$37,014.30
Georgetown Behavioral Health Institute,	462465087	78626	Y	\$36,565.98



Northwest Hills Surgical Hospital	582028767	78731	Y	\$35,841.02
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Temple VAMC	742791419	76504	Y	\$33,108.47
Seton Medical Center Harker Heights	272814378	76548	Y	\$28,621.80
University Behavioral Health	203078922	76201	N	\$27,482.00
St. David's South Austin Medical Center	742781812	78704	N	\$27,342.17
Spring Valley Medical Center	721549752	89118	N	\$26,165.70
Healthsouth Rehabilitation Hospital of R	208038733	78681	Y	\$24,650.00
Sundown Ranch, Inc.	752195214	75103	Y	\$23,500.00
Newman Memorial Hospital	730570773	73858	Y	\$22,299.30
Texas Non-Profit Hospice Alliance	742761617	76107	Y	\$21,110.00
St. David's South Austin Medical Center	742781812	78704	Y	\$20,037.66
Houston Methodist Hospital	741180155	77030	Y	\$19,889.51
Strictly Pediatrics Surgery Center	200943974	78723	Y	\$19,323.32
Seton Medical Center Hays	741109643	78640	Y	\$17,567.90
Texan Surgery Center	331058382	78731	Y	\$17,008.00
Five Star ER, LLC	464712336	78681	N	\$16,443.89
Methodist Hospital - HCA Affiliate	742730328	78229	Y	\$15,071.55
Baylor Scott & White Medical Center - Ro	203749695	78665	N	\$14,915.39
Seton Shoal Creek Hospital	741109643	78731	Y	\$14,858.00
Baylor Scott & White Medical Center-Tayl	741595711	76574	N	\$14,797.93
EHl Surgery Center Austin, PLLC	464266877	78727	N	\$14,328.33
Georgetown Behavioral Health Institute,	462465087	78626	N	\$13,186.40
Brooke Army Medical Center (MSA)	741282653	78234	N	\$13,045.57
Rock Springs, LLC	611703148	78626	N	\$12,593.98
University Behavioral Health	203078922	76201	Y	\$12,150.00
Scott & White Skilled Nursing Facility	741166904	76508	Y	\$12,076.01
Physicians Premier Emergency Room	472616215	78412	N	\$11,870.54
Texas Health Harris Methodist Hospital	751752253	76401	N	\$11,013.86
Merit Health Biloxi	592754033	39530	N	\$10,618.07
Scott & White Emergency Hospital - Cedar	800864632	78613	N	\$10,445.18
North Austin Medical Center - HCA Affili	742781812	78758	N	\$10,425.05
Oakwood Surgery Center-HCA Affiliate	621641024	78681	Y	\$10,362.67
Healthsouth Rehabilitation Hospital Of A	631105908	78701	N	\$9,838.64
Faith Community Hospital	756004585	76458	Y	\$9,506.12
Southwestern Regional Medical Center at	363755999	74133	N	\$9,473.30
Baylor Scott & White Medical Center - Te	741166904	76508	N	\$9,060.71
First Choice Emergency Room	901023315	78660	N	\$8,801.10
North Austin Surgery Center - HCA Affili	200648730	78758	Y	\$8,393.98
Northwest Surgery Center, L.L.P.	205537270	78759	Y	\$7,764.87
Lake Granbury Medical Center	752682017	76048	Y	\$7,714.38

Eating Recovery Center of Austin	660703496	78758	N	\$7,113.97
Cedar Park Emergency Center	462218636	78613	N	\$6,995.50
St. Joseph Hospital and Health Center	741282696	77802	N	\$6,219.56
Rock Springs, LLC	611703148	78626	Y	\$6,181.80
St. Anthony Summit Medical Center	840405257	80443	N	\$6,139.58
Rollins Brook Community Hospital	742225672	76550	N	\$6,105.22
UTMB at Galveston	746000949	77555	N	\$5,883.50
Austin Emergency Center	465453686	78750	N	\$5,653.50
Seton Southwest Healthcare Center	741109643	78737	Y	\$5,481.00
Providence Health Center	741109636	76712	N	\$4,869.72
Willis-Knighton Bossier Health Center	720400933	71111	N	\$4,768.56
Hill Country Surgery Center	202829728	78613	Y	\$4,660.22
The University of TX M.D. Anderson Cance	746001118	77030	Y	\$4,651.41
Baylor Scott & White Medical Center - Ma	464007700	78654	Y	\$4,605.65
St. Anthony Hospital	840405257	80228	Y	\$4,595.64
Round Rock Surgery Center, LLC	260856139	78664	Y	\$4,516.25
CORE Health Care	510455232	78620	N	\$4,122.00
Central Texas Medical Center	742575462	78666	N	\$3,823.74
Bay Area Regional Medical Center LLC	460703465	77598	Y	\$3,502.26
McClane Children's Hospital Scott & Whi	741166904	76502	Y	\$3,333.76
NEC Lakeline Emergency Center, LP	463975405	78750	N	\$3,269.80
ERCA Lubbock LLC	471266672	79424	N	\$3,193.24
First Choice Emergency Room	383923792	78665	N	\$3,064.50
University of Washington Medical Center	916001537	98037	Y	\$2,960.73
Scott & White Emergency Hospital - Cedar	800864632	78613	Y	\$2,954.70
Little River Healthcare	205220791	76567	N	\$2,935.37
Express ER Temple	320493679	76504	N	\$2,905.00
Metroplex Adventist Hospital	742225672	76549	Y	\$2,889.05
Northeast Methodist Hospital - HCA Affil	742730328	78233	N	\$2,843.00
Cedar Crest Hospital & RTC	201915868	76513	Y	\$2,704.80
UK Healthcare Hospitals	616001218	40536	N	\$2,490.28
Central Texas Medical Center	742575462	78666	Y	\$2,419.80
Hospice Compassus-Austin	260251083	78664	N	\$2,400.00
Metroplex Adventist Hospital	742225672	76549	N	\$2,374.96
Proliance Eastside Surgery Center	911606533	98034	Y	\$2,206.53
Cook Children's Northeast Hospital, LLC	205227064	76054	Y	\$2,068.48
Jane Phillips Medical Center	730606129	74006	Y	\$2,061.13
Hill Country Memorial Surgery Center, LL	331039828	78654	Y	\$2,056.47
Arise Austin Medical Center	462728964	78746	N	\$2,019.23

HMS Centene Management Corp	742770542	63105	N	\$1,944.00
Austin Diagnostic Clinic Ambulatory Surg	741625143	78731	Y	\$1,919.11
Eating Recovery Center of Dallas	660703496	75093	Y	\$1,896.68
Hendrick Medical Center	750827446	79601	Y	\$1,875.42
Bailey Square Surgery Center - HCA Affil	752467365	78705	Y	\$1,849.99
Baylor Scott & White Medical Center - Co	274434451	77845	Y	\$1,761.07
St. Francis Medical Center	237246265	63703	N	\$1,713.46
EyeMed Vision Care	311656473	45040	N	\$329,782.00
Benjamin Joel Downie	460829574	78731	Y	\$263,190.08
Fresenius Medical Care	742928010	77074	Y	\$210,282.57
Clinical Pathology Labs, Inc.	742554159	78205	Y	\$141,351.13
Beth A. Hellerstedt	752131429	78681	Y	\$113,198.89
ARA Imaging	201651590	78745	Y	\$98,431.47
Longhorn Emergency Medical Associates, P	472785231	78681	N	\$84,117.85
Monty B. Tew	741625143	78758	Y	\$62,939.87
Courtney Yau	752131429	78665	Y	\$58,692.36
Tina Bunch	742109824	78759	Y	\$53,738.54
EagleMed, LLC	270645387	65775	N	\$47,654.85
Carl D Frank	742978480	78626	Y	\$45,043.88
NextCare Urgent Care	260845489	78233	Y	\$44,943.50
Darren M. Kocs	752131429	78681	Y	\$41,216.09
Murray A Snook	742877056	78628	Y	\$40,744.08
Kathryn Ruth Shirley	460829574	78626	Y	\$37,667.50
David W. George	752131429	78665	Y	\$36,654.88
Robert John Koval	742419168	78759	Y	\$35,731.48
Oscar Ochoa	742715291	78240	Y	\$35,232.82
Richard E Otto	742877056	78628	Y	\$35,221.94
James H. Boehmler	461059985	43160	N	\$34,104.00
Austin Regional Clinic, P.A.	742109824	78664	Y	\$27,249.82
Nabil A. Habash	461059985	45415	N	\$26,936.17
Courtney A. Sheinbein	752131429	78665	Y	\$26,705.02
Shivani R. Patel	742943775	76549	Y	\$25,044.41
Stanley H Kim	861060480	78731	N	\$24,066.14
James W. Rogers	742109824	78634	Y	\$23,853.67
Cathy Castillo	742109824	78634	Y	\$23,475.89
Quest Diagnostics Incorporated	382084239	19107	Y	\$23,137.98
Michael Paul Herman	752131429	78681	Y	\$22,377.89
Mark Levitan	742034080	78705	Y	\$20,339.56
Lisa S. Flachs	742943775	78626	Y	\$20,159.85



Mark Sturm	452611063	78666	Y	\$20,082.41
Adana M. Gipson	454764380	78628	Y	\$20,058.26
Texas State Clinical Laboratories	452808991	78759	N	\$19,676.55
Beth L Thai	271789460	78665	Y	\$19,561.90
AllCareme LLC	273602487	74066	N	\$19,440.32
Williamson County EMS	746000978	77014	N	\$18,639.38
DaVita, Inc.	261649744	75652	Y	\$18,058.40
MedSpring	800692886	78726	Y	\$17,955.29
Texan Urgent Care Center, PLLC	274412271	78223	Y	\$17,831.79
Kristy Herrman	650578395	78705	Y	\$17,452.00
Ned Snyder	202483545	78703	Y	\$17,245.12
Ankur R. Rana	742860243	78723	Y	\$16,842.20
Caroline A. Kaufman	742109824	78613	Y	\$16,694.25
Robert M. Whitfield	202483545	78703	Y	\$16,407.10
Allison E Gorrebeeck	460829574	78758	Y	\$16,381.40
Kevin L. Miller	542115445	78626	Y	\$16,311.99
Austin Radiological Association	741597116	78746	Y	\$16,299.17
Healthline Medical Equipment	752408872	76308	Y	\$16,005.67
Jana Jones Schrier	462684849	78626	Y	\$15,970.02
Brenda Dawn Hinman	742109824	78726	Y	\$15,959.94
Lonestar Hospital Medicine Association	454070993	77008	N	\$15,928.62
P & H Services, LLC	742814806	78613	Y	\$15,918.06
Soleo Health	464908851	90301	Y	\$15,852.82
Charity Lynn Jackson	742109824	78613	Y	\$15,605.76
Scott William Franklin	820559555	78626	Y	\$15,353.41
United Toxicology, LLC	274663868	75240	N	\$15,137.28
MC DEFAULT PROVIDER	0	U	N	\$14,895.66
EyeMed Vision Care	311656473	45040	Y	\$14,868.00
RCMH LLC dba RediClinic	464868413	77057	Y	\$14,724.56
Emergency Physicians Of Central Texas, P	364610201	78613	Y	\$14,470.77
Donna McCain	550886585	78628	Y	\$14,135.01
Jason C. McCain	550886585	78628	Y	\$13,982.12
Kristi K. Harvey	742109824	78681	Y	\$13,971.73
Michael Edwin S Nacol	742501955	78626	Y	\$13,867.58
Arash Ivanaki Esmaili	300785442	78759	Y	\$13,612.34
Karen H. Cohen	752131429	78681	Y	\$13,390.51
Rebecca Lynn Teng	271789460	78665	Y	\$13,175.76
David A. Ramsey	742943775	78626	Y	\$13,023.49
Kelley M. Warwick	364610201	77868	Y	\$13,005.88



Jon F Dietlein	742985984	78628	Y	\$12,566.69
Srivani Thatikonda	752131429	78705	Y	\$12,396.85
Fredric Michael Pfeifer	741597116	78759	Y	\$11,844.33
Kurt Jonathon Knauth	741720474	78705	Y	\$11,783.35
Donald R. Gladden	364610201	78640	Y	\$11,714.38
Austin Anesthesiology Group, LLP	741201585	78681	Y	\$11,587.86
Richard Garza	205779666	78705	Y	\$11,380.39
HMS OKLAHOMA HCA	731476619	75267	N	\$11,151.18
Julie K Wachtel	364610201	78752	Y	\$10,832.67
David Lee Berry	742901320	78731	Y	\$10,780.01
Austin Gastroenterology Anesthesia Assoc	812171811	78745	N	\$10,630.74
John R. Leahy	741597116	78759	Y	\$10,624.55
Christopher David Collins	461872434	78641	Y	\$10,550.20
Steven Michael Conroy	364610201	18103	Y	\$10,380.98
Margaret Barron Listrom	741619182	78731	Y	\$10,348.00
Katherine Scott	742958277	78705	Y	\$10,324.80
Stephen D Schaefer	550886585	52803	Y	\$10,288.08
Corey R. Fearheiley	364610201	78640	Y	\$10,198.19
Monica M Madray	542115445	78626	Y	\$10,143.02
Violeta Vanessa Griffin	742109824	78634	Y	\$10,129.28
Tannon Dajuan Carroll	264562522	78665	Y	\$10,036.15
Kerem Ozer	742999300	77030	Y	\$9,937.27
Peter D Scholl	741991553	78705	Y	\$9,847.12
Douglas D. Jeffrey	364610201	78640	Y	\$9,842.60
Maria C. Scranton	742109824	78664	Y	\$9,777.51
Erik Jude Bruce	261673677	78665	Y	\$9,727.00
Minimed Distribution Corp.	954662001	91325	Y	\$9,694.90
Bryan Todd Irvin	742109824	78681	Y	\$9,665.72
Cameron Todd King	260107385	78613	Y	\$9,645.32
Urgent and Family Care at Avery Ranch, L	203774126	78717	Y	\$9,598.27
Quest Diagnostics	382084239	20151	Y	\$9,562.85
Ghulam Thaver	741597116	78759	Y	\$9,515.15
Lesley Hamilton-Fox	742934350	78665	Y	\$9,420.82
Harrel Dee Butler	742109824	78613	Y	\$9,397.63
Michael E Putney	742343512	78681	Y	\$9,310.33
Daniel Joseph Kelly	742109824	78750	Y	\$9,148.81
Austin Pathology Associates	741703601	78758	Y	\$9,065.69
Swati Jadhav	742109824	32073	Y	\$9,024.54
Kyle Mezger	741720474	78705	Y	\$8,998.41



Shannon L. Duple	571202365	78681	Y	\$8,957.87
Austin Cancer Centers	460829574	78702	Y	\$8,922.98
Allen L Dennis	331043094	78664	Y	\$8,903.73
Anita Sandhu	742109824	78613	Y	\$8,901.19
John G. Johnson	364610201	78640	Y	\$8,829.44
Matthew M. Meigs	742109824	78681	Y	\$8,775.96
Jefferey P Klein	741720474	78705	Y	\$8,733.15
Jeremy N. Robillard	261455666	78641	Y	\$8,640.00
Jeremy Maurice Kenter	364610201	78752	Y	\$8,624.94
Austin Five Star ER, PA	465145577	78681	N	\$8,606.46
Michelle Theresa Ashworth	752131429	78681	Y	\$8,439.58
Andrew Glenn Mahaffey	743001674	78626	Y	\$8,412.52
Christopher P Thompson	460862530	78731	Y	\$8,386.35
Michael S Valastro	742343512	78681	Y	\$8,366.95
Barbara Dawn Sebastian	741720474	78705	Y	\$8,352.20
Wade Robert Travis	571202365	78681	Y	\$8,316.49
John B. Marshall	364610201	75251	Y	\$8,242.00
James R. Hannigan	202519993	76132	N	\$8,238.41
Frank C Hinds	760528576	78613	Y	\$8,204.60
ClearPoint Diagnostic Laboratories, LLC	272356066	75067	N	\$8,202.02
Eric J Giesler	742837301	78759	Y	\$8,130.16
James B Thompson	208327147	78633	Y	\$8,065.96
Jonathan G Smedley	742939527	78681	Y	\$7,969.89
Magella Medical Associates-Maternal Feta	752740653	78666	Y	\$7,843.44
Boris Gritzka	742109824	78681	Y	\$7,824.40
Brenda Ru-Lan Chao	271789460	78665	Y	\$7,728.27



Customer Name**Williamson County**

Policy Number:

Service Dates:

ALL

Paid Dates:

01/01/2014 - 12/31/2014

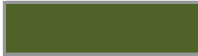
Coverage Types:

Medical, Mental Health, Substance Abuse, and Managed Pharmacy

Threshold:

\$200,000.00

Claimant ID	Diagnosis Code	Diagnosis Description	Total Paid
Claimant 1			
Claimant 2			
Claimant 3			
Claimant 4			
Claimant 5			
Claimant 6			
Claimant 7			
Claimant 8			
Claimant 9			
Claimant 10			
Claimant 11			
Claimant 12			
Claimant 13			
Claimant 14			
Claimant 15			
Claimant 16			
Claimant 17			
Claimant 18			
Claimant 19			
Claimant 20			
Claimant 21			
Claimant 22			
Claimant 23			
Claimant 24			
Claimant 25			
Claimant 26			
Claimant 27			
Claimant 28			
Claimant 29			
Claimant 30			
Claimant 31			
Claimant 32			
Claimant 33			
Claimant 34			
Claimant 35			

Carrier Name

Please note that you must complete plan design and rate information in the following requested formats in order for your quote to be considered. Enter only those plan design elements that are included in your quoted rates.

If offering options, please add in additional columns and clearly label

Proposed Self-Funded Administration Fees

Enrollment Assumptions					
Employees					
Dependents					

Administrative Fee Breakdown (PEPM)	Year 1 - Mature Fees (run out administration included)	Year 2 - Mature Fees (run out administration included)	Year 3 - Mature Fees (run out administration included)	Year 4 - Mature Fees (run out administration included)	Year 5 - Mature Fees (run out administration included)
TOTAL PEPM Admin Fee (with Rx included)					
TOTAL PROJECTED ANNUAL ADMIN. FEES (with Rx included)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PEPM Admin Fee (without Rx included)					
TOTAL PROJECTED ANNUAL ADMIN. FEES (without Rx included)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Required Administrative Fee Breakdown	Note: All services indicated below MUST be included within the total PEPM Admin fee above for your quote to be considered.				
1 Claims Processing	Please Select	Please Select	Please Select	Please Select	Please Select
2 Utilization and Case Management	Please Select	Please Select	Please Select	Please Select	Please Select
3 Network Administration / Access Fee	Please Select	Please Select	Please Select	Please Select	Please Select
4 Enrollment / Eligibility System Access	Please Select	Please Select	Please Select	Please Select	Please Select
5 Directories / Fulfillment	Please Select	Please Select	Please Select	Please Select	Please Select
6 Reporting Access	Please Select	Please Select	Please Select	Please Select	Please Select



7	Booklet / SPD Printing & Distribution	Please Select	Please Select	Please Select	Please Select	Please Select
8	Initial ID Cards / Replacement Cards	Please Select	Please Select	Please Select	Please Select	Please Select
9	Banking Charges / Fees	Please Select	Please Select	Please Select	Please Select	Please Select
10	Standard or Electronic Reporting	Please Select	Please Select	Please Select	Please Select	Please Select
11	Centers of Excellence	Please Select	Please Select	Please Select	Please Select	Please Select
12	Physician Review and Medical Claim Review	Please Select	Please Select	Please Select	Please Select	Please Select
13	Direct Contracting Fees	Please Select	Please Select	Please Select	Please Select	Please Select
14	Explanation of Benefits (EOB)	Please Select	Please Select	Please Select	Please Select	Please Select
15	Integration with 3rd Party PBM (including accepting file feeds)	Please Select	Please Select	Please Select	Please Select	Please Select
16	Send monthly Medical/Eligibility Claim files to 3rd party	Please Select	Please Select	Please Select	Please Select	Please Select
17	Coordination of Benefits	Please Select	Please Select	Please Select	Please Select	Please Select
18	Behavioral Health Management (Mental Health and Substance Abuse)	Please Select	Please Select	Please Select	Please Select	Please Select
19	Integration of ongoing external pharmacy vendor data into predictive model	Please Select	Please Select	Please Select	Please Select	Please Select
20	Appeals and 3rd party external review	Please Select	Please Select	Please Select	Please Select	Please Select

Additional Fees and Services		PEPM	PEPM	PEPM	PEPM	PEPM
21	Stop Loss Reporting to a 3rd party					
22	Shared Savings program, fees, percent of savings model, or any other revenue source associated with leased or third party out of network claims					
23	Wellness Portal Allowance (to be used with carrier's product or a 3rd party solution)					
24	Implementation Allowance					
25	Wellness Allowance					
26	Access to the Tiered Network					
27	Disease Management					
28	Send lab values to 3rd party / Send preventive care visit aggregate data to 3rd party					
29	Customization of ID cards					
30	Non-Erisa plan charge					
31	Tele Medicine Access fee (if any)					
32						
Additional Guarantees		Year 1	Year 2	Year 3	Year 4	Year 5
33	Discount Guarantees					
34	Implementation Guarantees					
35	Performance Guarantees					
Other Set-Up, If Applicable						
Subrogation Percentage						
Initial Set-Up Charges (Enter amount)						
Capitated Charges (must specifically outline what the capitated fees are for)						
Run-out						

Assumptions

Commissions	Net
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Carrier Name

Please note that you must complete plan design and rate information in the following requested formats in order for your quote to be considered. Enter only those plan design elements that are included in your quoted rates.

If offering options, please add in additional columns and clearly label

Proposed Fully-Insured Premium

Enrollment Assumptions					
Employees					
Dependents					

Fully-Insured Premium Breakdown (PEPM)	Year 1 - Premium	Year 2 - Premium	Year 3 - Premium	Year 4 - Premium	Year 5 - Premium
Employee Only					
Employee Spouse					
Employee Child					
Employee Family					
Estimated Monthly Premium					
Estimated Annual Premium					
Required Fully-Insured Premium Breakdown	Note: All services indicated below MUST be included within the total PEPM premium above for your quote to be considered.				
1 Claims Processing	Please Select	Please Select	Please Select	Please Select	Please Select
2 Utilization and Case Management	Please Select	Please Select	Please Select	Please Select	Please Select
4 Enrollment / Eligibility System Access	Please Select	Please Select	Please Select	Please Select	Please Select
5 Directories / Fulfillment	Please Select	Please Select	Please Select	Please Select	Please Select
6 Reporting Access	Please Select	Please Select	Please Select	Please Select	Please Select

7	Booklet / SPD Printing & Distribution	Please Select	Please Select	Please Select	Please Select	Please Select
8	Initial ID Cards / Replacement Cards	Please Select	Please Select	Please Select	Please Select	Please Select
9	Banking Charges / Fees	Please Select	Please Select	Please Select	Please Select	Please Select
10	Standard or Electronic Reporting	Please Select	Please Select	Please Select	Please Select	Please Select
11	Centers of Excellence	Please Select	Please Select	Please Select	Please Select	Please Select
12	Physician Review and Medical Claim Review	Please Select	Please Select	Please Select	Please Select	Please Select
13	Direct Contracting Fees	Please Select	Please Select	Please Select	Please Select	Please Select
14	Explanation of Benefits (EOB)	Please Select	Please Select	Please Select	Please Select	Please Select
15	Integration with 3rd Party PBM (including accepting file feeds)	Please Select	Please Select	Please Select	Please Select	Please Select
16	Send monthly Medical/Eligibility Claim files to 3rd party	Please Select	Please Select	Please Select	Please Select	Please Select
17	Coordination of Benefits	Please Select	Please Select	Please Select	Please Select	Please Select
18	Behavioral Health Management (Mental Health and Substance Abuse)	Please Select	Please Select	Please Select	Please Select	Please Select
19	Integration of ongoing external pharmacy vendor data into predictive model	Please Select	Please Select	Please Select	Please Select	Please Select
20	Appeals and 3rd party external review	Please Select	Please Select	Please Select	Please Select	Please Select

Additional Fees and Services		PEPM	PEPM	PEPM	PEPM	PEPM
23	Wellness Portal Allowance (to be used with carrier's product or a 3rd party solution)					
24	Implementation Allowance					
25	Wellness Allowance					
26	Access to the Tiered Network					
27	Disease Management					
28	Send lab values to 3rd party / Send preventive care visit aggregate data to 3rd party					
29	Customization of ID cards					
30	Non-Erisa plan charge					
31	Tele Medicine Access fee (if any)					
32						
Additional Guarantees		Year 1	Year 2	Year 3	Year 4	Year 5
33	Discount Guarantees					
34	Implementation Guarantees					
35	Performance Guarantees					
Other Set-Up, If Applicable						
Subrogation Percentage						
Initial Set-Up Charges (Enter amount)						
Capitated Charges (must specifically outline what the capitated fees are for)						

Assumptions

Commissions	Net
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Network Discounts	Year 1 - Mature Fees (run out administration included)
Discount Target Guarantee	0%
% of Fees at Risk for not Achieving Discount	0%
Risk-Fee Corridor (no payout)	0%
Claims Excluded from Discount Guarantee Calculation	Define
Total Fees at Risk for missing target	\$0.00

Vendor Name

Please note that you must complete rate information in the following requested format in order for your quote to be considered.

COMPLETE THIS TAB FOR EACH PLAN QUOTED.

Proposed Dental Fees & Rates

Are retirees included in fully insured rates?

Please Select

Quote rates in the following tier structure(s):

Please Select

EE Counts		Proposed EPO Dental Rates
Employee Only	xx	
Employee + Spouse	xx	
Employee + Child(ren)	xx	
Employee + Family	xx	
Estimated Monthly Premiums		\$0
Estimated Annual Premiums		\$0

Assumptions

Rate Guarantee	
Participation Requirements	
Commissions	Net
Other	

Self-Funded ASO Fees	
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DENTAL QUESTIONNAIREVendor Name**The following questionnaire must be completed.**

Dental vendors are required to respond to all requests for information contained in this questionnaire. All responses must be provided in a brief, bulleted format when possible. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please so indicate. If you are selected to administer the Client's employee benefit plans, your responses to the questionnaire will be considered part of your contractual responsibilities. You are also requested to return the indicated exhibits as part of your proposal.

Answers should be summarized in short format and not exceed the allotted space within the cell(s) provided. DO NOT add extra rows/columns--work within the allotted space. Additional information in vendor format may be submitted along with the "Attachments" spreadsheet if a vendor would like to include "more detailed" information.

Organizational Strength	Response
1 How many clients do you currently have in force for Dental on a national level?	
2 How many clients do you currently have in force for Dental in the state of Texas?	
3 How many clients do you currently have in force for Dental that are public entities in Texas?	
General	Response
4 What is the location of your claim payment operations?	
5 How long do you maintain dental claims records?	
Account Management	Response
6 Will the County have a dedicated Account Manager?	Please Select
7 If so, what is their location and standard hours?	



Customer Service	Response
8 Please provide your customer service hours, days of operation, time zone.	
9 How are calls "after hours" of operation handled?	Please Select
10 Are there multilingual resources available on this team, if so, please list which languages are available?	
11 Is your customer service unit outsourced?	Please Select
12 Does your company provide a customized toll free number to handle questions related to product offerings during the enrollment period?	Please Select
System Processes and Technology	Response
13 How often do you process and verify the eligibility information.	Please Select
16 What is the standard turnaround time for change / addition / deletion file uploads?	Please Select
17 How can eligibility data be transferred from the County to your organization?	Please Select
18 Are you able to make manual eligibility updates? If so, are they real-time updates?	Please Select
19 Describe your process for handling retroactive enrollment and cancellations.	



Providers/Networks		Response
20	What percentage of orthodontists, maxillofacial surgeons, endodontists and periodontists have certification in their specialty from an accredited program?	Please Select
21	How often are online directories updated?	Please select
Implementation Process		Response
22	What initial information is required from the employer for implementation?	Add attachment
23	Provide a detailed implementation timeline	Add attachment
24	Will there be a dedicated implementation manager?	
25	Will an account manager be available for open enrollment meetings?	Please Select
26	Do you provide ID cards?	Please Select
27	If so, what is your turn around time to provide ID cards?	Please Select
28	Do you agree to allow the County to pre-approve any communication to employees that would reach a significant portion of the County's population? Individualized communications are excluded.	Please Select
29	Please confirm that as part of the annual implementation process you will fund the creation and development of your product's communication materials which will include: Williamson County video library employee communication materials.	Please Select
30	If so, what is your annual communication allowance?	
Claims Payment		Response
31	What procedures are in place for insuring proper COB?	
32	How would "work-in-process" dental treatment be handled if the contract is terminated with the Client?	
33	How would orthodontia treatment be handled if the contract is terminated with the Client?	
34	How are non-network claims paid?	Please Select
35	What is the TAT for claims payment?	
Reporting		Response
36	Please provide a sample reporting package.	Add attachment
37	Is the reporting available on a monthly basis?	Please Select
38	If yes, are there any additional cost?	Please Select
Legal Concerns		Response

39	Do you have a clause in your contract with providers that prohibit providers from billing or collection from patients more than the plan's designated coinsurance or co-payment?	Please Select
40	Does your organization have any ownership interest, equity interest, or other financial interest in any dental provider included in your network?	Please Select
41	Are you willing to agree that all documents, records, reports and data, including data recorded in your processing systems, related to the receipt, processing and payment of claims, including all claims histories will be the property of the County?	Please Select
42	Please include a sample contract for dental services and a copy of the SPD/booklet the employees will receive.	Add attachment
43	Confirm that you will produce a Dental SPD for Williamson County.	



Vendor Name

For any benefits you cannot duplicate or administer, per the inforce SPD, please indicate on this tab. Please clearly note the differences by plan (INO, PPO, DHMO).

Proposed Dental -- Deviations/Variations

Question #	Deviation/Variation - List by Plan
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Vendor Name

Please note that you must keep this information in the following requested formats in order for your quote to be considered. Enter only the networks that are included in your quoted rates.

COMPLETE THIS TAB FOR EACH PLAN QUOTED.**Dental Network Discounts**

Please provide your organization's self reported discounts within the client's area for:

General Dentists	
Specialist Dentists	
Orthodontists	

INO Geo Access Results

Please provide full detailed reports for the medical GEO access within your formal proposal.

INO Measurement	General Dentists	Specialist Dentists	Orthodontists
# of Employees / Zip Codes Evaluated			
Providers			
# of Providers			
# of Locations			
X Providers within X Miles	2 / 10	2 / 15	1 / 20
% of Employee WITH access			
# of Employees WITH access			
% of Employee WITHOUT access			
# of Employees WITHOUT access			
Average distance to 2 providers for employees WITH desired access			
Average distance to 2 providers for employees WITHOUT desired access			

Vendor Name

Please note that you must complete the disruption analysis for each network quoted in the following requested formats in order for your quote to be considered.

Dental Disruption Analysis

Provider	Provider Address	City	ST	ZIP	Tax ID	Provider ID	Number of Claimants
Vernon Robert Bender	117 Louis Henna Drive	Round Rock	TX	78664	861159159	711374309	45
John F. McEntire	123 Ed Schmidt Blvd.	Hutto	TX	78634	261931306	902911009	54
Mandy L. Holley	3622 Williams Drive	Georgetown	TX	78628	753168047	751939509	30
Kelly Marie Gonzales	3614 Williams Drive	Georgetown	TX	78628	261516884	753470209	49
Ryan Payne Roberson	3006 Dawn Drive	Georgetown	TX	78628	454689506	947913409	34
Dustin P. Dinh	1950 South Austin Avenue	Georgetown	TX	78626	260879872	918709209	36
Travis Reed Hildebrand	1100 Lowes Blvd.	Killeen	TX	76542	261694505	968818509	49
Michael E. Dyer	3003 Dawn Drive	Georgetown	TX	78628	61783978	719286009	35
Kenneth Seely Havard	4402 Williams Drive	Georgetown	TX	78628	261694505	986719209	53
Keren Cherian	950 University Drive	Georgetown	TX	78626	742802915	512492409	30
Thad H. Gillespie	14933 West State Hwy. 29	Liberty Hill	TX	78642	200773477	523136709	28
Jeremy Louk	1 Chisholm Trail	Round Rock	TX	78681	464786288	486131209	13
Monica Goldenberg	3622 Williams Drive	Georgetown	TX	78628	742995034	598553109	11
Jamiesue Ferguson	235 South Dalton	Bartlett	TX	76511	742923417	514548709	32
William C. Cain	2027 South 61st Street	Temple	TX	76504	741699140	958505809	11
Eddie Glenn Tennison	2021 North Mays Street	Round Rock	TX	78664	460069142	573035409	18

Teri L. Marek	123 Ed Schmidt Blvd.	Hutto	TX	78634	261931306	908738009	36
William Chris Cornman	5790 Williams Drive	Georgetown	TX	78633	742789033	536723109	19
Cory W. Roach	602 East Elms Road	Killeen	TX	76542	454689506	732255909	26
Jackeline A. Argandona Daab	2906 South Bagdad Road	Leander	TX	78641	471843899	924511409	14
Emily E. Abbott-Ryu	16000 Park Valley Drive	Round Rock	TX	78681	742802915	737386909	22
Henri Bartleigh Smith	3006 Dawn Drive	Georgetown	TX	78628	454689506	550000709	14
Angela M. Lopez-Loverich	3614 Williams Drive	Georgetown	TX	78628	261516884	921274509	30
Scott Monroe Williams	2430 South Interstate 35 East	Denton	TX	76205	467084437	425187709	25
Jeremy D. Leland	3622 Williams Drive	Georgetown	TX	78628	741699140	711194609	11
Bryan P. Hassler	2525 West Anderson Lane	Austin	TX	78757	453639447	920340309	21
Chad K. Brown	321 Ed Schmidt Blvd.	Hutto	TX	78634	383815306	997014209	16
Euclid N. McLeod	1 Citizens Plaza	Georgetown	TX	78626	741675660	542333009	21
John Zavala	119 East Old Settlers Blvd.	Round Rock	TX	78664	10592949	765625509	14
Zeyad Mughrabi	1615 Williams Drive	Georgetown	TX	78628	452038813	959766309	23
Richard Brannock	501 Mallard Lane	Taylor	TX	76574	463402241	966794009	10
Scott V. Law	300 Morgan Street	Harker Heights	TX	76548	270900161	940038809	5
Kevin M. Bowcutt	4000 Bellmead Drive	Waco	TX	76705	474126471	766797809	9
Holly Josephine Marabella	3007 Williams Drive	Georgetown	TX	78628	451063322	490279509	11
Mark W. Friedrich	7700 Cat Hollow Drive	Round Rock	TX	78681	742973673	582866909	16
Roy Kirk McCormick	604 Crystal Falls Pkwy.	Leander	TX	78641	202394859	787262109	23
Bert C. Vasut	2051 Cypress Creek Road	Cedar Park	TX	78613	201804828	576615709	10
William S. Cabaniss	9000 Anderson Mills Road	Austin	TX	78729	742310797	596641309	10
Thomas William Rawcliffe	401 Ed Schmidt Blvd.	Hutto	TX	78634	383815306	559597109	10

Justin J. D'Abadie	6500 McNeil Drive	Austin	TX	78729	522389841	527338309	9
Kevin R. Rhodes	9902 Potranco Road	San Antonio	TX	78251	272800621	970509209	6
Darrell D. Faught	2608 Sunrise Road	Round Rock	TX	78665	203194116	465987009	12
Gerard L. DeSantis	1134 North Rolling Road	Catonsville	MD	21228	463191639	792670109	5
Leonard Joseph Kinatader	4400-1 East Central Texas Expwy.	Killeen	TX	76543	742802915	576237409	12
Houtan Alayan	15930 Great Oaks Drive	Round Rock	TX	78681	200350959	755142309	5
Ana M Torres	2242 1/2 Fair Park Ave	Chicago	IL	60659	453639447	796560909	14
Soi Douglas Hinh	7002 Manchaca Road	Austin	TX	78745	811590406	732553209	9
Avish Anil Haria	16000 Park Valley Drive	Round Rock	TX	78681	742802915	788039509	12
Rachel Foster	500 Canyon Ridge Drive	Austin	TX	78753	760486897	979379009	14
Stephen Bradley Bookmyer	12201 Renfert Way	Austin	TX	78758	134211482	757935209	5
Todd Carlton Harris	1600 West 38th Street	Austin	TX	78731	742773868	562068709	9
Howard Harland Chapple	893 North IH 35	Round Rock	TX	78664	742745322	535036909	6
Kevin Y. Kim	11007 Jones Road	Houston	TX	77070	274504187	770374509	10
Grant Nakashima	701 San Gabriel Village Blvd.	Georgetown	TX	78626	200972339	790625809	6
Kendall Jay Brennan	950 University Drive	Georgetown	TX	78626	742802915	537125009	18
Michelle Renee West	101 Jonathan Drive	Liberty Hill	TX	78642	200313094	770394509	8
Robert C. Hogge	651 North US Hwy. 183	Leander	TX	78641	454240250	965583809	14
Bhavesh B. Bhakta	1103 Rivery Blvd.	Georgetown	TX	78628	320202016	923983809	7
Blake E. Dawes	150 Deepwood Drive	Round Rock	TX	78681	271565534	987716009	15
David Emory Martin	2911 South A.W. Grimes Blvd.	Pflugerville	TX	78660	460631056	962987109	6
Jennifer L. Kiening	205 Denali Pass	Cedar Park	TX	78613	203068430	727919209	21
William L. Anderson	500 Crystal Falls Pkwy.	Leander	TX	78641	474337708	973790209	12

Scott P. Smith	901 Cypress Creek Road	Cedar Park	TX	78613	742570657	722043009	9
Fang Gu	3001 South Lamar Blvd.	Austin	TX	78704	742802915	913259909	5
Anil P. Gudapati	601 East Whitestone Blvd.	Cedar Park	TX	78613	205434615	790740009	14
Andrew D. Ducote	503 East Palm Valley Blvd.	Round Rock	TX	78664	205846366	707491709	16
Dayton R. Warden	1220 West State Hwy. 29	Bertram	TX	78605	742131487	599038809	6
William J. Montreuil	901 Round Rock Avenue	Round Rock	TX	78681	205978006	701585109	11
Prathima Sree Prasanna Vemulapalli	209 Denali Pass	Cedar Park	TX	78613	472924627	937966009	4
Ellen Marie Nelson	7215 Wyoming Springs	Round Rock	TX	78681	742819143	540508209	3
Mark E. Kupec	896 Summit Street	Round Rock	TX	78664	742900863	571666409	8
Lizania Montero	7002 Northeast Zac Lentz Pkwy.	Victoria	TX	77904	742948302	483601909	13
Julie A. Eivens	8701 West Parmer Lane	Austin	TX	78729	364490542	735159209	4
Kelsey L. Bookmyer	2100 Round Rock Avenue	Round Rock	TX	78681	134211482	714638709	10
Pamela Rene Singletary	1000 East 41st Street	Austin	TX	78751	455260488	551267009	8
Kerry J. Neal	4407 Bee Caves Road	Austin	TX	78746	742837561	585827809	2
Robert W. Roup	1780 Round Rock Avenue	Round Rock	TX	78681	412042873	572358409	3
Ronald L. Warren	3011 Dawn Drive	Georgetown	TX	78628	571136248	573035309	17
David M. Burden	8021 Fm 78	San Antonio	TX	78244	261931306	995005909	4
Cynthia Lynne Graves	10418 Lake Creek Pkwy.	Austin	TX	78750	271545228	967818909	6
Ziad Alex Zreik	16000 Park Valley Drive	Round Rock	TX	78681	742802915	921805109	4
Brandon L. Grantham	1801 Patriot Circle	Copperas Cove	TX	76522	205274217	762081709	5
Robert A. Kirk	5000 West Slaughter Lane	Austin	TX	78749	742802915	513581709	15
Darrell J. Park	901 Cypress Creek Road	Cedar Park	TX	78613	742570657	748955909	7
Jeffrey T. Burnett	15300B FM 1825	Pflugerville	TX	78660	742248247	589334909	10

Sharon C. Mathias	8415 Datapoint Drive	San Antonio	TX	78229	810818785	957608209	9
Brian J. Peters	893 North Interstate 35	Round Rock	TX	78664	742948302	960950909	3
Jeffrey C. Fendley	18111 Preston Road	Dallas	TX	75252	320202016	724132209	14
Sarah M. Jovanovski	4010 Sandy Brook Drive	Round Rock	TX	78665	10928536	958440409	3
Don R. Davis	10125 Lake Creek Pkwy.	Austin	TX	78729	320048507	533673509	6
Patrick S. Bell	181 Town Center Blvd.	Jarrell	TX	76537	208920479	772996009	8
Larry H Lindsay	6500 North Mopac	Austin	TX	78731	742586901	501953409	2
Kacey Layne Howell	16000 Park Valley Drive	Round Rock	TX	78681	742802915	918760809	9
Teresa Beth Gaddy	2501 Red Bud Lane	Round Rock	TX	78664	743022292	563535109	5
David A. Baker	4201 Bee Caves Road	Austin	TX	78746	752350502	787110409	2
Timothy Collins	3600 East McKinney Street	Denton	TX	76209	811469752	487216409	3
Maria I. Mendoza	893 North Interstate 35	Round Rock	TX	78664	271242781	759783009	19
David R. Hennington	3613 Williams Drive	Georgetown	TX	78628	201211044	564336909	8
Kathy Lynn Raesz	11615 Angus Road	Austin	TX	78759	742745322	507721009	5
Michaelanne Elizabeth Briggs	701 San Gabriel Village Blvd.	Georgetown	TX	78626	200972339	719960409	3
John F. Lann	7700 Cat Hollow Drive	Round Rock	TX	78681	742821936	569402209	4
Natalie G. Scott	15424 FM 1825	Pflugerville	TX	78660	463040994	918381909	8
Oakbrook Endodontics LTD LLP	1830 Round Rock Avenue	Round Rock	TX	78681	550811037	784248909	3
Brandon Cole Hedgecock	2700 McClelland Blvd.	Joplin	MO	64804	471661633	997121009	10
Ronald C. Barnett	7800 North Mopac Expressway	Austin	TX	78759	742876461	501239709	3
Gregory D. Edson	3301 Northland Drive	Austin	TX	78731	742794754	545044209	5
Russell D. Cunningham	12416 Hymeadow Drive	Austin	TX	78750	741699140	463598509	2
Saba Parveen Asrar	4506 Williams Drive	Georgetown	TX	78633	760486897	793860409	3

Chang W. Ryu	893 North Interstate 35	Round Rock	TX	78664	742948302	524091809	8
Kaveh Azarnoush	115 Sundance Pkwy.	Round Rock	TX	78681	461335632	986157509	5
Dzung Huu Hoang Nguyen	601 East Whitestone Blvd.	Cedar Park	TX	78613	465647065	921383209	4
David C. Myhre	15004 Avery Ranch Blvd.	Austin	TX	78717	450534553	482560909	4
Patrick S. Bell	181 Town Center Blvd.	Jarrell	TX	76537	611580487	772996009	11
Tuan Anh Chau	11416 FM 620 North	Austin	TX	78726	454707279	737899909	2
Jeffrey Scott Zapalac	5656 Bee Cave Road	Austin	TX	78746	10570299	716236109	1
Susmitha Aluru	1201 Barbara Jordan Blvd.	Austin	TX	78723	463185895	988943609	9
Jason M. Duggan	1500 West 38th Street	Austin	TX	78731	263791880	974806209	2
Loubna Tahiri	5656 Bee Caves Road	Austin	TX	78746	742802915	782644609	5
Glen M. Wainwright	300 Beardsley Lane	Austin	TX	78746	61800269	722987209	1
Craig Knell	12416 Hymeadow Drive	Austin	TX	78750	741699140	983486609	5
Douglas B. Willingham	2 North Main	Salado	TX	76571	454024694	529039709	3
Aliisha Kathleen Choucair	10703 East Crystal Falls Pkwy.	Leander	TX	78641	208028933	972361609	5
Mark David Burchard	7200 Wyoming Springs	Round Rock	TX	78681	742912451	577843709	4
Daniel W Quick	2110 New Slaughter Lane	Austin	TX	78748	743024068	462404109	1
Stephen F. Snodell	1907 Cypress Creek Road	Cedar Park	TX	78613	30399859	548766909	1
Michelle L. Freeze	14005 North Us Hwy. 183	Austin	TX	78717	474844229	755664309	9
Michael B. Doughty	3415 El Salido Pkwy.	Cedar Park	TX	78613	10691882	589809709	2
Vincent L. Ho	11130 Jollyville Road	Austin	TX	78759	742800896	572497809	4
Eric D. Hoffman	150 Deepwood Drive	Round Rock	TX	78681	271565534	764081509	7
Aaron Wayne Engels	11149 Research Blvd.	Austin	TX	78759	205434615	949257409	7
Craig P. Torres	4402 Williams Drive	Georgetown	TX	78628	453820108	948586809	6

Kyleen J. Chen	6301 West Parmer Lane	Austin	TX	78729	830450009	772617009	2
David Kent Pendleton	307 Childress Drive	Rockdale	TX	76567	20655538	580238109	1
Trent M. Smith	150 Deepwood Drive	Round Rock	TX	78681	271565534	969163609	5
Michael Scott Monts	10601 Pecan Park Blvd.	Austin	TX	78750	200960703	749459109	2
Rachel Trueblood	1335 East Whitestone Blvd.	Cedar Park	TX	78613	474844229	776684609	5
Blair R. Barnett	12151 West Parmer Lane	Cedar Park	TX	78613	260544039	960306909	2
Lyndsey Wang	2606 FM 1825	Pflugerville	TX	78660	462430957	410626209	3
Michael Pham Ding	12416 Hymeadow Drive	Austin	TX	78750	741699140	979053009	2
John Colby Smith	3007 Williams Drive	Georgetown	TX	78628	451063322	726457009	6
Steven C. Wood	971 Hilltop Drive	Weatherford	TX	76086	261694505	598340209	2
Ann Marie Olson	11623 Angus Road	Austin	TX	78759	200573948	462123509	1
Gene Hassell	200 West Main Street	Pflugerville	TX	78660	742281178	527337909	1
James Vincent Venuti	12901 North IH 35	Austin	TX	78753	760486897	486676609	3
Ali Golshani	301 Hwy. 71 West	Bastrop	TX	78602	263884341	526695909	1
Jason Wade Dyson	16000 Park Valley Drive	Round Rock	TX	78681	611466241	778601909	2
Kenny M. Baird	800 Lakeway Drive	Georgetown	TX	78628	742686607	556836809	3
Joshua M. Knowles	2027 South 61st Street	Temple	TX	76504	474875860	561693509	1

Dental Paid Claims

Control - SFX - ACCT Total	Product	Month	*(1) Estimated Employees	*(2) Customer Funded Claims	*(3) Individual Stop Loss Claims	*(4) Aggregate Stop Loss Claims	Paid Claims
866349 - 010 - 001	(5) Managed Behavioral Health	11/01/2015	0	\$150.00	\$0.00	\$0.00	\$150.00
		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	\$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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total		0	\$150.00	\$0.00	\$0.00	\$150.00
	Indemnity Vision	11/01/2015	0	\$2,556.25	\$0.00	\$0.00	\$2,556.25
		12/01/2015	0	\$105.80	\$0.00	\$0.00	\$105.80
		01/01/2016	0	\$33.00	\$0.00	\$0.00	\$33.00
		02/01/2016	0	\$184.60	\$0.00	\$0.00	\$184.60
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$2,879.65	\$0.00	\$0.00	\$2,879.65
	Open Acc EPO	11/01/2015	0	\$50,288.38	\$0.00	\$0.00	\$50,288.38
		12/01/2015	0	\$21,464.05	\$0.00	\$0.00	\$21,464.05
		01/01/2016	0	\$10,335.10	\$0.00	\$0.00	\$10,335.10
		02/01/2016	0	\$732.67	\$0.00	\$0.00	\$732.67
		03/01/2016	0	-\$15,252.15	\$0.00	\$0.00	-\$15,252.15
		04/01/2016	0	\$2,811.06	\$0.00	\$0.00	\$2,811.06
		05/01/2016	0	\$3,163.65	\$0.00	\$0.00	\$3,163.65
		06/01/2016	0	\$264,612.36	\$0.00	\$0.00	\$264,612.36
		07/01/2016	0	-\$268,631.65	\$0.00	\$0.00	-\$268,631.65
		08/01/2016	0	\$2,228.93	\$0.00	\$0.00	\$2,228.93
		09/01/2016	0	-\$1,542.56	\$0.00	\$0.00	-\$1,542.56
		10/01/2016	0	-\$4,698.86	\$0.00	\$0.00	-\$4,698.86
		11/01/2016	0	\$0.00	-\$335.40	\$0.00	-\$335.40
		12/01/2016	0	-\$18.43	\$0.00	\$0.00	-\$18.43
	Open Acc EPO Total		0	\$65,492.55	-\$335.40	\$0.00	\$65,157.15
	Pharmacy	11/01/2015	0	\$13,895.64	\$0.00	\$0.00	\$13,895.64
		12/01/2015	0	\$109.94	\$0.00	\$0.00	\$109.94
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$538.13	\$0.00	\$0.00	\$538.13
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00

	Pharmacy Total			Williamson County, Texas	\$0.00	\$0.00	\$14,543.71
Control - SFX - ACCT Total			0	\$83,065.91	-\$335.40	\$0.00	\$82,730.51
866349 - 010 - 002	Indemnity Vision	11/01/2015	0	\$516.00	\$0.00	\$0.00	\$516.00
		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	\$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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$516.00	\$0.00	\$0.00	\$516.00
	Open Acc EPO	11/01/2015	0	\$17,506.10	\$0.00	\$0.00	\$17,506.10
		12/01/2015	0	\$940.67	\$0.00	\$0.00	\$940.67
		01/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		02/01/2016	0	\$481.30	\$0.00	\$0.00	\$481.30
		03/01/2016	0	\$19.22	\$0.00	\$0.00	\$19.22
		04/01/2016	0	\$180.21	\$0.00	\$0.00	\$180.21
		05/01/2016	0	-\$1,874.87	\$0.00	\$0.00	-\$1,874.87
		06/01/2016	0	-\$2,408.30	\$0.00	\$0.00	-\$2,408.30
		07/01/2016	0	-\$949.80	\$0.00	\$0.00	-\$949.80
		08/01/2016	0	\$140.61	\$0.00	\$0.00	\$140.61
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	-\$42.15	\$0.00	\$0.00	-\$42.15
	Open Acc EPO Total		0	\$13,992.99	\$0.00	\$0.00	\$13,992.99
	Pharmacy	11/01/2015	0	\$4,686.51	\$0.00	\$0.00	\$4,686.51
		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	\$88.92	\$0.00	\$0.00	\$88.92
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$4,775.43	\$0.00	\$0.00	\$4,775.43
Control - SFX - ACCT Total			0	\$19,284.42	\$0.00	\$0.00	\$19,284.42
866349 - 010 - 997	Pharmacy	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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy 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
866349 - 011 - 101	(5) Managed Behavioral Health	11/01/2015	0	\$5,876.32	\$0.00	\$0.00	\$5,876.32
		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	Williamson County, Texas	\$0.00	\$0.00	\$3,387.98
		04/01/2016	0	\$8,602.66	\$0.00	\$8,602.66
		05/01/2016	0	\$3,763.47	\$0.00	\$3,763.47
		06/01/2016	0	\$17,583.01	\$0.00	\$17,583.01
		07/01/2016	0	\$4,237.94	\$0.00	\$4,237.94
		08/01/2016	0	\$8,728.88	\$0.00	\$8,728.88
		09/01/2016	0	\$3,572.35	\$0.00	\$3,572.35
		10/01/2016	0	\$8,031.37	\$0.00	\$8,031.37
		11/01/2016	0	\$6,569.08	\$0.00	\$6,569.08
		12/01/2016	0	\$1,215.48	\$270.00	\$1,485.48
	(5) Managed Behavioral Health Total		0	\$88,735.19	\$270.00	\$89,005.19
	Indemnity Vision	11/01/2015	0	\$29,108.59	\$0.00	\$29,108.59
		12/01/2015	0	\$18,535.81	\$0.00	\$18,535.81
		01/01/2016	0	\$10,741.25	\$0.00	\$10,741.25
		02/01/2016	0	\$26,463.84	\$0.00	\$26,463.84
		03/01/2016	0	\$20,781.51	\$0.00	\$20,781.51
		04/01/2016	0	\$10,872.39	\$0.00	\$10,872.39
		05/01/2016	0	\$14,052.26	\$0.00	\$14,052.26
		06/01/2016	0	\$12,164.14	\$0.00	\$12,164.14
		07/01/2016	0	\$17,858.59	\$0.00	\$17,858.59
		08/01/2016	0	\$24,892.16	\$0.00	\$24,892.16
		09/01/2016	0	\$18,036.59	\$0.00	\$18,036.59
		10/01/2016	0	\$25,113.91	\$0.00	\$25,113.91
		11/01/2016	0	\$22,258.26	\$0.00	\$22,258.26
		12/01/2016	0	\$25,588.97	\$0.00	\$25,588.97
	Indemnity Vision Total		0	\$276,468.27	\$0.00	\$276,468.27
	Open Acc EPO	11/01/2015	1,007	\$273,470.76	\$0.00	\$273,470.76
		12/01/2015	1,007	\$297,955.15	\$0.00	\$297,955.15
		01/01/2016	1,017	\$254,109.77	\$0.00	\$254,109.77
		02/01/2016	1,020	\$420,909.36	\$0.00	\$420,909.36
		03/01/2016	1,018	\$594,053.83	\$0.00	\$594,053.83
		04/01/2016	1,028	\$621,693.99	\$5,239.48	\$626,933.47
		05/01/2016	1,028	\$663,494.61	\$8,639.19	\$672,133.80
		06/01/2016	1,040	\$466,159.66	-\$486.33	\$465,673.33
		07/01/2016	1,044	\$417,519.78	\$0.00	\$417,519.78
		08/01/2016	1,095	\$955,653.75	\$0.00	\$955,653.75
		09/01/2016	1,112	\$515,897.67	\$1,777.36	\$517,675.03
		10/01/2016	1,116	\$743,994.77	\$49,673.39	\$793,668.16
		11/01/2016	1,123	\$1,008,368.10	\$51,745.66	\$1,060,113.76
		12/01/2016	1,123	\$536,279.61	\$148,772.92	\$685,052.53
	Open Acc EPO Total		14,778	\$7,769,560.81	\$265,361.67	\$8,034,922.48
	Pharmacy	11/01/2015	1,007	\$177,981.75	\$0.00	\$177,981.75
		12/01/2015	1,007	\$157,559.43	\$0.00	\$157,559.43
		01/01/2016	1,017	\$202,560.08	\$0.00	\$202,560.08
		02/01/2016	1,020	\$202,110.57	\$0.00	\$202,110.57
		03/01/2016	1,018	\$245,069.67	\$0.00	\$245,069.67
		04/01/2016	1,028	\$224,169.26	\$245.32	\$224,414.58
		05/01/2016	1,028	\$162,683.09	\$77.50	\$162,760.59
		06/01/2016	1,040	\$242,355.94	\$162.86	\$242,518.80
		07/01/2016	1,044	\$197,082.97	\$0.00	\$197,082.97
		08/01/2016	1,095	\$209,849.31	-\$154.03	\$209,695.28
		09/01/2016	1,112	\$231,795.02	\$0.00	\$231,795.02
		10/01/2016	1,116	\$202,264.70	\$747.78	\$203,012.48
		11/01/2016	1,123	\$207,666.06	\$1,168.05	\$208,834.11
		12/01/2016	1,123	\$275,582.70	\$804.99	\$276,387.69
	Pharmacy Total		14,778	\$2,938,730.55	\$3,052.47	\$2,941,783.02
Control - SFX - ACCT Total			29,556	\$11,073,494.82	\$268,684.14	\$11,342,178.96
866349 - 011 - 102	(5) Managed Behavioral Health	11/01/2015	0	\$265.01	\$0.00	\$265.01
		12/01/2015	0	\$9,897.70	\$0.00	\$9,897.70
		01/01/2016	0	\$8,483.50	\$0.00	\$8,483.50
		02/01/2016	0	\$84.87	\$0.00	\$84.87
		03/01/2016	0	\$877.12	\$0.00	\$877.12
		04/01/2016	0	\$1,253.34	\$0.00	\$1,253.34
		05/01/2016	0	\$30,887.25	\$0.00	\$30,887.25
		06/01/2016	0	\$3,308.74	\$0.00	\$3,308.74
		07/01/2016	0	\$957.24	\$0.00	\$957.24
		08/01/2016	0	-\$4,218.39	\$0.00	-\$4,218.39

		09/01/2016	Williamson County, Texas	\$7,909.74	\$0.00	\$0.00	\$7,909.74
		10/01/2016	0	\$172.00	\$0.00	\$0.00	\$172.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$16,150.00	\$0.00	\$0.00	\$16,150.00
	(5) Managed Behavioral Health Total		0	\$76,028.12	\$0.00	\$0.00	\$76,028.12
	Indemnity Vision	11/01/2015	0	\$1,924.60	\$0.00	\$0.00	\$1,924.60
		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
		04/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
		05/01/2016	0	\$750.00	\$0.00	\$0.00	\$750.00
		06/01/2016	0	\$590.30	\$0.00	\$0.00	\$590.30
		07/01/2016	0	\$295.00	\$0.00	\$0.00	\$295.00
		08/01/2016	0	\$551.75	\$0.00	\$0.00	\$551.75
		09/01/2016	0	\$1,159.96	\$0.00	\$0.00	\$1,159.96
		10/01/2016	0	\$426.75	\$0.00	\$0.00	\$426.75
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$9,329.96	\$0.00	\$0.00	\$9,329.96
	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	49	\$33,630.96	\$0.00	\$0.00	\$33,630.96
		04/01/2016	49	\$85,681.25	\$0.00	\$0.00	\$85,681.25
		05/01/2016	50	\$36,725.72	\$0.00	\$0.00	\$36,725.72
		06/01/2016	50	\$31,856.88	\$0.00	\$0.00	\$31,856.88
		07/01/2016	49	\$68,849.87	\$0.00	\$0.00	\$68,849.87
		08/01/2016	2	\$88,991.80	\$0.00	\$0.00	\$88,991.80
		09/01/2016	1	\$64,144.58	\$0.00	\$0.00	\$64,144.58
		10/01/2016	1	\$37,064.06	\$0.00	\$0.00	\$37,064.06
		11/01/2016	1	\$742.44	\$0.00	\$0.00	\$742.44
		12/01/2016	1	\$283.59	\$0.00	\$0.00	\$283.59
	Open Acc EPO Total		459	\$628,661.41	\$0.00	\$0.00	\$628,661.41
	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	49	\$33,328.29	\$0.00	\$0.00	\$33,328.29
		04/01/2016	49	\$31,386.33	\$0.00	\$0.00	\$31,386.33
		05/01/2016	50	\$19,625.87	\$0.00	\$0.00	\$19,625.87
		06/01/2016	50	\$29,397.19	\$0.00	\$0.00	\$29,397.19
		07/01/2016	49	\$46,504.77	\$0.00	\$0.00	\$46,504.77
		08/01/2016	2	\$15,892.50	\$0.00	\$0.00	\$15,892.50
		09/01/2016	1	\$37,936.65	\$0.00	\$0.00	\$37,936.65
		10/01/2016	1	\$18,249.52	\$0.00	\$0.00	\$18,249.52
		11/01/2016	1	-\$12,894.57	\$0.00	\$0.00	-\$12,894.57
		12/01/2016	1	\$857.45	\$0.00	\$0.00	\$857.45
	Pharmacy Total		459	\$294,890.29	\$0.00	\$0.00	\$294,890.29
Control - SFX - ACCT Total			918	\$1,008,909.78	\$0.00	\$0.00	\$1,008,909.78
866349 - 011 - 103	Indemnity Vision	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	\$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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$300.00	\$0.00	\$0.00	\$300.00
	Indemnity Vision Total		0	\$300.00	\$0.00	\$0.00	\$300.00

	Open Acc EPO	11/01/2015	Williamson County, Texas	\$0.00	\$0.00	\$240.00
		12/01/2015	1	\$0.50	\$0.00	\$0.50
		01/01/2016	1	\$38.87	\$0.00	\$38.87
		02/01/2016	2	\$1.00	\$0.00	\$1.00
		03/01/2016	2	\$1.00	\$0.00	\$1.00
		04/01/2016	2	\$289.66	\$0.00	\$289.66
		05/01/2016	2	\$265.22	\$0.00	\$265.22
		06/01/2016	2	\$1.20	\$0.00	\$1.20
		07/01/2016	3	\$17.70	\$0.00	\$17.70
		08/01/2016	4	\$534.79	\$0.00	\$534.79
		09/01/2016	5	\$5,966.97	\$0.00	\$5,966.97
		10/01/2016	5	\$5,361.02	\$0.00	\$5,361.02
		11/01/2016	5	\$3,855.56	\$0.00	\$3,855.56
		12/01/2016	5	\$4,494.40	\$0.00	\$4,494.40
	Open Acc EPO Total		39	\$21,067.89	\$0.00	\$21,067.89
	Pharmacy	11/01/2015	0	\$0.00	\$0.00	\$0.00
		12/01/2015	1	\$0.00	\$0.00	\$0.00
		01/01/2016	1	\$0.00	\$0.00	\$0.00
		02/01/2016	2	\$0.00	\$0.00	\$0.00
		03/01/2016	2	\$109.54	\$0.00	\$109.54
		04/01/2016	2	\$160.56	\$0.00	\$160.56
		05/01/2016	2	\$412.61	\$0.00	\$412.61
		06/01/2016	2	\$0.00	\$0.00	\$0.00
		07/01/2016	3	\$0.00	\$0.00	\$0.00
		08/01/2016	4	\$409.08	\$0.00	\$409.08
		09/01/2016	5	\$1,380.50	\$0.00	\$1,380.50
		10/01/2016	5	\$1,902.10	\$0.00	\$1,902.10
		11/01/2016	5	\$2,360.64	\$0.00	\$2,360.64
		12/01/2016	5	\$1,611.09	\$0.00	\$1,611.09
	Pharmacy Total		39	\$8,346.12	\$0.00	\$8,346.12
Control - SFX - ACCT Total			78	\$29,714.01	\$0.00	\$29,714.01
866349 - 012 - 201	(5) Managed Behavioral Health	11/01/2015	0	\$1,035.30	\$0.00	\$1,035.30
		12/01/2015	0	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$0.80	\$0.00	\$0.80
		02/01/2016	0	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total		0	\$1,036.10	\$0.00	\$1,036.10
	Indemnity Vision	11/01/2015	0	\$693.03	\$0.00	\$693.03
		12/01/2015	0	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$9.00	\$0.00	\$9.00
		02/01/2016	0	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$128.00	\$0.00	\$128.00
	Indemnity Vision Total		0	\$830.03	\$0.00	\$830.03
	Open Acc POS	11/01/2015	0	\$46,849.97	\$0.00	\$46,849.97
		12/01/2015	0	\$47,018.76	\$0.00	\$47,018.76
		01/01/2016	0	\$2,196.71	\$0.00	\$2,196.71
		02/01/2016	0	-\$54,975.60	\$0.00	-\$54,975.60
		03/01/2016	0	-\$2,965.52	\$0.00	-\$2,965.52
		04/01/2016	0	\$1,049.33	\$0.00	\$1,049.33

		05/01/2016	Williamson County, Texas	\$0.00	\$0.00	\$-488.22
		06/01/2016	0	\$164.80	\$0.00	\$164.80
		07/01/2016	0	\$187.48	\$0.00	\$187.48
		08/01/2016	0	\$164.27	\$0.00	\$164.27
		09/01/2016	0	\$69.02	\$0.00	\$69.02
		10/01/2016	0	\$278.79	\$0.00	\$278.79
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$25.68	\$0.00	\$25.68
	Open Acc POS Total		0	\$39,575.47	\$0.00	\$39,575.47
	Pharmacy	11/01/2015	0	\$21,977.40	\$0.00	\$21,977.40
		12/01/2015	0	-\$18.90	\$0.00	-\$18.90
		01/01/2016	0	\$890.90	\$0.00	\$890.90
		02/01/2016	0	\$1,020.11	\$0.00	\$1,020.11
		03/01/2016	0	\$449.42	\$0.00	\$449.42
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$1,206.82	\$0.00	\$1,206.82
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$25,525.75	\$0.00	\$25,525.75
Control - SFX - ACCT Total			0	\$66,967.35	\$0.00	\$66,967.35
866349 - 012 - 202	Indemnity Vision	11/01/2015	0	\$215.00	\$0.00	\$215.00
		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	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$215.00	\$0.00	\$215.00
	Open Acc POS	11/01/2015	0	\$3,546.37	\$0.00	\$3,546.37
		12/01/2015	0	\$0.00	\$0.00	\$0.00
		01/01/2016	0	-\$296.68	\$0.00	-\$296.68
		02/01/2016	0	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$39.71	\$0.00	\$39.71
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$338.01	\$0.00	\$338.01
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	\$3,627.41	\$0.00	\$3,627.41
	Pharmacy	11/01/2015	0	\$505.58	\$0.00	\$505.58
		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	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$505.58	\$0.00	\$505.58
Control - SFX - ACCT Total			0	\$4,347.99	\$0.00	\$4,347.99

866349 - 012 - 203	Open Acc POS	11/01/2015	Williamson County, Texas	\$0.00	\$0.00	\$0.00	
		12/01/2015	0	-\$11.56	\$0.00	\$0.00	-\$11.56
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	-\$11.56	\$0.00	\$0.00	-\$11.56
	Pharmacy	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	\$5.60	\$0.00	\$0.00	\$5.60
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$5.60	\$0.00	\$0.00	\$5.60
Control - SFX - ACCT Total			0	-\$5.96	\$0.00	\$0.00	-\$5.96
866349 - 013 - 301	(5) Managed Behavioral Health	11/01/2015	0	\$1,164.72	\$0.00	\$0.00	\$1,164.72
		12/01/2015	0	\$3,595.75	\$0.00	\$0.00	\$3,595.75
		01/01/2016	0	\$1,021.79	\$0.00	\$0.00	\$1,021.79
		02/01/2016	0	\$1,380.76	\$0.00	\$0.00	\$1,380.76
		03/01/2016	0	\$914.99	\$0.00	\$0.00	\$914.99
		04/01/2016	0	\$4,127.78	\$0.00	\$0.00	\$4,127.78
		05/01/2016	0	\$13,781.55	\$0.00	\$0.00	\$13,781.55
		06/01/2016	0	\$8,840.63	\$0.00	\$0.00	\$8,840.63
		07/01/2016	0	\$21,287.86	\$0.00	\$0.00	\$21,287.86
		08/01/2016	0	\$5,644.65	\$0.00	\$0.00	\$5,644.65
		09/01/2016	0	\$18,982.25	\$0.00	\$0.00	\$18,982.25
		10/01/2016	0	\$1,073.09	\$0.00	\$0.00	\$1,073.09
		11/01/2016	0	\$722.35	\$0.00	\$0.00	\$722.35
		12/01/2016	0	\$613.72	\$0.00	\$0.00	\$613.72
	(5) Managed Behavioral Health Total		0	\$83,151.89	\$0.00	\$0.00	\$83,151.89
	Indemnity Vision	11/01/2015	0	\$5,488.03	\$0.00	\$0.00	\$5,488.03
		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
		05/01/2016	0	\$2,841.05	\$0.00	\$0.00	\$2,841.05
		06/01/2016	0	\$4,912.78	\$0.00	\$0.00	\$4,912.78
		07/01/2016	0	\$3,044.88	\$0.00	\$0.00	\$3,044.88
		08/01/2016	0	\$9,795.19	\$0.00	\$0.00	\$9,795.19
		09/01/2016	0	\$2,624.25	\$0.00	\$0.00	\$2,624.25
		10/01/2016	0	\$10,795.39	\$0.00	\$0.00	\$10,795.39
		11/01/2016	0	\$8,225.04	\$0.00	\$0.00	\$8,225.04
		12/01/2016	0	\$6,319.65	\$0.00	\$0.00	\$6,319.65
	Indemnity Vision Total		0	\$82,842.88	\$0.00	\$0.00	\$82,842.88
	Open Acc POS	11/01/2015	283	\$158,853.73	\$0.00	\$0.00	\$158,853.73
		12/01/2015	284	\$255,147.16	\$0.00	\$0.00	\$255,147.16
		01/01/2016	285	\$227,692.58	\$0.00	\$0.00	\$227,692.58
		02/01/2016	286	\$788,811.83	\$5,759.89	\$0.00	\$794,571.72
		03/01/2016	285	\$447,477.61	\$6,563.40	\$0.00	\$454,041.01
		04/01/2016	287	\$286,180.72	\$1,226.55	\$0.00	\$287,407.27

		05/01/2016	Williams County, Texas	\$38.04	\$0.00	\$280,259.23
		06/01/2016	281	\$189,368.67	\$63.05	\$189,431.72
		07/01/2016	283	\$208,217.19	\$63.05	\$208,280.24
		08/01/2016	318	\$290,828.50	\$194.49	\$291,022.99
		09/01/2016	318	\$310,807.85	\$94,560.29	\$405,368.14
		10/01/2016	324	\$232,620.20	\$10,179.91	\$242,800.11
		11/01/2016	328	\$246,413.32	\$1,897.50	\$248,310.82
		12/01/2016	328	\$309,230.83	\$411.98	\$309,642.81
	Open Acc POS Total		4,174	\$4,231,871.38	\$120,958.15	\$4,352,829.53
	Pharmacy	11/01/2015	283	\$72,215.65	\$0.00	\$72,215.65
		12/01/2015	284	\$85,287.25	\$0.00	\$85,287.25
		01/01/2016	285	\$120,037.63	\$0.00	\$120,037.63
		02/01/2016	286	\$84,731.62	\$214.86	\$84,946.48
		03/01/2016	285	\$126,681.54	\$711.57	\$127,393.11
		04/01/2016	287	\$128,005.60	\$576.39	\$128,581.99
		05/01/2016	284	\$75,526.93	\$227.62	\$75,754.55
		06/01/2016	281	\$128,090.91	\$576.39	\$128,667.30
		07/01/2016	283	\$87,073.13	\$576.39	\$87,649.52
		08/01/2016	318	\$87,024.05	\$225.88	\$87,249.93
		09/01/2016	318	\$75,100.56	\$231.08	\$75,331.64
		10/01/2016	324	\$108,317.16	\$373.68	\$108,690.84
		11/01/2016	328	\$98,443.26	\$1,378.33	\$99,821.59
		12/01/2016	328	\$119,440.18	\$1,593.17	\$121,033.35
	Pharmacy Total		4,174	\$1,395,975.47	\$6,685.36	\$1,402,660.83
Control - SFX - ACCT Total			8,348	\$5,793,841.62	\$127,643.51	\$5,921,485.13
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	\$54.17	\$0.00	\$54.17
		03/01/2016	0	\$227.42	\$0.00	\$227.42
		04/01/2016	0	\$161.66	\$0.00	\$161.66
		05/01/2016	0	\$24.00	\$0.00	\$24.00
		06/01/2016	0	\$24.00	\$0.00	\$24.00
		07/01/2016	0	\$69.00	\$0.00	\$69.00
		08/01/2016	0	\$69.00	\$0.00	\$69.00
		09/01/2016	0	\$132.62	\$0.00	\$132.62
		10/01/2016	0	\$138.00	\$0.00	\$138.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total		0	\$899.87	\$0.00	\$899.87
	Indemnity Vision	11/01/2015	0	\$1,188.00	\$0.00	\$1,188.00
		12/01/2015	0	\$0.00	\$0.00	\$0.00
		01/01/2016	0	\$300.00	\$0.00	\$300.00
		02/01/2016	0	\$600.00	\$0.00	\$600.00
		03/01/2016	0	\$1,036.00	\$0.00	\$1,036.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$300.00	\$0.00	\$300.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$234.70	\$0.00	\$234.70
		08/01/2016	0	\$300.00	\$0.00	\$300.00
		09/01/2016	0	\$300.00	\$0.00	\$300.00
		10/01/2016	0	\$600.00	\$0.00	\$600.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$4,858.70	\$0.00	\$4,858.70
	Open Acc POS	11/01/2015	36	\$19,071.18	\$0.00	\$19,071.18
		12/01/2015	35	\$52,365.91	\$0.00	\$52,365.91
		01/01/2016	35	\$5,140.67	\$0.00	\$5,140.67
		02/01/2016	35	\$5,412.46	\$0.00	\$5,412.46
		03/01/2016	35	\$12,344.78	\$0.00	\$12,344.78
		04/01/2016	35	\$11,964.67	\$0.00	\$11,964.67
		05/01/2016	37	\$7,884.82	\$0.00	\$7,884.82
		06/01/2016	38	\$13,562.56	\$0.00	\$13,562.56
		07/01/2016	39	\$30,508.16	\$0.00	\$30,508.16
		08/01/2016	2	\$7,062.69	\$0.00	\$7,062.69
		09/01/2016	1	\$8,155.21	\$0.00	\$8,155.21
		10/01/2016	0	\$4,786.52	\$0.00	\$4,786.52

		11/01/2016	Williamson County, Texas	\$0.00	\$0.00	\$0.00
		12/01/2016	0	-\$97.84	\$0.00	-\$97.84
	Open Acc POS Total		328	\$178,161.79	\$0.00	\$178,161.79
	Pharmacy	11/01/2015	36	\$18,828.11	\$0.00	\$18,828.11
		12/01/2015	35	\$13,003.30	\$0.00	\$13,003.30
		01/01/2016	35	\$28,397.35	\$0.00	\$28,397.35
		02/01/2016	35	\$19,777.22	\$0.00	\$19,777.22
		03/01/2016	35	\$19,277.74	\$0.00	\$19,277.74
		04/01/2016	35	\$21,313.16	\$0.00	\$21,313.16
		05/01/2016	37	\$23,670.27	\$0.00	\$23,670.27
		06/01/2016	38	\$23,067.96	\$0.00	\$23,067.96
		07/01/2016	39	\$17,874.64	\$0.00	\$17,874.64
		08/01/2016	2	\$23,380.31	\$0.00	\$23,380.31
		09/01/2016	1	\$19,501.65	\$0.00	\$19,501.65
		10/01/2016	0	\$12,205.25	\$0.00	\$12,205.25
		11/01/2016	0	-\$160.99	\$0.00	-\$160.99
		12/01/2016	0	\$269.15	\$0.00	\$269.15
	Pharmacy Total		328	\$240,405.12	\$0.00	\$240,405.12
Control - SFX - ACCT Total			656	\$424,325.48	\$0.00	\$424,325.48
866349 - 013 - 303	Open Acc POS	11/01/2015	1	\$156.45	\$0.00	\$156.45
		12/01/2015	1	\$114.15	\$0.00	\$114.15
		01/01/2016	0	\$2,041.89	\$0.00	\$2,041.89
		02/01/2016	0	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	1	\$154.67	\$0.00	\$154.67
		09/01/2016	1	\$58,210.58	\$0.00	\$58,210.58
		10/01/2016	1	\$2,435.69	\$0.00	\$2,435.69
		11/01/2016	1	\$7,062.95	\$0.00	\$7,062.95
		12/01/2016	1	\$27,188.00	\$0.00	\$27,188.00
	Open Acc POS Total		7	\$97,364.38	\$0.00	\$97,364.38
	Pharmacy	11/01/2015	1	\$221.58	\$0.00	\$221.58
		12/01/2015	1	\$896.61	\$0.00	\$896.61
		01/01/2016	0	\$0.00	\$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	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	1	\$0.00	\$0.00	\$0.00
		09/01/2016	1	\$666.18	\$0.00	\$666.18
		10/01/2016	1	\$623.17	\$0.00	\$623.17
		11/01/2016	1	\$21.17	\$0.00	\$21.17
		12/01/2016	1	\$611.38	\$0.00	\$611.38
	Pharmacy Total		7	\$3,100.09	\$0.00	\$3,100.09
Control - SFX - ACCT Total			14	\$100,464.47	\$0.00	\$100,464.47
866349 - 020 - 401	PPO Dental	11/01/2015	900	\$68,088.96	\$0.00	\$68,088.96
		12/01/2015	900	\$71,191.68	\$0.00	\$71,191.68
		01/01/2016	905	\$69,409.33	\$0.00	\$69,409.33
		02/01/2016	908	\$65,772.02	\$0.00	\$65,772.02
		03/01/2016	907	\$55,268.75	\$0.00	\$55,268.75
		04/01/2016	910	\$6,626.10	\$0.00	\$6,626.10
		05/01/2016	907	\$168,090.36	\$0.00	\$168,090.36
		06/01/2016	913	\$53,514.79	\$0.00	\$53,514.79
		07/01/2016	914	\$59,838.61	\$0.00	\$59,838.61
		08/01/2016	973	\$75,453.11	\$0.00	\$75,453.11
		09/01/2016	978	\$50,551.28	\$0.00	\$50,551.28
		10/01/2016	983	\$59,971.58	\$0.00	\$59,971.58
		11/01/2016	988	\$63,431.12	\$0.00	\$63,431.12
		12/01/2016	988	\$54,110.64	\$0.00	\$54,110.64
	PPO Dental Total		13,074	\$921,318.33	\$0.00	\$921,318.33
Control - SFX - ACCT Total			13,074	\$921,318.33	\$0.00	\$921,318.33
866349 - 020 - 402	PPO Dental	11/01/2015	67	\$5,661.57	\$0.00	\$5,661.57
		12/01/2015	65	\$4,826.30	\$0.00	\$4,826.30
		01/01/2016	65	\$2,226.74	\$0.00	\$2,226.74
		02/01/2016	64	\$2,588.92	\$0.00	\$2,588.92
		03/01/2016	61	\$2,976.81	\$0.00	\$2,976.81
		04/01/2016	61	\$793.80	\$0.00	\$793.80

		05/01/2016	Williams County, Texas	\$0.00	\$0.00	\$8,886.77
		06/01/2016	66	\$3,616.46	\$0.00	\$3,616.46
		07/01/2016	67	\$1,932.90	\$0.00	\$1,932.90
		08/01/2016	3	\$2,032.40	\$0.00	\$2,032.40
		09/01/2016	1	\$4,255.47	\$0.00	\$4,255.47
		10/01/2016	0	\$734.00	\$0.00	\$734.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	PPO Dental Total		584	\$40,532.14	\$0.00	\$40,532.14
Control - SFX - ACCT Total			584	\$40,532.14	\$0.00	\$40,532.14
866349 - 020 - 403	PPO Dental	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	1	\$0.00	\$0.00	\$0.00
		03/01/2016	1	\$0.00	\$0.00	\$0.00
		04/01/2016	1	\$0.00	\$0.00	\$0.00
		05/01/2016	1	\$0.00	\$0.00	\$0.00
		06/01/2016	1	\$0.00	\$0.00	\$0.00
		07/01/2016	1	\$0.00	\$0.00	\$0.00
		08/01/2016	1	\$0.00	\$0.00	\$0.00
		09/01/2016	2	\$544.00	\$0.00	\$544.00
		10/01/2016	2	\$251.00	\$0.00	\$251.00
		11/01/2016	2	\$120.00	\$0.00	\$120.00
		12/01/2016	2	\$0.00	\$0.00	\$0.00
	PPO Dental Total		15	\$915.00	\$0.00	\$915.00
Control - SFX - ACCT Total			15	\$915.00	\$0.00	\$915.00
866349 - 021 - 501	PPO Dental	11/01/2015	311	\$11,395.10	\$0.00	\$11,395.10
		12/01/2015	311	\$9,997.60	\$0.00	\$9,997.60
		01/01/2016	310	\$8,449.80	\$0.00	\$8,449.80
		02/01/2016	310	\$12,013.10	\$0.00	\$12,013.10
		03/01/2016	305	\$5,587.60	\$0.00	\$5,587.60
		04/01/2016	312	\$76.00	\$0.00	\$76.00
		05/01/2016	311	\$29,257.90	\$0.00	\$29,257.90
		06/01/2016	310	\$8,355.80	\$0.00	\$8,355.80
		07/01/2016	314	\$8,987.90	\$0.00	\$8,987.90
		08/01/2016	322	\$9,682.68	\$0.00	\$9,682.68
		09/01/2016	332	\$7,670.70	\$0.00	\$7,670.70
		10/01/2016	336	\$9,303.60	\$0.00	\$9,303.60
		11/01/2016	338	\$10,573.60	\$0.00	\$10,573.60
		12/01/2016	338	\$9,299.40	\$0.00	\$9,299.40
	PPO Dental Total		4,460	\$140,650.78	\$0.00	\$140,650.78
Control - SFX - ACCT Total			4,460	\$140,650.78	\$0.00	\$140,650.78
866349 - 021 - 502	PPO Dental	11/01/2015	6	\$74.40	\$0.00	\$74.40
		12/01/2015	6	\$67.00	\$0.00	\$67.00
		01/01/2016	6	\$861.00	\$0.00	\$861.00
		02/01/2016	7	\$120.00	\$0.00	\$120.00
		03/01/2016	7	\$158.00	\$0.00	\$158.00
		04/01/2016	7	\$0.00	\$0.00	\$0.00
		05/01/2016	7	\$310.60	\$0.00	\$310.60
		06/01/2016	7	\$0.00	\$0.00	\$0.00
		07/01/2016	8	\$318.00	\$0.00	\$318.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$543.50	\$0.00	\$543.50
		10/01/2016	0	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	PPO Dental Total		61	\$2,452.50	\$0.00	\$2,452.50
Control - SFX - ACCT Total			61	\$2,452.50	\$0.00	\$2,452.50
866349 - 022 - 601	Open Acc EPO	11/01/2015	0	\$6,200.80	\$0.00	\$6,200.80
		12/01/2015	0	\$14.11	\$0.00	\$14.11
		01/01/2016	0	\$39.19	\$0.00	\$39.19
		02/01/2016	0	\$0.00	\$0.00	\$0.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00
	Open Acc EPO Total		0	\$6,254.10	\$0.00	\$6,254.10

Williamson County, Texas							
	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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	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
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	(5) Managed Behavioral Health Total		0	\$86.40	\$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
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	\$565.84	\$0.00	\$0.00	\$565.84
	Pharmacy	11/01/2015	0	\$88.27	\$0.00	\$0.00	\$88.27
		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
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$3,385.55	\$0.00	\$0.00	\$3,385.55
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$3,473.82	\$0.00	\$0.00	\$3,473.82
Control - SFX - ACCT Total			0	\$4,126.06	\$0.00	\$0.00	\$4,126.06
866349 - 022 - 603	Indemnity Vision	11/01/2015	0	\$708.51	\$0.00	\$0.00	\$708.51
		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	Williamson County, Texas	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Indemnity Vision Total		0	\$708.51	\$0.00	\$0.00	\$708.51
	Open Acc POS	11/01/2015	0	\$1,089.00	\$0.00	\$0.00	\$1,089.00
		12/01/2015	0	\$7.44	\$0.00	\$0.00	\$7.44
		01/01/2016	0	\$157.86	\$0.00	\$0.00	\$157.86
		02/01/2016	0	-\$62.00	\$0.00	\$0.00	-\$62.00
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	-\$23.35	\$0.00	\$0.00	-\$23.35
		10/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		11/01/2016	0	\$234.79	\$0.00	\$0.00	\$234.79
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Open Acc POS Total		0	\$1,403.74	\$0.00	\$0.00	\$1,403.74
	Pharmacy	11/01/2015	0	\$660.99	\$0.00	\$0.00	\$660.99
		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	\$26.82	\$0.00	\$0.00	\$26.82
		03/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		04/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		05/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		06/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		07/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		08/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		09/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		10/01/2016	0	\$7,013.79	\$0.00	\$0.00	\$7,013.79
		11/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
		12/01/2016	0	\$0.00	\$0.00	\$0.00	\$0.00
	Pharmacy Total		0	\$7,701.60	\$0.00	\$0.00	\$7,701.60
Control - SFX - ACCT Total			0	\$9,813.85	\$0.00	\$0.00	\$9,813.85
Grand Total				\$19,715,770.61	\$395,992.25	\$0.00	\$20,111,762.86

**Williamson County
2017 Vision RFP Attachment**

Please complete this workbook in its entirety

Due date: 2pm

3/10/2016

BIDS MUST BE submitted in the format requested and included for that purpose in this packet. Each bid shall be placed in a separate sealed envelope and marked clearly on the outside as shown below. **FACSIMILE TRANSMITTALS or E-MAIL SHALL NOT BE ACCEPTED!**

You must submit 3 Flash Drives and 5 Binded Copies RFP BID# _____

Vendor Name

Please note that you must complete rate information in the following requested format in order for your quote to be considered.

COMPLETE THIS TAB FOR EACH PLAN QUOTED.**Proposed Vision Rates**

Are retirees included in fully insured rates?

Please Select

Quote rates in the following tier structure(s):

4 Tier

	EE Counts	Proposed FI Vision Base Rates
Employee Only	0	
Employee + Spouse	0	
Employee + Child(ren)	0	
Employee + Family	0	
Estimated Monthly Premiums		\$0
Estimated Annual Premiums		\$0

Assumptions

Rate Guarantee	
Participation Requirements	
Commissions	Net
Other	

VISION QUESTIONNAIRE

Vendor Name**The following questionnaire must be completed.**

Vision vendors are required to respond to all requests for information contained in this questionnaire. All responses must be provided on a diskette and respond in a brief, bulleted format. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please so indicate. If you are selected to administer the Client's employee benefit plans, your responses to the questionnaire will be considered part of your contractual responsibilities. You are also requested to return the indicated exhibits as part of your proposal.

Answers should be summarized in short format and not exceed the allotted space within the cell(s) provided. DO NOT add extra rows/columns--work within the allotted space. Additional information in carrier format may be submitted along with the "Attachments" spreadsheet if a carrier would like to include "more detailed" information.

Organizational Strength	Response
1 How many clients do you currently have inforce for Vision on a national level?	
2 How many clients do you currently have inforce for Vision in the state of Texas?	
3 How many clients do you currently have inforce for Vision that are public entities?	
General	Response
4 Location of Claim Payment Operations	
Account Management	Response
6 Will the Client have a dedicated Account Manager?	Please Select
7 If so, what is their location and standard hours?	
Customer Service	Response
8 Please provide your customer service hours, days of operation, time zone.	
9 How are calls "after hours" of operation handled?	Please Select
10 Is your customer service unit bilingual?	Please Select
11 Is your customer service unit outsourced?	Please Select



VISION QUESTIONNAIRE	
Vendor Name	
12 Does your company provide a customized 1-800 number to handle questions related to product offerings during the enrollment period?	Please Select
System Processes and Technology	Response
13 Explain how you process and verify the eligibility information.	
14 Identify any information you would require in a paper format.	
15 Do you have online enrollment/eligibility capabilities?	Please Select
16 What is the standard turnaround time for change / addition / deletion eligibility file uploads?	Please Select
17 How can eligibility data be transferred from the employer to your organization?	Please Select
Providers/Networks	Response
18 How often are website directories updated?	Please Select
Implementation Process	Response
19 What initial information is required from the employer for implementation?	Add Attachment
20 Will the assigned account manager be available for open enrollment meetings?	Please Select
21 What is the standard turnaround time for new group processing?	Please Select
22 Do you provide ID cards?	Please Select
23 If so, what is your turn around time to provide ID cards?	Please Select
24 Do you agree to allow the Client to pre-approve any communication to employees that would reach a significant portion of the Client's population? Individualized communications are excluded.	Please Select
Claims Payment	Response
25 What is your standard turnaround time for out-of-network claims payment?	



VISION QUESTIONNAIRE	
Vendor Name	
Reporting	Response
26 Please provide a sample reporting package.	Add Attachment
27 Is reporting available on a monthly basis?	Please Select
28 If yes, are there any additional cost?	Please Select
Legal Concerns	Response
29 Does your organization have any ownership interest, equity interest, or other financial interest in any vision provider included in your network?	Please Select
30 Please include a sample contract for vision services and a copy of the SPD/booklet the employees will receive.	Add Attachment

Vendor Name

Please note that you must complete plan design information in the following requested format in order for your quote to be considered. Enter only those plan design elements that are included in your quoted rates. *Please confirm that you can duplicate and administer the current plan design. If not, please indicate differences on Vision-Deviations/Variations.*

Proposed Vision Plan Design

	In-Network	Out-of-Network Reimbursement
Exam with Dilation as Necessary		
Materials Copay		
Standard Plastic Lenses		
Single Vision		
Bifocal		
Trifocal		
Lenticular		
Frames		
Lens Options		
UV Coating		
Tint		
Standard Scratch-Resistance		
Standard Polycarbonate		
Standard Progressive		
Standard Anti-Reflective		
Other Add-ons and Services		
Contact Lens Fitting Exam (Total Cost)		
Conventional		
Disposables		
Medically Necessary		
Laser Correction		
Lasik or PRK Form		



US Laser Network		
Frequency		
Examination		
Frame		
Lenses or Contact Lenses		
Additional Benefit Information		
Does your plan offer discounts on members out of pocket expenses when they exceed their plan allowances?	Please Select	
Does your plan offer discounts on purchases after the benefits have been used, i.e. additional pair purchases?	Please Select	

Vendor Name

For any benefits you cannot duplicate or administer, per the inforce SPD, please indicate on this tab. Please clearly note the differences.

Proposed Vision -- Deviations/Variations

Question	Deviation/Explanation
1	
2	
3	
4	
5	



Vendor Name

Please Select Yes No

Please note that you must complete the disruption analysis in the following requested formats in order for your quote to be considered.

Vision													
Provider	Provider Address	City	ST	ZIP	Tax ID	Provider ID	Number of Claimants	Number of Services	Number of Visits	Paid Amount	Provider Specialty	Provider Type	In Network(Y/N)
Professional													
EyeMed Vision Care	4000 Luefatica Place	Mason	OH	45040	311656473	726586809	1137	3921	1321	329,762	Ophthalmologist	OP	Y
Mark Shum	501-C Hwy. 30	San Marcos	TX	78666	452611983	960374806	133	295	147	20082.41	Ophthalmologist	OP	Y
EyeMed Vision Care	4000 Luefatica Place	Mason	OH	45040	311656473	726586809	341	357	355	14868	Ophthalmologist	OP	Y
Dorina McCain	1401 Williams Drive	Georgetown	TX	78628	550886585	959518069	109	291	115	14136.01	Ophthalmologist	OP	Y
Jason C. McCain	1401 Williams Drive	Georgetown	TX	78628	550886585	959517709	99	282	109	13982.12	Ophthalmologist	OP	Y
Stephen D. Schaefer	310 West Locust Street	Davenport	IA	52803	550886585	437739809	74	275	78	10288.06	Ophthalmologist	OP	Y
James R. Harrigan	4932 Overton Ridge Boulevard	Fort Worth	TX	76132	202519993	575542009	23	86	29	8238.41	Ophthalmologist	OP	Y
Keith Dennis	3107 S Rn-35	Round Rock	TX	78664	710986771	717386808	55	138	84	7371.45	Ophthalmologist	OP	Y
James R. Harrigan	4932 Overton Ridge Boulevard	Fort Worth	TX	76132	202519993	575542009	36	81	39	4860.26	Ophthalmologist	OP	Y
Jeffrey S. Wininger	202 Walton Way	Cedar Park	TX	78613	261227832	780796209	11	35	13	4513.66	Ophthalmologist	OP	Y
Dennis McCarty	302 South Bell Blvd	Cedar Park	TX	78613	261616951	724405009	13	47	13	4275	Ophthalmologist	OP	Y
Kelly P. Phan	18700 Limestone Commercial Drive	Pluggerville	TX	78660	451584833	516846509	24	48	24	3775.53	Ophthalmologist	OP	Y
David M. Quinn	107-A Wagon Wheel Trail	Georgetown	TX	78628	262850504	506554109	8	13	9	2610	Ophthalmologist	OP	Y
Sarah C. Jodie	401 Exchange Blvd.	Hutto	TX	78634	263862145	879832109	16	60	19	2196.84	Ophthalmologist	OP	Y
David M. Quinn	107-A Wagon Wheel Trail	Georgetown	TX	78628	262850504	506554109	16	29	20	2037.33	Ophthalmologist	OP	Y
Sarah C. Jodie	401 Exchange Blvd.	Hutto	TX	78634	263862145	879832109	16	35	16	1996.67	Ophthalmologist	OP	N
Claudia Buser	1701 Red Bud Lane	Round Rock	TX	78664	760770009	787584509	14	43	21	1913.48	Ophthalmologist	OP	Y
Kimberly L. Wampler	202 Walton Way	Cedar Park	TX	78613	261227832	821522109	4	22	5	1826	Ophthalmologist	OP	N
Paige E. Quinlan	107-A Wagon Wheel Trail	Georgetown	TX	78628	262850504	506865509	8	14	10	1780	Ophthalmologist	OP	N
Jason A. Prescott	1395 South US Highway 183	Leander	TX	78641	270984352	846822309	5	29	7	1638.33	Ophthalmologist	OP	N
Nathan Garcia	1512 Town Center Drive	Pluggerville	TX	78660	200362267	716192009	4	14	4	1524.99	Ophthalmologist	OP	N
Eye Look Austin	6500 North Moore Expressway	Austin	TX	78731	142805140	762986506	1	4	1	1500	Ophthalmologist	OP	N
Dennis McCarty	302 South Bell Blvd	Cedar Park	TX	78613	261616951	724405009	10	24	12	1355.85	Ophthalmologist	OP	Y
Kimberly L. Wampler	202 Walton Way	Cedar Park	TX	78613	261227832	821522109	6	20	6	1200.9	Ophthalmologist	OP	Y
Leander Eye Care PC	1395 South US Hwy. 183	Leander	TX	78641	270984352	831853409	6	18	6	1177.24	Ophthalmologist	OP	N
Vanessa Tran Minick	2800 East Whiteshore Blvd.	Cedar Park	TX	78613	200021570	772939609	9	36	9	1770.28	Ophthalmologist	OP	Y
Michael P. Mooney	4815 West Brakes	Austin	TX	78759	412169211	740900509	4	14	4	1120	Ophthalmologist	OP	N
Nato Family Eye Care	401 Exchange Blvd.	Hutto	TX	78634	263862145	894544509	8	16	8	1105.98	Ophthalmologist	OP	N
Paige E. Quinlan	107-A Wagon Wheel Trail	Georgetown	TX	78628	262850504	506865509	7	25	14	1894.51	Ophthalmologist	OP	Y
Mary McManis Beck	6291 State Route 30	Greensburg	PA	15601	461407648	850836309	1	49	23	1000.66	Ophthalmologist	OP	N
Christopher E. Eugin	1101C Bar Ranch Trail	Cedar Park	TX	78613	264467065	936332609	7	18	7	997.32	Ophthalmologist	OP	N
Jeffrey S. Wininger	202 Walton Way	Cedar Park	TX	78613	261227832	780796209	7	14	7	912.58	Ophthalmologist	OP	Y
Vanessa Tran Minick	2800 East Whiteshore Blvd.	Cedar Park	TX	78613	200021570	772939609	3	10	3	800	Ophthalmologist	OP	N
Christopher E. Eugin	1101C Bar Ranch Trail	Cedar Park	TX	78613	311656473	936332609	7	18	9	836.88	Ophthalmologist	OP	Y
Virginia Kokuhara	2901 Capital of Texas Highway	Austin	TX	78746	263862145	500404009	7	13	7	785.92	Ophthalmologist	OP	Y
Nathan Garcia	1512 Town Center Drive	Pluggerville	TX	78660	200362267	716192009	6	12	6	785.79	Ophthalmologist	OP	Y
Jodie West	800 Crystal Falls Pkwy.	Leander	TX	78641	800170588	705487009	6	14	8	762.01	Ophthalmologist	OP	Y
Oliver K. Lou	2071 Cypress Creek Road	Cedar Park	TX	78613	352161796	775862309	5	12	6	764.42	Ophthalmologist	OP	Y
Nancy E. Gaentner	7700 Carl Hollow Drive	Round Rock	TX	78681	270984725	823363609	5	10	5	752.84	Ophthalmologist	OP	Y
Susan Shauger	3419 El Salido Pkwy.	Cedar Park	TX	78613	742738858	732386209	3	15	10	729.52	Ophthalmologist	OP	Y
Thao C. Lien	9705 Research Boulevard	Austin	TX	78759	459950322	968528809	7	14	7	720.64	Ophthalmologist	OP	Y
Brett W. Hamilton	1 Chisholm Trail	Round Rock	TX	78681	900204499	710049509	6	11	6	664.58	Ophthalmologist	OP	Y
Nato Family Eye Care	401 Exchange Blvd.	Hutto	TX	78634	263862145	894544509	6	11	6	661.06	Ophthalmologist	OP	Y
Barbara A. Goldstein	3742 Fair West Blvd.	Austin	TX	78731	742335727	431921109	1	8	2	650.14	Ophthalmologist	OP	N
Virginia Kokuhara	2901 Capital of Texas Highway	Austin	TX	78746	263862145	500404009	4	8	4	646	Ophthalmologist	OP	N
Janice Dale Ladd	1119 North St. Louis Street	Batesville	AR	72501	731624480	460242209	2	5	2	600	Ophthalmologist	OP	N
Amberlee M. Slough	12233 Highway 620 North	Austin	TX	78750	742738858	772279009	5	13	5	585.11	Ophthalmologist	OP	Y
Isana Michelle Lanza	10601 Preston Park Blvd.	Austin	TX	78750	262079554	869090509	1	32	5	542.17	Ophthalmologist	OP	N
Grace Sabone	1150 South Austin Avenue	Georgetown	TX	78626	461864510	854341209	10	13	12	515.34	Ophthalmologist	OP	Y
Catherine Albrecht	8900 W. Palmer Ln.	Austin	TX	78717	742922962	513181709	2	10	3	500	Ophthalmologist	OP	N

Vendor Name

Please note that you must this information in the following requested formats in order for your quote to be considered. Enter only the networks that are included in your quoted rates.

COMPLETE THIS TAB FOR EACH PLAN QUOTED.

Vision Network Discounts

Please provide your organization's self reported discounts within the client's area for:

Optometrists	
Ophthalmologists	

Geo Access Results

Please provide full detailed reports for the medical GEO access within your formal proposal.

Measurement	Optometrists	Ophthalmologists
# of Employees / Zip Codes Evaluated		
Providers		
# of Providers		
# of Locations		
X Providers within X Miles	2 / 10	2 / 15
% of Employee WITH access		
# of Employees WITH access		
% of Employee WITHOUT access		
# of Employees WITHOUT access		
Average distance to 2 providers for employees WITH desired access		
Average distance to 2 providers for employees WITHOUT desired access		

PHARMACY QUESTIONNAIRE

Vendor Name		
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The following questionnaire must be completed.

PBM carriers are required to respond to all requests for information contained in this questionnaire. All responses must be provided in a brief, bulleted format. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this. If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities. You are also requested to return the indicated exhibits as part of your proposal.

Answers should be summarized in short format and not exceed the allotted space within the cell(s) provided. DO NOT add extra rows/columns--work within the allotted space. Additional information in carrier format may be submitted along with the "Attachments" spreadsheet if a carrier would like to include more detailed information.

RX Transparency		Response
1	The client is soliciting a <u>Transparent RX Pricing model</u> but is also interested in Traditional Models as well. Do you have the ability to provide both?	Please Select
PBM Revenue		Response
Pass Through of 100% of ALL Pharmaceutical Manufacturer Revenue, or Traditional Model		
2	The PBM agrees to pass through to the client 100% of any and all formulary rebates, market-share rebates, and other rebate revenue that the client's utilization enables the PBM to earn.	Please Select
3	The PBM agrees to pass through to the client 100% of any and all rebate administrative fees/credits that the client's utilization enables the PBM to earn.	Please Select
4	The PBM agrees to pass through to the client 100% of any and all data aggregation payments or data sale revenue that the client's utilization enables the PBM to earn, or to allow the client to opt-out of these programs.	Please Select
5	The PBM agrees to pass through to the client 100% of any and all pharmaceutical manufacturer revenue associated with compliance and adherence programs that the client's utilization enables the PBM to earn, or to allow client to opt-out of these programs.	Please Select
6	The PBM agrees to completely disclose to the County any other revenue received directly or indirectly from pharmaceutical manufacturers that can not be attributed to specific County utilization. The PBM agrees that this disclosure will occur quarterly.	Please Select

PHARMACY QUESTIONNAIRE

Vendor Name		
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The following questionnaire must be completed.

Specialty Pharmacy Transparency (Required)		Response
7	The PBM agrees to pass through to the client any and all pharmaceutical manufacturer revenue that the client's specialty pharmacy utilization enables the PBM to earn.	Please Select
8	The PBM agrees to charge a client no more than the acquisition cost of drugs at the specialty mail order pharmacy, plus a dispensing fee. Any retail claims for specialty pharmacy shall be adjudicated under the same logic as the traditional retail pricing agreed upon in the Retail Network certification requirements. This protocol does not include any commitments as it pertains to specialty products dispensed and billed under the medical plan or home infusion benefit.	Please Select
9	The PBM agrees to provide dose optimization and consolidation programs, where appropriate.	Please Select
10	The PBM agrees to provide case management for critical disease states (as designated by mutual agreement between the client and the PBM), and will agree not to build the cost of these programs into drug ingredient cost.	Please Select
Organizational Strength		Response
11	How many clients do you currently have in force in the state of Texas?	Please Select
12	Do you have a specialized team that works with public entity employers?	Please Select
13	How many clients do you currently have in Texas that are public entities?	
Implementation Process		Response
14	Will you have an onsite representative available for annual open enrollment meetings as requested by the client?	Please Select
15	Will you perform a pre-implementation claims audit of the system and share the results with the client prior to a pharmacy claim paying on 1/1/2018?	Please Select
16	Can you load prior prescription medication by member into your system? Please explain!	
Claims Administration		Response
17	Please attach a sample of your Administrative Services Agreement.	Please Select
18	Describe how your systems are integrated, specifically related to enrollment, medical/referral/authorization, provider, contracts and claims.	
19	Describe how you will actively manage the pharmacy claims for this client. Our goal is that the PBM will provide a proactive approach to high cost drugs and highly utilized drugs with generic alternatives. This approach should include sending an email or setting up a call with the client to discuss the options available.	
20	Will the client have a dedicated claims analyst that the client's HR team can contact with questions?	Please Select
21	Do you agree to send a monthly claims file to the consultant and a 3rd party? If so, please include this cost on the Pricing Spreadsheet	Please Select

PHARMACY QUESTIONNAIRE		
Vendor Name		

The following questionnaire must be completed.

22	Are you able to send a monthly claims file to the medical carrier for the purposes of Care management and integrating the Rx claims in the maximum out of pocket maximum?	Please Select
23	The PBM agrees to notify the client of any drug, including speciality drugs over \$5,000 per script within ONE BUSINESS WEEK of being dispensed. The PBM will contact the client notifying them of the type of drug, alternative options, if it is an FDA approved drug and if any outreach to the individual has occurred. The overall goal is to ensure that there is active management of the client's pharmacy claims	Please Select
Reporting		Response
24	Please include samples of standard management/financial reports.	Please Select
25	What is the standard distribution frequency for each report provided?	Please Select
26	Do you agree to send a monthly Executive summary to the client? This should at least include: Rolling trend, top 10 drugs by spend, top 10 drugs by utilization, maintenance drug fill rates, and generic utilization.	Please Select
27	Please attach a sample of your monthly Executive summary report.	Please Select
28	Do you agree to send standard reports, to include enrollment, utilization and large claims, on a monthly basis to the client and to the consultant?	Please Select
29	Do you agree to have a quarterly meeting with the client and provide actionable information based on the claims activity?	Please Select
30	Do you agree to provide disease specific fill rates on medications?	Please Select
31	What is the process for requesting ad hoc reports?	
32	Is there a fee involved?	Please Select
33	If so, what is the fee?	
34	What is the standard turn around time?	
General		Response
35	Do you agree to allow the client to send a weekly ACH transfer or a check for the claims?	Please Select
36	Do you require the customer to have an imprest balance? If yes, what is the the required amount for The County?	Please Select
37	Do you have a mail order program?	Please Select
38	Who is your mail order program through?	
39	Describe how your specialty drug program works and how you are able to keep down the increasing costs to the client.	
40	Are you able to accommodate a plan design that allows 90 day retail at any pharmacy location to include specialty drugs?	Please Select
41	Are you able to set up your plan with zero dollar logic? For example, we are looking for a plan that will adjudicate a claim at a lower price than the plan's copay IF the cost of that drug is less than the actual plan copay.	Please Select
42	What is the name of your primary network?	



PHARMACY QUESTIONNAIRE

Vendor Name		
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The following questionnaire must be completed.

43	How many MAC lists do you utilize?	
44	Please attach a copy of MAC list(s) proposed for this client.	Please Select
45	Will the client receive 100% of the rebates?	Please Select
46	Does your formulary limit drugs that will be covered?	Please Select
47	How often do you change your formulary?	Please Select
48	Are you able to administer limited network Rx plans?	Please Select
49	If so, is there an additional cost?	Please Select
50	What are the potential estimated savings by implementing a limited network for this client?	
51	Confirm that you have reviewed the Pharmacy SPD and can administer all benefits, programs, limits and exclusions as stipulated in the document. (Note - If you cannot accommodate a benefit, program, limit or exclusion please list it out specifically on the Deviations-Variations tab.)	Please Select
52	Do you have any benefits, programs, limits or exclusions that you cannot accommodate and will be adding to the Deviations-Variations tab?	Please Select
53	Please fill out and include in your RFP response the Pricing Terms (e.g. discounts, dispensing fees, rebates, etc). This can be a separate Excel document that you submit with your RFP response.	Please Select

Clinical Programs		Response
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Please describe your approach to the programs below, and indicate potential cost savings to the client. Note - Please see the tab labeled " PBM - Clinical Programs" to see the programs currently in place for the County

54	Quantity Level Limits	
	Annual Potential client savings	
55	Quantity Per Duration Limits	
	Annual Potential client savings	
56	Step Therapy Program	
	Annual Potential client savings	
57	Medication Adherence Notification Program	
	Annual Potential client savings	
58	Mandatory Generic program	
	Annual Potential client savings	
59	Therapeutic Interchange	
	Annual Potential client savings	
60	OTC Switch Program	
	Annual Potential client savings	
61	Retrospective DUR	



PHARMACY QUESTIONNAIRE

Vendor Name		
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The following questionnaire must be completed.

		Annual Potential client savings
62	Concurrent DUR	
		Annual Potential client savings
63	Prior Authorization	
		Annual Potential client savings
64	Disease Management Programs	
		Annual Potential client savings
65	Additional Client Recommendations	
		Annual Potential client savings
Plan Management & Consumer Engagement		Response
66	The PBM agrees to allow customization or modification of the client's formulary or preferred drug list (PDL) at the client's discretion (with the understanding that such modifications may impact minimum rebate pricing guarantees).	Please Select
67	The PBM agrees to meet with the client on a quarterly basis and provide reporting on Rx trends, fill rates, cost saving opportunities and updates on the care management.	Please Select
Comprehensive Audit & Disclosure Rights		Response
68	The PBM agrees to grant the client full rights to audit their pharmacy claims utilization data, contracts and arrangements with retail network pharmacies, contracts and arrangements with pharmaceutical manufacturers, PBM revenue streams tied to client spend, and clinical criteria for utilization management programs.	Please Select
69	The PBM agrees not to limit the client's selection of an auditor to a list of specific firms. However, language specifying "mutually agreeable" selection of an audit firm is permissible.	Please Select
70	The PBM agrees to allow a client to self-audit (conduct an audit without using a third-party audit firm) as long as there is an established "Business Controls" area within the specific Groups organization, and there is no clear conflict of interest inherent in a self-audit.	Please Select
71	The PBM agrees to provide complete claims data files to the client or their designated consultant or third-party provider upon the client's request, including all financial data fields (Undiscounted AWP, Discounted Ingredient Cost, Billed Amount, Dispensing Fee and, if available, POS Rebates and Wholesale Acquisition Cost).	Please Select
Other Relevant Contracting Considerations		Response
72	Does the PBM agree to create the required Pharmacy SPD?	Please Select



PHARMACY QUESTIONNAIRE**Vendor Name****The following questionnaire must be completed.**

73	The PBM agrees that the financial guarantees that the PBM provide to the client will each function on an independent basis, and that the PBM will not use an overage from one guarantee (i.e. generic mail order discount) to offset a shortfall from another guarantee (i.e. brand mail order discount).	Please Select
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Rebates paid to County

Claim Date	Amount
3/11/2016	\$115,457.42
6/14/2016	\$104,634.88
9/14/2016	\$177,981.75
12/20/2016	\$137,496.40
	<u>\$535,570.45</u>

Vendor Name

Please note that you must complete fee information in the following requested format in order for your quote to be considered. Enter only those elements that are included in your quoted fees.

Pricing - Annualized	Year 1
Projected Paid Claims	
Electronic Reporting – Full Access at Highest Level	
Outbound Data Feeds- up to 2 Third Parties	
Set-up Charges	
Additional Fees - Describe	
Rate Guarantee	
Clinical Savings Programs- Cost per program annualized	Year 1
Quantity Limits	
Step Therapy Program	
Therapeutic Interchange	
Medication Adherence with Dr. Notification	
Mandatory Generic Program	
OTC Switch Program	
Retrospective DUR	
Concurrent DUR	
Prior Authorization	
Disease Management Programs	
Additional Client Recommendations	
Contractual Components	
Retail	Year 1
Brand Name Formulary: AWP -	
Brand Name Non-Formulary: AWP -	
Brand Dispensing Fee	
Generic: MAC Pricing or AWP -	
Generic Dispensing Fee	
Admin Fee	
Confirm if AWP is pre or post	Please Select
Narrow Retail Network (if available)	Year 1
Brand Name Formulary: AWP -	
Brand Name Non-Formulary: AWP -	
Brand Dispensing Fee	
Generic: MAC Pricing or AWP -	



Generic Dispensing Fee	
Admin Fee	
Confirm if AWP is pre or post	Please Select
Average Cost Guarantees	
Discounts (Avg 12 Month)	Year 1
Retail Brand	
Retail Generic	
Mail Brand (1 to 999 days)	
Mail Generic (1 to 999 days)	
Dispense Fee (Avg 12 Month)	Year 1
Retail Brand	
Retail Generic	
Mail Brand (1 to 999 days)	
Mail Generic (1 to 999 days)	
Mail Order	
Brand Name Formulary: AWP -	
Brand Name Non-Formulary: AWP -	
Brand Dispensing Fee	
Generic: MAC Pricing or AWP -	
Generic Dispensing Fee	
Minimum Rebate Guarantees	Year 1
Total Projected Rebates (based on Williamson County claims)	



Clinical Programs

Are these
programs
included in your
quote? Yes/No?

Maintenance Choice®	A unique 90-day plan design that provides both savings and a seamless member experience. With Maintenance Choice, members have the opportunity to choose how they fill their prescriptions – at Vendor/pharmacy or by mail –at the same low copay, while clients receive mail pricing regardless of where members fill.	Please Select
Pharmacy Advisor Support	Provides tailored messages to meet the needs of plan members with chronic conditions at key points in therapy. Promotes optimal adherence, closes gaps in medication therapy and simplifies refills and renewals.	Please Select
Dispense as Written (DAW) Penalties	Plan design that applies a cost penalty when a non-generic brand medication is dispensed by request rather than available generic equivalents.	Please Select
Retrospective Safety Review	Reviews claims within 72 hours of adjudication to identify potential medication safety concerns.	Please Select
Quantity Limits	Establishes a maximum quantity allowed over a period of time for medications with potential for overuse and misuse.	Please Select
Targeted Generic Alternative Mailings	Direct-to-member communications to inform them about generic alternatives for select single-source, non-preferred brands.	Please Select
Exclusive Specialty	By opting into utilizing Vendor Caremark Specialty Pharmacy exclusively, clients can better control utilization, spend, and clinical program quality and oversight, resulting in improved outcomes for specialty patients. In keeping with our mission of helping people on their path to better health, oral HIV, hepatitis B and transplant medications are now part of the new standard offering.	Please Select
Specialty Guideline Management	An opt-in program that supports patient safety and helps ensure appropriate use of specialty medications.	Please Select

**RX Disruption By Scripts**

Provider Name	City	Zip	In Network? (Y/N)
Seton Medical Center Williamson	Round Rock	78665	Y
Cedar Park Regional Medical Center	Cedar Park	78613	Y
Seton Medical Center	Austin	78705	Y
North Austin Medical Center - HCA Affili	Austin	78758	Y
Round Rock Medical Center - HCA Affiliat	Round Rock	78681	Y
Dell Children's Medical Center of Centra	Austin	78723	Y
St. David's Medical Center	Austin	78705	Y
St. David's Medical Center	Austin	78705	N
Baylor Scott & White Medical Center - Te	Temple	76508	Y
Baylor Scott & White Medical Center - Ro	Round Rock	78665	Y
St. David's Georgetown Hospital - HCA Af	Georgetown	78628	Y
Seton Highland Lakes	Burnet	78611	Y
Little River Healthcare	Rockdale	76567	Y
University Medical Center at Brackenridg	Austin	78701	Y
Williamson Surgery Center	Round Rock	78665	Y
Austin Endoscopy Center I	Austin	78757	Y
St. David's Georgetown Hospital - HCA Af	Georgetown	78628	N
Hendrick Medical Center	Abilene	79601	N
Seton Northwest Hospital	Austin	78759	Y
Baylor Scott & White Medical Center-Tayl	Taylor	76574	Y
Cook Children's Medical Center	Fort Worth	76104	Y
Christus Spohn Hospital Shoreline	Corpus Christi	78404	Y
Harborview Medical Center	Seattle	98104	Y
Round Rock Medical Center - HCA Affiliat	Round Rock	78681	N
Heart Hospital of Austin	Austin	78756	Y
Texas Orthopedic Surgery Center L.P., L.	Austin	78759	Y
Newman Memorial Hospital	Shattuck	73858	N
Georgetown Behavioral Health Institute,	Georgetown	78626	Y
Northwest Hills Surgical Hospital	Austin	78731	Y
Temple VAMC	Temple	76504	Y
Seton Medical Center Harker Heights	Harker Heights	76548	Y



Provider Name	City	Zip	In Network? (Y/N)
University Behavioral Health	Denton	76201	N
St. David's South Austin Medical Center	Austin	78704	N
Spring Valley Medical Center	Las Vegas	89118	N
Healthsouth Rehabilitation Hospital of R	Round Rock	78681	Y
Sundown Ranch, Inc.	Canton	75103	Y
Newman Memorial Hospital	Shattuck	73858	Y
Texas Non-Profit Hospice Alliance	Fort Worth	76107	Y
St. David's South Austin Medical Center	Austin	78704	Y
Houston Methodist Hospital	Houston	77030	Y
Strictly Pediatrics Surgery Center	Austin	78723	Y
Seton Medical Center Hays	Kyle	78640	Y
Texan Surgery Center	Austin	78731	Y
Five Star ER, LLC	Round Rock	78681	N
Methodist Hospital - HCA Affiliate	San Antonio	78229	Y
Baylor Scott & White Medical Center - Ro	Round Rock	78665	N
Seton Shoal Creek Hospital	Austin	78731	Y
Baylor Scott & White Medical Center-Tayl	Taylor	76574	N
EHI Surgery Center Austin, PLLC	Austin	78727	N
Georgetown Behavioral Health Institute,	Georgetown	78626	N



Rx Disruption by Spend

Claim Fill Date	Drug ID (NDC)	Brand/Generic Code - Claim	Retail/Mail/Speciality Pharmacy
9/1/2016	57894006103	BRND	Speciality Pharmacy
10/19/2016	57894006103	BRND	Speciality Pharmacy
12/14/2016	57894006103	BRND	Speciality Pharmacy
6/2/2016	57894006103	BRND	Speciality Pharmacy
2/2/2016	57894006103	BRND	Speciality Pharmacy
3/9/2016	57894006103	BRND	Speciality Pharmacy
3/28/2016	57894006103	BRND	Speciality Pharmacy
3/3/2016	59088034300	BRND	Retail Pharmacy
7/28/2016	00074433902	BRND	Speciality Pharmacy
1/23/2016	00074433902	BRND	Speciality Pharmacy
2/29/2016	00074433902	BRND	Speciality Pharmacy
3/24/2016	00074433902	BRND	Speciality Pharmacy
4/25/2016	00074433902	BRND	Speciality Pharmacy
6/9/2016	00074433902	BRND	Speciality Pharmacy
8/2/2016	66887000301	BRND	Speciality Pharmacy
10/6/2016	66887000301	BRND	Speciality Pharmacy
3/7/2016	68682010430	GNRC	Mail Order Pharmacy
5/30/2016	68682010430	GNRC	Mail Order Pharmacy
6/13/2016	00078060715	BRND	Speciality Pharmacy
6/21/2016	00078060715	BRND	Speciality Pharmacy
7/14/2016	00078060715	BRND	Speciality Pharmacy
8/15/2016	00078060715	BRND	Speciality Pharmacy
9/12/2016	00078060715	BRND	Speciality Pharmacy
9/22/2016	00078060715	BRND	Speciality Pharmacy
10/11/2016	00078060715	BRND	Speciality Pharmacy
11/10/2016	00078060715	BRND	Speciality Pharmacy
12/14/2016	00078060715	BRND	Speciality Pharmacy
2/16/2016	00078060715	BRND	Speciality Pharmacy
2/19/2016	00078060715	BRND	Speciality Pharmacy
3/15/2016	00078060715	BRND	Speciality Pharmacy
4/7/2016	00078060715	BRND	Speciality Pharmacy
4/13/2016	00078060715	BRND	Speciality Pharmacy
5/4/2016	00078060715	BRND	Speciality Pharmacy
5/16/2016	00078060715	BRND	Speciality Pharmacy
1/7/2016	00078060715	BRND	Speciality Pharmacy
1/8/2016	00078060715	BRND	Speciality Pharmacy
6/2/2016	59627033304	BRND	Speciality Pharmacy
7/6/2016	59627033304	BRND	Speciality Pharmacy
8/1/2016	59627033304	BRND	Speciality Pharmacy
8/29/2016	59627033304	BRND	Speciality Pharmacy
9/23/2016	59627033304	BRND	Speciality Pharmacy
11/22/2016	68180033909	GNRC	Retail Pharmacy
2/9/2016	00075291201	BRND	Retail Pharmacy
1/14/2016	59627033304	BRND	Speciality Pharmacy
2/8/2016	59627033304	BRND	Speciality Pharmacy
3/7/2016	59627033304	BRND	Speciality Pharmacy
4/8/2016	59627033304	BRND	Speciality Pharmacy
5/10/2016	59627033304	BRND	Speciality Pharmacy



Claim Fill Date	Drug ID (NDC)	Brand/Generic Code - Claim	Retail/Mail/Speciality Pharmacy
1/15/2016	68546032512	BRND	Speciality Pharmacy



Question and Answers for Bid #1702-144 - Third Party Administrator for Self-Funded or Fully Insured Benefits

Overall Bid Questions

There are no questions associated with this bid.