




REQUEST FOR PROPOSAL
INSTRUCTIONS
SPECIFICATIONS
BID SHEET(S)
FOR

TPA & Specific Aggregate Stop Loss Re-Insurance
for
THE COUNTY OF UPSHUR

Opening Date July 15, 2016

FILED
TERRI ROSS
COUNTY CLERK
2016 JUL 15 AM 9:47
UPSHUR COUNTY, TX.
BY  DEPUTY



Return Bid to: Upshur County
Attn: Judge Dean Fowler
PO Box 730
Gilmer, TX 75644

The enclosed **REQUEST FOR PROPOSAL** and accompanying **Specifications with Bid Sheets** are for your convenience in bidding the enclosed referenced products and/or services for **THE COUNTY OF UPSHUR**. Sealed bids are to be received no later than: **8:00 a.m. CST, Monday, August 15, 2016.**

Please reference **"THE COUNTY OF UPSHUR: HEALTH INSURANCE BID"** in all correspondence pertaining to this bid and clearly mark this on the outside of your bid envelope for identification. All bids should be to the attention of the County Judge, Dean Fowler.

Upshur County appreciates your time and effort in preparing a bid. Please note that all bids must be received at the designated location by the deadline shown. Bids received after the deadline will be returned unopened and shall be considered void and unacceptable. Bid opening is scheduled to be held in Commissioner's Court, County of Upshur, 100 Tyler St. in Gilmer, TX on the 15th of August, 2016.

Awards will be made on August 30, 2016. To obtain results, or if you have any questions, please contact Upshur County Treasurer, Brandy Vick (903) 680-8137.

IT IS UNDERSTOOD that the Commissioners Court of THE COUNTY OF UPSHUR reserves the right to reject any and/or all bids for any/or all products and/or services covered in this bid request and to waive informalities or defects in bids or to accept such bids as it shall deem to be in the best interests of THE COUNTY OF UPSHUR.

ALTERING BIDS: Bids can be negotiated, amended and/or revised after the bid opening prior to contract placement provided any changes are **in writing** as indicated in the Texas County Purchasing Association Statutory Limit 262.030. Any interlineations, alteration or erasure made before opening time must be initialed by the signer of the bid, guaranteeing authenticity. The County reserves the right to accept, negotiate, amend or reject any/all of the bids as it deems to be in the best interest of the County.

COUNTY RIGHTS FOR NEGOTIATION: As provided in the request for proposals and under rules adopted by the Commissioners Court, discussion may be conducted with responsible offerors who submit priced bids determined to be reasonably susceptible of being selected for award. Offerors must be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and revisions may be permitted after submission and before award for the purpose of obtaining best and final offers.

CONFLICT OF INTEREST: No public official shall have interest in this Contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5. Subtitle C, Chapter 171.

ETHICS: The Bidder shall not offer or accept gifts of anything of value nor enter into any business arrangement with any employee, official or agent of THE COUNTY OF UPSHUR.

EXCEPTIONS/SUBSTITUTIONS: All bids meeting the intent of this REQUEST FOR PROPOSAL will be considered for award. Bidders taking exception to the Specifications, or offering substitutions, shall state these exceptions in the section provided or by attachment as part of the bid. In the absence of such, a list shall indicate that the Bidder has not taken exceptions and shall hold the Bidder responsible to perform in strict accordance with the Specifications of the Invitation. THE COUNTY OF UPSHUR reserves the right to accept any and all, or none, of the exceptions(s)/substitution(s) deemed to be in the best interest of the County.

ADDENDA: Any interpretations, corrections or changes to this REQUEST FOR PROPOSAL and Specifications will be made by addenda. Addenda will be mailed to all who are known to have received a copy of the REQUEST FOR PROPOSAL. Bidders shall acknowledge receipt of all addenda.

GENERAL REQUIREMENTS

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a bid for all or part of the following employee benefit plans: TPA and/or Specific and Aggregate Stop Loss Re-insurance
2. Currently all insurance products are offered on an October 1 effective date
3. All bid responses should be provided on the enclosed response forms with the signature of your authorized representative. If attachments are necessary, please provide. **DO NOT MODIFY RESPONSE FORMS.**
4. No telephone, email or fax bids will be accepted. Bids must be sealed and delivered to the County Judge prior to the official bid opening time. The County will not be responsible for missing, lost or late proposals. Any bids received after the time set for opening will be returned, unopened to the sender.
5. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
6. Bids are to be submitted on the basis of the specifications contained herein. Alternate bids are encouraged and will be considered provided the alternatives enhance the current plan and are clearly explained. All deviations from the specifications must be clearly identified and explained.
7. THE COUNTY OF UPSHUR reserves the right to negotiate, amend, accept or reject all or any part of the bids, waive minor technicalities, and award the bid that best serves the interest of the County. The County also reserves the right to waive or dispense with any of the formalities contained herein.
8. Proposals must be submitted for coverage on all eligible full-time regular employees and their dependents. Full-time is defined as 30 or more hours per week. Dependent is defined as the employee's spouse and/or children and grandchildren (with proof from federal income tax form) from birth to age 26.
9. Contribution: Medical and dental are non-contributory for the employee. The employee will pay for their dependents medical & dental as follows: Employee + Spouse - \$142.72 per month, Employee + 1 child - \$100.26 per month, Employee + 2 or more children - \$104.26 and Employee + Family - \$169.38 per month.

**THE COUNTY OF UPSHUR
STOP LOSS SPECIFIC AND AGGREGATE REINSURANCE**

<u>GENERAL INFORMATION</u>	<u>CURRENT COVERAGE</u> <i>(Currently self-funded)</i>	INDICATE IF YOUR BID DOES NOT MATCH CURRENT <i>(PROVIDE DETAILS IN NOTES)</i>
Products Requested	MEDICAL/RX/DENTAL	
	<u>ENROLLMENT INFORMATION</u>	
# of Eligible Employees <i>(Including Full-time employees and COBRA participants)</i>	177	
# of Enrolled Employees <i>(Including Full-time employees and COBRA participants)</i>	172 <i>(See EXHIBIT 1 for Census)</i>	
	<u>STOP LOSS INSURANCE</u>	
<u>SPECIFIC</u>		
Deductible	\$75,000	
Lifetime Maximum	Annual Limit: Unlimited LTM: Unlimited	
Contract Basis	36/12	
Coverage	Medical, RX, Dental	
Laser Options	No Laser guarantee	
<u>AGGREGATE</u>		
Attachment Corridor	125%	
Contract Basis	24/12	
Coverage	Medical, RX, Dental	
Premium Refund Program	25% of net profit (or 15% of Specific premium) based on claims experience dependent on renewal	
<u>PROGRAM DETAIL:</u>		
AGENT/AGENCY COMMISSION & FEES	15% of Specific Premium	
PBM Manager <i>(Please complete EXHIBIT VI Questionnaire)</i>	MedTraks (Includes P90 Program at participating pharmacies)	
PBM fees	\$0	
NETWORK	PHCS/ADDP/Direct Contract with Good Shepherd Medical Center	
Expected/historical Network Discounts	70-90%	
Organ Transplant Program	100% In network/\$10,000 Transportation	

COVERAGE NOTES:

- A) The County currently has an Employer Directed Wellness Plan with financial penalties for non-compliance
- B) A true open enrollment of all products is required annually
- C) Effective date is October 1, 2016. All participants enrolled in the plan as of September 30, 2016 are to be covered on a "no loss/no gain" basis
- D) See attached, EXHIBIT II for a current Summary of Medical Benefits
- E) COBRA/FSA is handled by Conexis
- F) County currently offers a Pharmacy Advocate program
- G) County currently offers Teladoc to members & dependents

RATES AND HISTORY:**Current Renewal Period Large Claims over \$15,000/Ongoing Medical Conditions Detail:**

- See attached EXHIBIT III for claims history from October 1, 2013 through May 31, 2016
- See attached EXHIBIT IV for current period Shock Loss claims over \$15,000

ONGOING MEDICAL CONDITIONS:

- – has one more procedure on a vein in his leg
- – Stage 5 Renal failure, 7% GFR. Began dialysis 7/11/16. On waiting list with Baylor for transplant.

DENTAL BENEFITS & RATES:

- See attached EXHIBIT V for Dental Benefits
- Non-contributory for the Employee. Rates are included in medical rates listed on page 3, #9 for dependents

**COUNTY OF UPSHUR
EMPLOYEE INSURANCE AND EXHIBITS**

EXHIBIT I

Medical Census with Dependents

EXHIBIT II

Medical and RX Summary of Benefits (including Transplant Policy benefits)

EXHIBIT III

Claims Experience reports from 10/2013 through 5/31/2016

EXHIBIT IV

Shock Loss Claim Summary – Claims over \$37,500 Threshold

EXHIBIT V

Dental Benefit Description

EXHIBIT VI

Prescription Benefit Manager Questionnaire

EXHIBIT VII

Two Required Forms:

- **Bid Affidavit Form**
- **Response Forms**

NOTES TO COMMISSIONER COURT

Please describe any modification from the current Plan or is in addition to the current coverage that will enhance the Plan.

Please attach additional pages if necessary

THE COUNTY OF UPSHUR recognizes the time and effort you expend in preparing and submitting proposals to the County. Please let us know of any requirements in the RFP that are causing you difficulty in responding. We want to make this process as easy as possible so that all responsible vendors can compete for the County's business.

2016 MEDICAL CENSUS

	Last Name	First	DOB	M/F	DEPENDENT
1	ABRON	JT	01/21/64	M	EC
	ABRON	JORDAN	02/09/92	M	
2	ALBRIGHT	BILLY	3/6/1962	M	ES
3	ALBRIGHT	GAYLE	1/12/1962	M	
4	ALFORD	JOHN	3/25/1966	M	EF
	ALFORD	VIRGINIA	11/12/1967	F	
	ALFORD	ASHLEY	6/16/1994	F	
	ALFORD	JOHN	6/8/1998	M	
5	ALTMAN	DILLON	4/7/1993	M	EO
6	ANDREW	STEPHEN	2/6/1969	M	EC
	ANDREW	EVAN	8/2/2003	M	
7	ASHBERRY	WILLIAM	11/25/1985	M	EO
8	BECK	EARNEST	8/23/1960	M	EF
	BECK	DEVONA	5/7/1974	F	
	BECK	SHARUNE	4/25/1997	F	
9	BELL	KRISTI	10/27/1990	F	EO
10	BERKA	FRANK	6/6/1946	M	ES
	BERKA	BELINDA	9/25/1949	F	
11	BETTERTON	ANTHONY	12/25/1961	M	ES
	BETTERTON	NANCY	11/27/1953	F	
12	BLACKMON	ROBERT	6/17/1974	M	EO
13	BUCHANAN	JODY	6/8/1959	M	EO
14	BUNN	KAREN	9/27/1960	F	EO
15	BURLESON	MICHAEL	1/20/1979	M	EF
	BURLESON	CARRIE	10/30/1971	F	
	BURLESON	SYDNEE	2/12/2000	F	
	BURLESON	AMBER	4/26/1984	F	
16	BURLEY	LORI	6/11/1964	F	EO
17	CAIN	DERONDA	8/16/1957	F	EO
18	CARTER	TERRY	12/17/1964	M	EO
19	CHEVALIER	MELISSA	12/10/1966	F	EF
	CHEVALIER	MICHAEL	2/13/1962	M	
	CHEVALIER	EMILY	10/4/1994	F	
20	CLARK	CHRIS	10/9/1980	M	EF
	CLARK	JENNIFER	8/25/1983	F	

2016 MEDICAL CENSUS

	CLARK	MACEN	10/22/2004	M	
	CLARK	BOSTON	12/12/2008	M	
21	COLLENDRINA	MICHAEL	3/1/1988	M	EO
22	COX	GLENDA	12/31/1943	F	ES
	COX	JOE	9/18/1941	M	
23	CRAVER	CHRISTI	1/19/1968	F	EC
	CRAVER	LAUREN	12/21/2000	F	
	MIEARS	CHELSEA	2/14/1995	F	
24	CRUTSINGER	KEVIN	6/22/1978	M	EO
25	CRUTSINGER	RONALD	5/14/1953	M	EF
	CRUTSINGER	ESTELLA	9/23/1965	F	
	CRUTSINGER	CHASE	1/21/2005	M	
26	CULBERSON	KRISTIN	8/1/1962	F	EF
	CULBERSON	RAY	2/15/1967	M	
	CULBERSON	ASHTON	4/5/1996	F	
	CULBERSON	KAILON	2/16/1995	F	
27	CURLEY	KRISHUN	8/22/1986	M	EC
	CURLEY	ERICA	12/19/1983	F	
	CURLEY	KAMRYN	3/30/2016	F	
	BURNS	BRIANNA	11/19/2000	F	
28	DAUSTER	DEBORAH	6/2/1967	F	EF
	DAUSTER	PHILLIP	10/31/1961	M	
	DAUSTER	BO	10/12/1995	M	
29	DAVIDSON	CODY	7/13/1994	M	EO
30	DAVIS	BRANDY	11/26/1978	F	EO
31	DAVIS	JOSH	12/28/1988	M	ES
	WHISENHUNT-DAVIS	ASHLEIGH	10/21/1992	F	
32	DAVIS	SCOTT	7/15/1975	M	EC
	DAVIS	HALEIGH	12/26/2001	F	
	DAVIS	HARRISON	9/19/2008	M	
33	DEAN	HASKELL	2/11/1949	M	EO
34	DEAN	PAMELA	8/31/1956	F	EO
35	DELUCA	KACEY	9/9/1986	F	EF
	DELUCA	RYAN	5/27/2011	M	
	DELUCA	CHARLIE	5/27/2011	M	
	DELUCA	KYLE	4/7/2009	M	

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36	DENTON	BRUCE	8/12/1964	M	EC
	DENTON	DARIEN	10/1/1994	M	
37	DODSON	GREGORY	5/29/1963	M	EO
38	DOLLE	EUGENE	11/1/1943	M	ES
	DOLLE	JOYCE	6/29/1947	F	
39	DOWLING	CODY	11/8/1992	M	EO
40	DRENNAN	DEANNA	12/7/1952	F	EF
	DRENNAN	RICKEY	11/1/753	M	
	DRENNAN	CAITLIN	9/3/2005	F	
41	DUFFEY	JODY	10/31/1958	F	EO
42	DURRUM	MARGARET	4/28/1958	F	EO
43	ELLIS	FRED	10/26/1971	M	EC
	ELLIS	JOSEPH	12/1/1995	M	
	ELLIS	HANNAH	4/17/2000	F	
44	FARROW	MARY ANNE	6/28/1965	F	EF
	FARROW	RICHARD	8/19/1954	M	
	FARROW	GRACE	3/8/1996	F	
45	FERGUSON	VANESSA	4/6/1977	F	EF
	FERGUSON	CHRISTOPHER	11/17/1976	M	
	FERGUSON	LANDON	3/10/2005	M	
	FERGUSON	CONNOR	11/16/2001	M	
46	FITZGERALD	FREDDIE	1/18/1968	M	EC
	FITZGERALD	COURTNEY	4/19/2004	F	
	FITZGERALD	FREDDIE	7/11/1998	M	
47	FOWLER	JERALD	11/11/1961	M	ES
	FOWLER	NANCY	7/27/1962	F	
48	FREEMAN	RICKY	9/2/1954	M	EO
49	FROST	CYNTHIA	8/10/1961	F	EF
	FROST	JAYE	11/29/1949	M	
	FROST	JONATHAN	3/21/1998	M	
	FROST	LAKYN	2/14/1993	F	
50	GARDNER	LENA	3/24/1962	F	EF
	GARDNER	DWAYNE	8/28/1961	M	
	GARDNER	HOLLY	12/29/1992	F	
51	GARMON	CODY	5/11/1993	M	EO
52	GENTRY	PAULA	6/19/1960	F	EF

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	GENTRY	RANDALL	7/13/1958	M	
	GUNTER	CALEB	10/7/1997	M	
53	GIBSON	LAUREN	5/4/1993	F	EO
54	GILLEN	JAMES	4/3/1985	M	EF
	GILLEN	SHERI	8/19/1977	F	
	GILLEN	AUBRI	7/14/2007	F	
55	GREER	OLIVIA	1/24/1983	F	EF
	GREER	HARMON	1/25/1983	M	
	GREER	HARMON	1/6/2009	M	
	GREER	RYLEE	7/20/2012	F	
	CHAPPELL	LAINÉ	3/16/2005	F	
56	GROSS	DON	12/8/1947	M	EO
57	GRUNDEN	JAMES	10/6/1959	M	EF
	GRUNDEN	JULIE	2/12/1966	F	
	GRUNDEN	ELAINA	8/14/1992	F	
	GRUNDEN	KATELYN	3/10/1998	F	
58	HADDOCK	RICKEY	11/22/1958	M	ES
	HADDOCK	DEBRA	1/14/1957	F	
59	HALL	TIMOTHY	5/19/1977	M	EO
60	HANCOCK	CHRISTOPHER	1/30/1987	M	EC
	HANCOCK	PEYTON	4/28/2009	M	
61	HARLE	LORY	10/26/1976	F	EO
62	HARRIS	TOMMY	9/20/1961	M	EF
	HARRIS	ALISA	1/16/1969	F	
	BRUHN	ZACHARY	7/6/1995	M	
63	HAWTHORNE	POLLYANNA	11/10/1960	F	EO
64	HAYNES	MONICA	6/10/1981	F	EO
65	HENDERSON	LAKISHA	2/13/1981	F	EF
	HENDERSON	WILLIE	2/19/1981	M	
	HENDERSON	WILL	10/11/2005	M	
	JONES	JARAYLON	5/13/1998	M	
	JONES	TAMARA	8/13/2000	F	
66	HENDRIX	STEPHANIA	1/23/1974	F	EC
	HENDRIX	CHELBI	3/10/2000	F	
	HENDRIX	COLTON	4/28/1997	M	
67	HENSON	DANIEL	5/3/1980	M	EO

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68	HENSON	TEENA	5/25/1959	F	EO
69	HERMAN	JACOB	12/30/1989	M	EF
	HERMAN	KYLYE	7/19/1992	F	
	HERMAN	LIAM	12/17/2013	M	
	HERMAN	GREYSON	5/9/2015	M	
70	HOLLIS	CURTIS	10/5/1957	M	EO
71	HOWELL	LUANA	7/25/1964	F	EF
	HOWELL	DONALD	10/22/1958	M	
	HOWELL	JACOB	11/15/1991	M	
	HOWELL	JESSICA	11/15/1991	F	
72	HUDSPETH	RONALD	5/20/1959	M	EC
	HUDSPETH	CODY	8/5/1997	M	
73	JACKSON	HALI	5/1/1996	F	EO
74	JEFFERY	DONALD	9/2/1950	M	ES
	JEFFERY	CAROLYN	8/26/1952	F	
75	JEFFERY	THOMAS	4/23/1949	M	ES
	JEFFERY	EMMA	7/2/1953	F	
76	JENKINS	STANLEY	12/22/1939	M	ES
	JENKINS	LATICIA	10/31/1945	F	
77	JOHNSON	PAMELA	9/16/1966	F	EC
	WHITE	JA'MARI	6/7/2000	F	
78	JOHNSON	GLEN	9/22/1954	M	EC
	JOHNSON	HALEY	9/13/1991	F	
79	JONES	DERRICK	9/24/1984	M	EF
	JONES	KOURTNEE	1/23/1988	F	
	JONES	OMARI	12/3/2004	M	
	JONES	PEYTON	1/20/2008	M	
	JONES	MALIA	3/27/2009	F	
	JONES	ELI	11/26/2015	M	
80	JONES	KEVIN	12/10/1977	M	EO
81	JONES	STEPHANIE	8/12/1977	F	EF
	GREEN	SHANNON	4/29/1975	M	
	GREEN	SHANE	10/8/1994	M	
	GREEN	SHELBIE	4/12/2000	F	
82	JONES	VICKI	11/13/1957	F	EO
83	JORDAN	STEVEN	12/8/1976	M	EF

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	JORDAN	KELLY	1/25/1978	F	
	JORDAN	ZAKARY	12/16/2000	M	
	JORDAN	HAYLEE	10/7/2002	F	
	JORDAN	SETH	5/7/2004	M	
	JORDAN	KAYDENS	3/9/2009	F	
	JORDAN	DEVON	8/16/2011	M	
84	KING	CYNTHIA	7/18/1967	F	EO
85	KING	LISA	9/13/1960	F	ES
	KING	JOSEPH	7/20/1950	M	
86	LAMBERT	CHRISTOPHER	10/13/1988	M	EF
	LAMBERT	JOANNA	11/12/1988	F	
	LAMBERT	ARIANNA	12/16/2009	F	
	LAMBERT	NOAH	8/28/2013	M	
87	LAMBERT	JAMES	8/28/1961	M	EO
88	LAMBERT	JOSHUA	10/5/1987	M	EF
	LAMBERT	ADDISON	5/18/2012	F	
	LAMBERT	KRISTIN	11/7/1987	F	
	LAMBERT	PEYTON	12/16/2014	F	
89	LAMINACK	SHERRON	12/22/1953	F	EO
90	LANEY	DAMON	2/8/1991	M	EF
	LANEY	ZANE	8/1/2015	M	
	LANEY	KATHERINE	2/20/1990	F	
91	LARSEN	MIGUEL	11/26/1955	M	EO
92	LEAVELLE	VERNON	12/21/1959	M	ES
	LEAVELLE	MARY	7/30/1963	F	
93	LEE	BRANDY	9/4/1979	F	EF
	LEE	JOHN	12/20/1967	M	
	LEE	JAXON	1/16/2006	M	
	LEE	DYLAN	4/15/2008	M	
94	LEONARD	FONDA	12/22/1954	F	ES
	LEONARD	LESLIE	12/17/1952	M	
95	LOWER	BILLY	11/2/1961	M	ES
	LOWER	NIKI	7/17/1964	F	
96	MAIN	STACY	11/17/1981	F	EO
97	MANES	AMNA	2/20/1954	F	ES
	MANES	DAVID	8/8/1954	M	

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98	MASSOLETTI	MARTY	12/10/1967	M	EO
99	MCCAULEY	CHRIS	1/8/1972	M	EO
100	MCCAULEY	JILL	9/16/1971	F	EC
	MCCAULEY	COBY	3/2/1997	M	
	MCCAULEY	EMILY	1/22/2000	F	
101	MC GEE	WILLIAM	8/19/1968	M	EF
	MC GEE	KELLY	9/14/1971	F	
	MC GEE	BRETT	12/2/1999	M	
	MC GEE	TYLER	10/17/1991	M	
	MC GEE	GRANT	12/2/1999	M	
102	MCKAY	HENRY	4/4/1956	M	EO
103	MCKENZIE	DEREK	8/20/1986	M	EO
104	MILES	VERONICA	5/28/1965	F	EO
105	MILLER	NATALIE	10/17/1983	F	EO
106	MONTS	DEBRA	6/15/1955	F	ES
	MONTS	MIKE	10/12/1952	M	
107	MONTS	SOMER	12/8/1982	F	EC
	COLLINS	JOHNNY	7/29/1998	M	
	YOUNG	DUSTIN	9/6/2004	M	
108	MOORE	JEFFERY	11/1/1968	M	EC
	MOORE	AVERY	1/18/2008	F	
	OWENS	TAYLOR	2/20/2004	F	
109	MOORE	JON	7/21/1968	M	EF
	MOORE	REBECCA	11/8/1977	F	
	MOORE	ZACHARY	3/14/2005	M	
	MOORE	HEATHER	2/2/1994	F	
	MOORE	JON	5/23/1996	M	
110	MULLINS	ANDREW	6/21/1970	M	EO
111	MULLINS	CATHERINE	2/9/1970	F	EC
	MULLINS	ELIZABETH	9/2/2000	F	
	MULLINS	ANDREW	10/13/2003	M	
112	NIELL	SHERRY	7/13/1956	F	EO
113	NIETO	EDGAR	8/12/1988	M	EO
114	NOLEN	LARRY	1/28/1949	M	ES
	NOLEN	MOLLY	7/4/1951	F	
115	NUSTAD	JUSTIN	11/27/1986	M	EF

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	NUSTAD	JACE	2/13/2015	M	
	NUSTAD	JESSICA	3/17/1989	F	
116	OJEMAN	REBECCA	1/25/1957	F	EO
117	OLLER	TRACY	7/18/1964	F	EC
	OLLER	HALEY	1/24/1993	F	
	OLLER	SAMMIE	1/24/1993	F	
	OLLER	MADELINE	7/30/1996	F	
	OLLER	MEAGAN	1/30/1991	F	
118	ORTIZ	RAMON	1/22/1977	M	EC
	ORTIZ	JOSEPH	4/21/2012	M	
	ORTIZ	JENNIFER	7/29/2009	F	
	ORTIZ	BENJAMIN	11/19/2006	M	
119	OVIEDO	FRANCISCO	2/21/1985	M	EC
	OVIEDO	MCKINSEE	12/10/2005	F	
120	PEOPLES	ALEANA	9/20/1986	F	EO
121	POPE	BECKY	9/17/1956	F	ES
	POPE	CHARLES	3/2/1949	M	
122	POTTER	LYLE	10/30/1962	M	EO
123	POWELL	GARY	12/26/1968	M	EF
	POWELL	SHARON	7/24/1968	F	
	POWELL	TRACEE	2/10/1992	F	
	POWELL	KATRINA	9/1/1990	F	
124	REID	STEPHEN	1/14/1959	M	EF
	REID	MERI	12/27/1959	F	
	REID	MITCHELL	10/4/1990	M	
	REID	JENNIFER	11/4/1988	F	
	REID	MARCUS	12/6/1993	M	
	REID	JESSICA	1/31/2000	F	
	REID	TANNAH	8/4/2011	F	
	REID	BROOKLYN	10/15/2012	F	
125	RIDER	MARCUS	11/29/1974	M	EF
	RIDER	AIMEE	2/23/1979	F	
	RIDER	AVA	4/27/2012	F	
	RIDER	JACOB	9/2/2008	M	
126	RITTER	DON	3/15/1948	M	EF
	RITTER	MYRA	3/1/1950	F	

2016 MEDICAL CENSUS

	RITTER	JESSICA	6/5/1989	F	
127	ROBERTS	GARY	2/19/1972	M	ES
	ROBERTS	MISTY	4/11/1972	F	
128	ROBERTSON	CLAY	1/20/1963	M	EO
129	ROBERTSON	PHILLIP	10/27/1979	M	EO
130	ROLAND	SONIA	10/15/1967	F	EO
131	ROSS	TERRI	7/17/1959	F	EF
	ROSS	JOHN	8/31/1952	M	
	ROSS	COLLIN	12/12/1995	M	
132	SANDERS	BOBBY	8/8/1962	M	ES
	SANDERS	LISA	4/6/1962	F	
133	SAXON	GAIL	3/11/1957	F	EO
134	SEAHORN	GERALD	8/24/1982	M	EF
	SEAHORN	AMANDA	4/13/1986	F	
	SEAHORN	ABAGAIL	2/1/2007	F	
	SEAHORN	DIXIE	9/18/2008	F	
	SEAHORN	AIDEN	10/26/2009	M	
135	SHARP	BRITTANY	9/14/1992	F	EO
136	SIKES	LINDA	7/14/1973	F	EO
137	SIMMONS	REGINA	5/16/1962	F	ES
	SIMMONS	GARY	6/17/1954	M	
138	SKINNER	AMANDA	11/17/1981	F	EF
	SKINNER	JOHN	3/10/1977	M	
	SKINNER	BRAYDEN	9/30/2002	M	
	SKINNER	ALYSSA	8/19/2005	F	
139	SKINNER	REBECAA	10/11/1956	F	EO
140	SLEVIN	LYNSIE	2/28/1985	F	EO
141	SMITH	ANDREANA	5/16/1979	F	EF
	SMITH	DAVID	3/11/1978	M	
	SMITH	DAVION	11/12/2002	M	
	SMITH	DHRVAY	7/31/2006	M	
	SMITH	DRAKE	5/5/2008	M	
	SMITH	DEVIN	4/10/1998	M	
142	SPENCER	JON	10/11/1962	M	EF
	SPENCER	DEBORAH	12/5/1965	F	
	SPENCER	MICHAEL	2/5/1993	M	

2016 MEDICAL CENSUS

	SPENCER	JON	4/3/1991	M	
143	SPURLOCK	DUSTIN	3/15/1994	M	EO
144	STANLEY	RICHARD	9/1/1968	M	EF
	STANLEY	RACHEL	7/21/1976	F	
	STANLEY	MALLERY	8/27/1999	F	
	STANLEY	AARON	8/9/2004	M	
	STANLEY	AIDEN	11/29/2010	M	
145	STEGALL	TIMOTHY	7/7/1966	M	ES
	STEGALL	PAM	9/8/1967	F	
146	STONE	KIMBERLY	9/8/1973	F	EC
	PEEL	RAELYN	10/22/1997	F	
	STONE	BRANDON	5/30/2010	M	
147	STRACENER	CASEY	5/12/1974	F	EC
	PATE	RILEY	7/18/1999	M	
	PATE	ETHAN	2/24/2003	M	
148	STRACENER	LANA	9/22/1981	F	EF
	STRACENER	COY	11/7/2012	M	
	STRACENER	CALEB	11/16/2008	M	
	STRACENER	CALEB	2/28/1981	M	
149	STRADER	JIMMY	3/31/1962	M	EO
150	STRUBE	BRADLEY	4/14/1985	M	EO
151	STURM	JODY	3/3/1944	F	EO
152	TAYLOR	ANTHONY	7/18/1968	M	ES
	TAYLOR	DEBORAH	7/27/1969	F	
153	TEFFTeller	ALLEN	5/1/1962	M	EO
154	TEFFTeller	LISA	2/28/1969	F	EC
	TEFFTeller	PATRICK	1/7/1995	M	
	TEFFTeller	JACOB	11/14/1993	M	
155	THIBODEAUX	TERRY	10/16/1953	M	EO
156	THOMPSON	DANNY	7/8/1956	M	EO
157	THOMPSON	DAVID	4/26/1968	M	EC
	THOMPSON	KLINT	3/2/1994	M	
158	THOMPSON	NANCY	8/5/1952	F	EO
159	VALDEZ	MADELYNN	3/15/1987	F	EF
	VALDEZ	CHRISTOPHER	5/27/1978	M	
	VALDEZ	EMALYNN	8/6/2013	F	

2016 MEDICAL CENSUS

	SALES	STEDARI	6/16/2005	F	
	SALES	KELLYN	8/2/2006	F	
160	VARGAS	YECENIA	11/20/1992	F	EO
161	VICK	BRANDY	2/8/1976	F	EC
	VICK	THOMAS	5/2/1995	M	
	VICK	BRIE'ANNA	9/4/2000	F	
	VICK	TRISTEN	11/8/1996	M	
162	VICK	THOMAS	12/17/1974	M	EO
163	WADE	ALAN	1/13/1961	M	ES
	WADE	DEBBIE	3/12/1962	F	
164	WARD	ELWYN	7/17/1954	M	EO
165	WARREN	DENNIS	5/7/1967	M	EO
166	WARREN	JAMIE	7/10/1977	F	EC
	WEAVER	JOHNATHAN	12/25/1995	M	
	WEAVER	HUNTER	9/14/2001	M	
	WEAVER	SKYLAR	9/2/2005	F	
167	WARREN	JONATHAN	6/29/1967	M	EC
	WARREN	SAVANNAH	12/8/2005	F	
168	WEEKS	JASON	9/9/1970	M	EF
	WEEKS	KATHY	12/8/1969	F	
	WEEKS	GAVIN	7/3/1996	M	
	WEEKS	MADISON	12/7/2014	F	
	GIBSON	DAVID	2/4/1992	M	
169	WHITE	DEBORAH	5/24/1955	F	EO
170	WHITESIDE	RUTH	8/16/1939	F	EO
171	WHITTINGTON	HEATHER	1/3/1980	F	EO
172	WHITWORTH	KAMI	1/16/1983	F	EC
	WHITWORTH	THOMAS	12/29/2006	M	
173	WILLIAMS	BILLY	11/20/1948	M	EO
174	WILSON	JESSICA	8/15/1980	F	EO
175	WOLOSZYN	RICHARD	4/23/1958	M	ES
	WOLOSZYN	MELANIE	5/22/1966	F	
176	WOMBLE	DAVID	12/2/1955	M	ES
	WOMBLE	KAREN	11/22/1955	F	
177	WRIGHT	JERRY	8/5/1972	M	EO
	WRIGHT	BARBARA	9/23/1956	F	

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Upshur County Employee Benefit Plan

Coverage Examples

EXHIBIT "A"

Coverage Period: 10/1/2015 – 09/30/2016

Coverage for: Individual + Eligible Dependents | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.hfbenefits.com or by calling 1-888-716-5908.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0 person / \$0 family for ADP and GSMC PPO \$1,000 person / \$2,000 family PHCS PPO \$1,500 person / \$3,000 family Non-PPO The <u>deductible</u> does not apply to benefits paid at 100%, ADP or GSMC PPO Network visits or office visit copays.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart on page 2 for how much you pay for covered services after you meet the <u>deductible</u> . Deductibles DO NOT cross apply.
Are there other <u>deductibles</u> for specific services?	Yes. \$500 calendar year deductible applies to Specialty Drugs. There are no other specific <u>deductibles</u> .	You must pay all of the costs for specific services up to the <u>deductible</u> amount before this plan begins to pay for these services. Note: inpatient admissions, outpatient surgery, PET/CAT scans/ MRIs, Dialysis, Transplants and Chemotherapy must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$4,000 person / \$8,000 family PPO \$10,000 person / \$20,000 family Non-PPO	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. Out-of-pockets DO NOT cross apply.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, charges in excess of Usual & Customary or not Reasonable, penalties and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . The Non-PPO out-of-pocket does not include the deductibles or copays.
Is there an overall annual <u>limit</u> on what the plan pays?	No.	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart on page 2 describes <i>specific</i> coverage limits, such as limits on the number of office visits. <u>Payment for Renal Dialysis will not exceed 200% of Medicare allowable.</u>
Does this plan use a <u>network of providers</u> ?	Yes. For Access Direct visit www.adppo.com or call 1-800-259-3308 for a list of participating providers. For GSMC visit www.gsmc.org or call 1-903-315-2000. For PHCS visit www.phcs.com or call 1-800-678-7427.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart on page 2 for how this plan pays different

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Upshur County Employee Benefit Plan

Coverage Examples

Coverage Period: 10/1/2015 – 09/30/2016

Coverage for: Individual + Eligible Dependents | Plan Type: PPO

		kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <u>excluded services</u> .



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

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
If you visit a health care <u>provider's office or clinic</u>	Primary care visit to treat an injury or illness	\$25 copay/visit	70% coinsurance	_____none_____
	Specialist visit	\$25 copay/visit	70% coinsurance	_____none_____
	Other practitioner office visit	\$25 copay/visit	70% coinsurance	Chiropractic services are limited to \$1,000 per calendar year & 3 visit maximum per week.

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Upshur County Employee Benefit Plan

Coverage Examples

Coverage Period: 10/1/2015 – 09/30/2016

Coverage for: Individual + Eligible Dependents | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
	Preventive care/screening/immunization	No charge	70% coinsurance	Network Benefits for preventive care that are payable at 100% of Eligible Expenses (without application of any Copayment, Coinsurance, or deductible) and apply to the following: Evidence-based items or services that have in effect rating of "A" or "B" in the current recommendation of the <i>United States Preventive Services Task Force</i> . Immunizations that have in effect a recommendation from the <i>Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention</i>
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	70% coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	\$150 copay/visit then 20% coinsurance, deductible waived	\$150 copay /visit then 70% coinsurance, deductible waived	CT,/PET scans and MRI's must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.medtrakservices.com	Generic drugs	\$0 copay (retail) / \$0 (mail order)		Non-Network Pharmacy is not covered.
	Preferred brand drugs	20% to a maximum of \$50 (retail) /20% to a maximum of \$100 (mail order)		Covers up to a 30-day supply (retail prescription); 31 90 day supply (mail order prescription)
	Non-preferred brand drugs	20% to a maximum of \$50 (retail) /20% to a maximum of \$100 (mail order)		Medtrak Help Desk: 1-800-771-4648
	Specialty drugs	20% to a maximum of \$200 after \$500 deductible A separate \$500 deductible applies to specialty drugs & specialty injectables (except insulin & Epipen)		<u>Limited to 30 day supply.</u> Specialty drugs must be prior authorized and purchased at Specialty Pharmacies called Best-In-Class Pharmacy Network.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	70% coinsurance	Services must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
	Physician/surgeon fees	20% coinsurance	70% coinsurance	

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Upshur County Employee Benefit Plan

Coverage Examples

Coverage Period: 10/1/2015 – 09/30/2016

Coverage for: Individual + Eligible Dependents | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	\$150 copay/visit then 20% coinsurance		_____none_____
	Emergency medical transportation	20% coinsurance	20% coinsurance	_____none_____
	Urgent care	\$25 copay/visit	70% coinsurance	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	70% coinsurance	Inpatient confinements, Chemotherapy and Dialysis must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
	Physician/surgeon fee	20% coinsurance	70% coinsurance	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$25 copay/office visit <u>other outpatient services</u> 20% coinsurance	70% coinsurance	_____none_____
	Mental/Behavioral health inpatient services	20% coinsurance	70% coinsurance	Inpatient services must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
	Substance use disorder outpatient services	\$25 copay/office visit <u>other outpatient services</u> 20% coinsurance	70% coinsurance	_____none_____
	Substance use disorder inpatient services	20% coinsurance	70% coinsurance	Inpatient services must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
If you are pregnant	Prenatal and postnatal care	\$25 copay/initial visit only then 20% coinsurance	70% coinsurance	PPO copay applies to initial visit only.

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Upshur County Employee Benefit Plan

Coverage Examples

Coverage Period: 10/1/2015 – 09/30/2016

Coverage for: Individual + Eligible Dependents | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use a PPO Provider	Your Cost If You Use a Non-PPO Provider	Limitations & Exceptions
	Delivery and all inpatient services	20% coinsurance	70% coinsurance	Services must be pre-certified at 1-800-625-6834 for vaginal deliveries requiring more than a 48 hour stay and for cesarean section deliveries requiring more than a 96 hour stay in order to avoid \$500 penalty.
If you need help recovering or have other special health needs	Home health care	20% coinsurance	70% coinsurance	Services must be pre-certified at 1-800-625-6834 for coordination of care.
	Rehabilitation services	20% coinsurance	70% coinsurance	Inpatient services must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
	Habilitation services	20% coinsurance	70% coinsurance	Treatment for developmental delays may not be covered. See plan document for additional information.
	Skilled nursing care	20% coinsurance	70% coinsurance	Inpatient services must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
	Durable medical equipment	20% coinsurance	70% coinsurance	none
	Hospice service	20% coinsurance	70% coinsurance	Inpatient services & home bound / outpatient coordination of care must be pre-certified at 1-800-625-6834 in order to avoid a \$500 penalty.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Not Covered
	Glasses	Not Covered	Not Covered	Not Covered
	Dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric Surgery
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids (except for initial purchase if due to accidental injury, illness, congenital anomaly or surgical procedure)
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)

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Upshur County Employee Benefit Plan

Coverage Examples

Coverage Period: 10/1/2015 – 09/30/2016

Coverage for: Individual + Eligible Dependents | Plan Type: PPO

- Care outside of US when traveling specifically for medical care.
- Long-term care
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care (limited to 3 visits per week and \$1,000 Calendar Year Maximum)

Your Rights to Continue Coverage:

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

For more information on your rights to continue coverage, contact the plan at 1-903-680-8137. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact HealthFirst at P.O. Box 130187, Tyler, Texas 75713-0187 or by calling 1-888-716-5908.

Does this Coverage Provide Minimum Essential Coverage?

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

Does this Coverage Meet the Minimum Value Standard?

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-716-5908.

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag 1-888-716-5908.

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-716-5908.

[Navajo (Dine): Dinék'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-716-5908.

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

Questions: Call 1-888-716-5908 or visit us at www.hfbenefits.com

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About these Coverage Examples:

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



This is not a cost estimator.

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

See the next page for important information about these examples.

Having a baby
(normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,920
- Patient pays \$1,620

Sample care costs:

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

Patient pays:

Deductibles	\$0
Copays	\$20
Coinsurance	\$1,450
Limits or exclusions	\$150
Total	\$1,620

NOTE: The numbers are only an estimate and are assume the patient has given notice of her pregnancy to the plan. If you are pregnant and fail to provide prior notice your costs might be higher. For more information, please contact the plan at 1-903-680-8137, or HMS at 1-800-625-6834.

Based on ADP or GSMC Networks

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,640
- Patient pays \$760

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$400
Coinsurance	\$280
Limits or exclusions	\$80
Total	\$760

Based on ADP or GSMC Networks

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

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

What does a Coverage Example show?

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

Does the Coverage Example predict my own care needs?

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

Does the Coverage Example predict my future expenses?

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

Can I use Coverage Examples to compare plans?

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

Are there other costs I should consider when comparing plans?

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

Questions: Call 1-888-716-5908 or visit us at www.hfbenefits.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.hfbenefits.com or call 1-888-716-5908 to request a copy.

Organ Transplant Proposal

Employer: UPSHUR COUNTY
 Proposal: 123662
 Producer: HealthFirst TPA Inc.
 Claims Admin.: HealthFirst TPA Inc.
 Carrier: National Union Fire Insurance

Underwriter:
 Sales:
 Quote Date:
 Quote Valid Until:
 Effective Date:

This proposal contemplates the utilization of the above captioned Claims Administrator. Any deviation is a material change of fact rendering this proposal null and void.

Summary of Coverage

Lifetime Maximum : Unlimited

Policy Deductible : \$0

Notification / Coordination : See requirements in attached policy specimen

Transplant Benefit Period : Evaluation through 365 days post transplant

Reimbursement :

- * 100% of covered transplant-related costs, including organ procurement, when performed in-network.
- * 80% of covered transplant-related costs up to scheduled maximum amount per transplant when performed out-of-network (see policy)

Transportation : \$200 per day, \$10,000 maximum for patient and companion

Experimental : Coverage of NCI Clinical Trials Phase III and IV for adults, all phases for pediatric

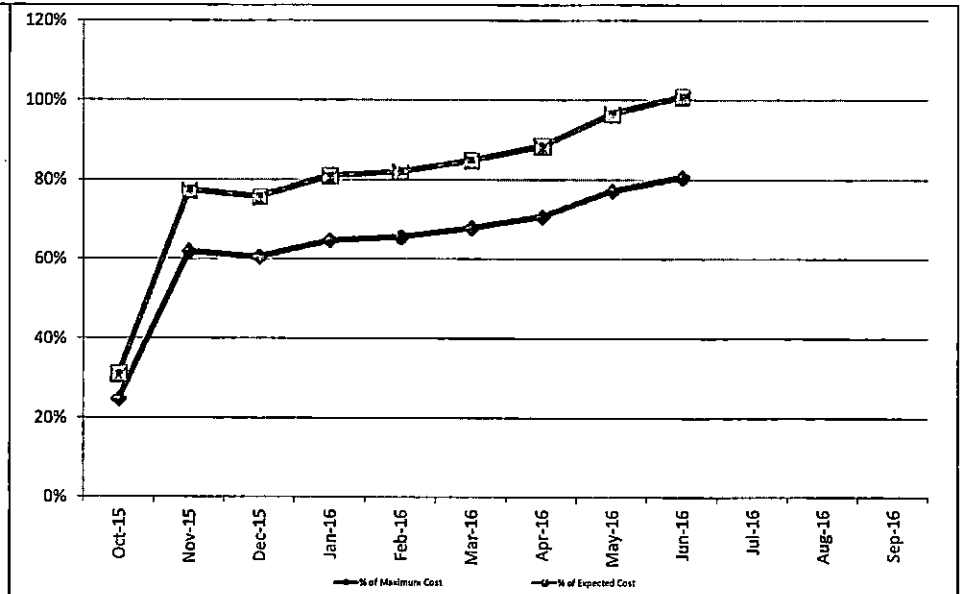
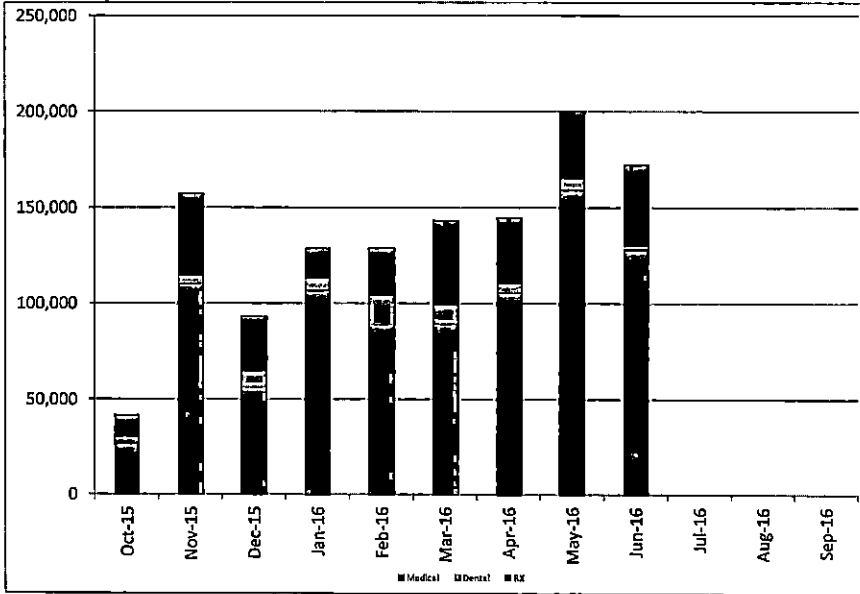
Pre-Existing Requirements : Pre-Ex is waived for current Participants (unless they are completing an established Pre-Ex Waiting Period). However, Participants added from the acquisition of a new group, affiliate, division, and/or subsidiary, are subject to a 12 month Pre-Ex Waiting Period that begins on the date the acquisition is covered under the Policy. A Pre-Existing Condition is any condition for which the Participant has within the past 24 months: been advised that a transplant may be necessary; had a transplant consultation, workup, or evaluation; been scheduled for a transplant consultation, workup, or evaluation; received or has been listed to receive a transplant; received dialysis treatments; or been diagnosed with Chronic Kidney Disease or End Stage Renal Disease. *



Upshur County (Carrier - OptumHealth Financial Services) 2015 Aggregate Report

Policy Information		Current Specific Coverage	Minimum Attachment Point	Current Aggregate Factors	
Policy Type:	36/12	\$75,000	\$1,848,093	Employee Only	\$900.63
Policy Number:	0070207			Employee Plus Spouse	\$900.63
Policy Period:	10/1/2015-9/30/2016			Employee Plus Family	\$900.63
Coverages:	Medical, RX			Employee Plus Children	\$900.63

Month/Year	Claims Payment Summary					Claims Not Covered			Specific Stop Loss Reimburse	Net Monthly Paid Claims	Net YTD Claims	Attachment Point (Maximum Liability)		% of Maximum Cost	% of Expected Cost
	Medical	Dental	RX	Monthly	YTD	Dental	Medical	Total				Monthly	YTD		
				Monthly	YTD										
Oct-15	\$26,729.52	\$3,759.78	\$11,134.18	\$41,623.48	\$41,623.48	\$3,759.78	\$0.00	\$3,759.78	\$0.00	\$37,863.70	\$37,863.70	\$152,206.47	\$152,206.47	25%	31%
Nov-15	\$110,143.36	\$4,270.90	\$42,977.24	\$157,391.50	\$199,014.98	\$4,270.90	\$0.00	\$4,270.90	\$0.00	\$153,120.60	\$190,984.30	\$155,808.99	\$308,015.46	62%	78%
Dec-15	\$56,224.79	\$8,127.73	\$29,019.73	\$93,372.25	\$292,387.23	\$8,127.73	\$0.00	\$8,127.73	\$0.00	\$85,244.52	\$276,228.82	\$147,703.32	\$455,718.78	61%	76%
Jan-16	\$106,726.14	\$5,983.37	\$16,141.43	\$128,850.94	\$421,238.17	\$5,983.37	\$0.00	\$5,983.37	\$0.00	\$122,867.57	\$399,096.39	\$160,312.14	\$616,030.92	65%	81%
Feb-16	\$88,718.88	\$15,636.05	\$24,166.39	\$128,521.32	\$549,759.49	\$15,636.05	\$2,839.00	\$18,475.05	\$0.00	\$110,046.27	\$509,142.66	\$159,411.51	\$775,442.43	66%	82%
Mar-16	\$89,143.16	\$9,866.43	\$44,304.46	\$143,314.05	\$693,073.54	\$9,866.43	\$9,888.00	\$19,754.43	\$0.00	\$123,559.62	\$632,702.28	\$155,808.99	\$931,251.42	68%	85%
Apr-16	\$105,433.47	\$5,063.99	\$34,195.21	\$144,692.67	\$837,766.21	\$5,063.99	\$0.00	\$5,063.99	\$0.00	\$139,628.68	\$772,330.96	\$159,411.51	\$1,090,662.93	71%	89%
May-16	\$158,712.64	\$6,758.68	\$35,234.31	\$200,705.63	\$1,038,471.84	\$6,758.68	-\$1,408.00	\$5,350.68	\$0.00	\$195,354.95	\$967,685.91	\$161,212.77	\$1,251,875.70	77%	97%
Jun-16	\$127,813.60	\$2,447.92	\$42,247.09	\$172,508.61	\$1,210,980.45	\$2,447.92	\$0.00	\$2,447.92	\$0.00	\$170,060.69	\$1,137,746.60	\$157,610.25	\$1,409,485.95	81%	101%
Jul-16															
Aug-16															
Sep-16															



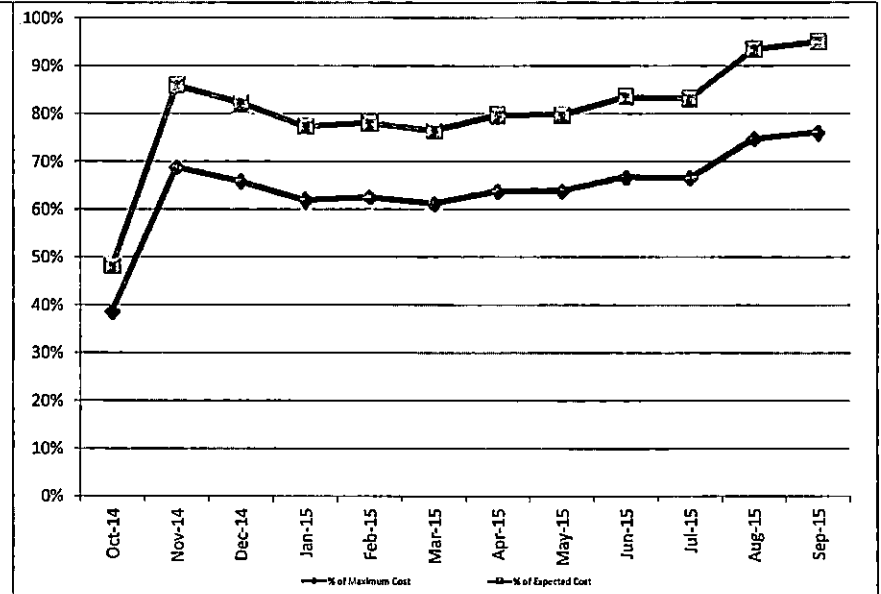
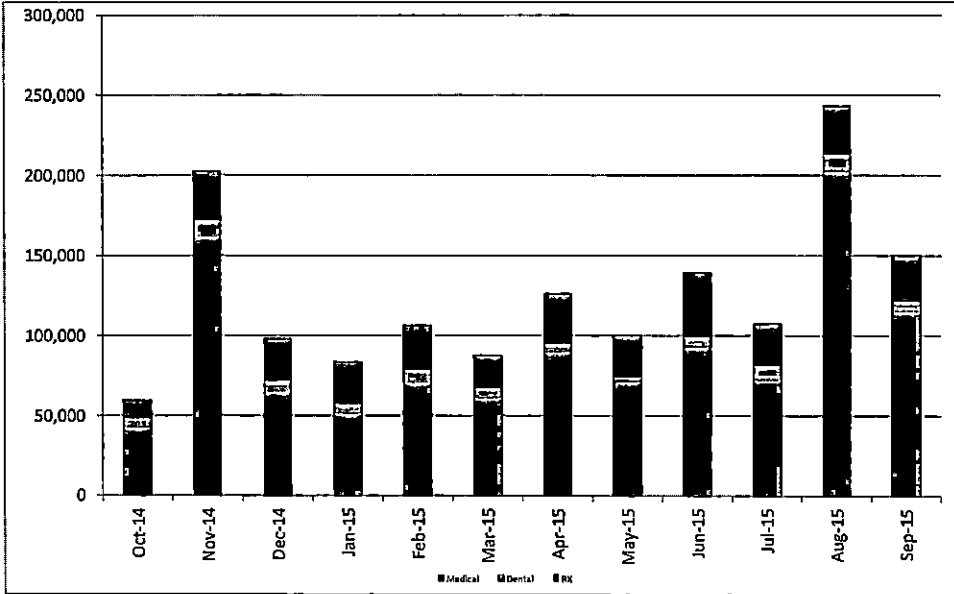
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Upshur County (Carrier - Optum Health Financial Services) 2014 Aggregate Report

Policy Information		Current Specific Coverage	Minimum Attachment Point	Current Aggregate Factors	
Policy Type:	24/12	\$75,000	\$1,801,890	Employee Only	\$878.11
Policy Number:	0070207			Employee Plus Spouse	\$878.11
Policy Period:	10/1/2014-9/30/2014			Employee Plus Family	\$878.11
Coverages:	Medical, RX			Employee Plus Children	\$878.11

Month/Year	Claims Payment Summary					Claims not Covered			Specific Stop Loss Reimburse	Net Monthly Paid Claims	Net YTD Claims	Attachment Point (Maximum Liability)		% of Maximum Cost	% of Expected Cost
	Medical	Dental	RX	Monthly Total	YTD	Dental	Medical	Total				Monthly	YTD		
Oct-14	\$42,993.18	\$5,446.50	\$11,293.62	\$59,733.30	\$59,733.30	\$5,446.50	\$783.82	\$6,230.32	\$0.00	\$53,502.98	\$53,502.98	\$138,741.38	\$138,741.38	39%	48%
Nov-14	\$162,269.02	\$9,473.30	\$30,700.14	\$202,442.46	\$262,175.76	\$9,473.30	\$3,671.45	\$13,144.75	\$48,307.34	\$140,990.37	\$194,493.35	\$144,010.04	\$282,751.42	69%	86%
Dec-14	\$65,123.93	\$5,956.69	\$26,668.62	\$97,749.24	\$359,925.00	\$5,956.69	\$2,231.75	\$8,188.44	\$2,479.34	\$87,081.46	\$281,574.81	\$144,888.15	\$427,639.57	66%	82%
Jan-15	\$51,294.99	\$6,060.21	\$26,015.62	\$83,370.82	\$443,295.82	\$6,060.21	\$1,727.00	\$7,787.21	\$3,349.69	\$72,233.92	\$353,808.73	\$144,010.04	\$571,649.61	62%	77%
Feb-15	\$70,875.71	\$7,973.69	\$27,337.67	\$106,187.07	\$549,482.89	\$7,973.69	\$224.41	\$8,198.10	\$6,473.26	\$91,515.71	\$445,324.44	\$141,375.71	\$713,025.32	62%	78%
Mar-15	\$61,281.62	\$6,355.07	\$19,885.17	\$87,521.86	\$637,004.75	\$6,355.07	\$2,742.50	\$9,097.57	\$0.00	\$78,424.29	\$523,748.73	\$143,131.93	\$856,157.25	61%	76%
Apr-15	\$89,962.64	\$4,962.82	\$30,624.82	\$125,550.28	\$762,555.03	\$4,962.82	\$2,721.77	\$7,684.59	\$0.00	\$117,865.69	\$641,614.42	\$150,156.81	\$1,006,314.06	64%	80%
May-15	\$71,651.21	\$2,383.00	\$25,966.40	\$100,000.61	\$862,555.64	\$2,383.00	\$1,274.96	\$3,657.96	\$0.00	\$96,342.65	\$737,957.07	\$150,156.81	\$1,156,470.87	64%	80%
Jun-15	\$92,977.01	\$6,351.63	\$40,047.03	\$139,375.67	\$1,001,931.31	\$6,351.63	\$1,392.00	\$7,743.63	\$0.00	\$131,632.04	\$869,589.11	\$145,766.26	\$1,302,237.13	67%	83%
Jul-15	\$72,473.32	\$9,113.35	\$25,458.62	\$107,045.29	\$1,108,976.60	\$9,113.35	\$0.00	\$9,113.35	\$0.00	\$97,931.94	\$967,521.05	\$151,913.03	\$1,454,150.16	67%	83%
Aug-15	\$202,163.18	\$10,915.49	\$29,824.50	\$242,903.17	\$1,351,879.77	\$10,915.49	\$1,392.00	\$12,307.49	\$0.00	\$230,595.68	\$1,198,116.73	\$149,278.70	\$1,603,428.86	75%	93%
Sep-15	\$115,203.93	\$6,556.39	\$27,768.89	\$149,529.21	\$1,501,408.98	\$6,556.39	\$3,370.80	\$9,927.19	\$0.00	\$139,602.02	\$1,337,718.75	\$155,425.47	\$1,758,854.33	76%	95%



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MONTHLY CLAIMS EXPERIENCE REPORT

Report Date: 10/13/2014



Client: Upshur County
Carrier: Optum Health Financial Services

Policy Information		Current Specific Coverage	Current Aggregate Factors	
Policy Type:	24/12	ISL Amount:	EE	\$857.74
Policy Number:	0070207	\$75,000	EE+SP	\$857.74
Policy Period:	10/1/2013-9/30/2014		EE+FAM	\$857.74
Coverages:	Medical, Dental, RX		EE+CH	\$857.74

Month/Year	Claims Payment Summary					Claims not Covered Under Aggregate Contract	Specific Stop Loss Reimburse	Net Monthly Paid Claims	Net YTD Claims	Attachment Point (Maximum Liability)		% of Maximum Cost (YTD Claims/YTD Maximum Cost)	% of Expected Cost (YTD Claims/YTD Expected Cost)
	Medical	Dental	RX	Monthly Total	YTD					Monthly	YTD		
Oct-13	\$3,512.07	\$0.00	\$0.00	\$3,512.07	\$3,512.07	\$0.00	\$0.00	\$3,512.07	\$3,512.07	\$143,242.58	\$143,242.58	2%	3%
Nov-13	\$110,256.77	\$4,978.79	\$26,600.75	\$141,836.31	\$145,348.38	\$7,542.54	\$0.00	\$134,293.77	\$137,805.84	\$138,953.88	\$282,196.46	49%	61%
Dec-13	\$135,073.79	\$6,215.88	\$36,398.26	\$177,687.93	\$323,036.31	\$10,315.72	\$24,634.91	\$142,737.30	\$280,543.14	\$141,527.10	\$423,723.56	66%	83%
Jan-14	\$105,474.22	\$5,664.82	\$24,672.75	\$135,811.79	\$458,848.10	\$6,152.32	\$33,276.58	\$96,382.89	\$376,926.03	\$144,958.06	\$568,681.62	66%	83%
Feb-14	\$76,439.94	\$5,512.16	\$11,285.48	\$93,237.58	\$552,085.68	\$5,647.50	\$9,310.16	\$78,279.92	\$455,205.95	\$144,958.06	\$713,639.68	64%	80%
Mar-14	\$126,959.30	\$9,759.20	\$37,298.86	\$174,017.36	\$726,103.04	\$11,184.20	\$4,697.05	\$158,136.11	\$613,342.06	\$148,389.02	\$862,028.70	71%	89%
Apr-14	\$41,370.40	\$7,319.99	\$13,047.57	\$61,737.96	\$787,841.00	\$7,874.63	\$154.39	\$53,708.94	\$667,051.00	\$143,242.58	\$1,005,271.28	66%	83%
May-14	\$75,772.08	\$6,015.22	\$28,640.68	\$110,427.98	\$898,268.98	\$6,968.98	\$18,733.10	\$84,725.90	\$751,776.90	\$145,815.80	\$1,151,087.08	65%	82%
Jun-14	\$223,200.85	\$6,817.55	\$37,074.33	\$267,092.73	\$1,165,361.71	\$8,474.39	\$93,416.18	\$165,202.16	\$916,979.06	\$144,958.06	\$1,296,045.14	71%	88%
Jul-14	\$88,604.46	\$10,076.22	\$14,152.68	\$112,833.36	\$1,278,195.07	\$10,263.72	\$6,334.72	\$96,234.92	\$1,013,213.98	\$144,100.32	\$1,440,145.46	70%	88%
Aug-14	\$116,451.56	\$5,728.75	\$21,985.44	\$144,165.75	\$1,422,360.82	\$6,541.10	\$19,934.61	\$117,690.04	\$1,130,904.02	\$153,535.46	\$1,593,680.92	71%	89%
Sep-14	\$309,688.77	\$5,235.89	\$36,352.23	\$351,276.89	\$1,773,637.71	\$7,648.32	\$128,522.71	\$215,105.86	\$1,346,009.88	\$138,953.88	\$1,732,634.80	78%	97%

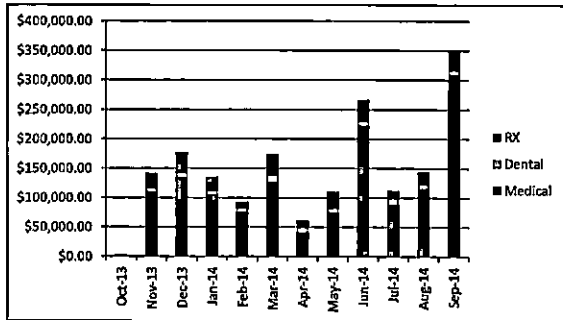


EXHIBIT IV

Shock Claim Summary KCD9

Upshur County - Group ID: 0070207

Created: 7/11/2016 4:05:27 PM (EDT)

Check Date

10/1/2015 through 6/30/2016 (274 days) (Paid Data)

Service From Date >= '10/1/2013' and Service Through Date <= '9/30/2016' and Benefit Code Not In ('ABT','ABT1','ACP','ACP1','ADV','AIM','ALMD','ART','ART1','B12','B121','BIO','BIO1','CHE1','COC','COC1','COS','COS1','CRC','CRC1','CUS','CUS1','DEN1','DEN2','DEN3','DENB','

Comparisons:

'DENC','DENE','DENP','DENX','DNB','DNH','DNNC','DNT','DNT1','DNT2','DNT3','DNT4','DNT8','DNTC','DNTE','DNTE','DNTP','DNTP','DNTP','DNTX','DUMP','EDU','EDU1','EEM','EEM1','EHC','EHC1','FAM','FAM1','FNC','FNC1','GCT','GCT1','GRO','GRO1','HAD','HAD1','HAIR','HFRX','HYP','HYP1','INF','IN
F1','LBD','LBD1','LSK','LSK1','MCMC','MEDC','MES','MHAT','MIC','MRI','MRV','NCS','NPC','NYC','NYF','NYS','OPL','OPL1','OPL2','OPL3','ORD','ORD1','PCV','PCV1','PHCS','PHIA','PMC','PMC1','PPG','PPMT','PSD','PSD1','R','RFC','RFC1','SMK','SMK1','SPS','SPS1','SRD','SRD1','TERM','TR
IA','VIS','VIS1','VTT','VTT1','WTM','WTM1')

Claim Threshold: \$15,000

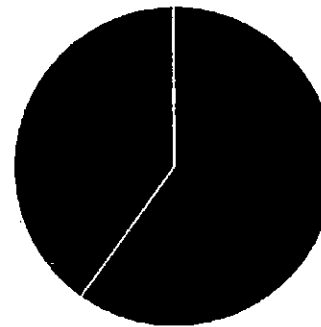
Excluded Prescription Payments from Adjudication System

Included Prescription Details from PBM

Overview

# of members with claims above threshold:	12
Total Plan Payment in claims above threshold:	\$253,460.62
Total Plan Payment for claimants with claims above threshold:	\$433,460.62
Total Plan Payment in claims:	\$1,082,237.21

Cost Components



Details

Member	Relation To Employee	Member ID	Plan Code	Plan Payment	Most Expensive Primary Diagnosis	Total Charges	Plan Payment	Provider	Most Recent Date of Service	Termination Date
1.		007020701091	OPLHD	\$99,997.15	440.21 - ATH EXT NTV AT W CLAUDCT 414.8 - CHR ISCHEMIC HRT DIS NEC 440.21 - ATH EXT NTV AT W CLAUDCT	\$125,128.97 \$108,276.71 \$8,870.00	\$46,550.85 \$41,997.53 \$5,796.04	UT HEALTH CTR TYLER UT HEALTH CTR TYLER S PITTA MD	5/18/2016 12/4/2015 5/18/2016	
2.		007020701581	OPLHD	\$50,612.21	715.16 - LOC PRIM OSTEOART-L/LEG 715.16 - LOC PRIM OSTEOART-L/LEG V72.83 - OTH SPCF PREOP EXAM	\$115,422.39 \$6,735.00 \$4,014.90	\$35,836.19 \$3,663.60 \$2,609.71	LONGVIEW REG MED CTR DAVID JENKINS MD LONGVIEW REG MED CTR	12/14/2015 12/16/2015 11/23/2015	
3.		007020700541	OPLHD	\$48,581.53	182.0 - MALIG NEO CORPUS UTERI 182.0 - MALIG NEO CORPUS UTERI 182.0 - MALIG NEO CORPUS UTERI	\$49,367.24 \$4,788.00 \$3,869.00	\$34,533.98 \$3,830.40 \$2,826.75	BAYLOR UNIV MED CENTER LUKE THEILKEN MD MONIQUE SPILLMAN MD	4/13/2016 4/13/2016 4/13/2016	
4.		007020700314	OPLHD	\$34,461.89	998.30 - WOUND DISRUPTION NOS 685.1 - PILONIDAL CYST W/O ABSC 998.89 - OTH SPCF CMPLC PROCD NEC	\$30,769.04 \$8,201.26 \$1,420.24	\$23,726.69 \$4,565.01 \$1,079.78	TX HEALTH STEPHENVILLE TX HEALTH STEPHENVILLE TX HEALTH STEPHENVILLE	2/11/2016 11/1/2015 2/4/2016	
5.		007020700311	OPLHD	\$34,315.32	515 - POSTINFLAM PULM FIBROSIS 785.6 - ENLARGEMENT LYMPH NODES 327.23 - OBSTRUCTIVE SLEEP APNEA	\$108,538.52 \$4,535.00 \$3,455.00	\$28,459.64 \$2,896.96 \$1,023.20	LONGVIEW REG MED CTR DAVID JAYAKAR MD VENKATESH DONTY MD	9/3/2015 9/3/2015 2/26/2016	
6.		007020701642	OPLHD	\$31,398.69	V30.00 - SINGLE LB IN-HOSP W/O CS 765.29 - 37+ COMP WKS GESTATION	\$0.00 \$11,066.00	\$20,911.16 \$7,898.40	GOOD SHEPHERD MED CTR CHRISTOPHER E IHIONKHAN MD	8/1/2015 8/11/2015	

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7.	007020701502	OPLHD	\$29,037.91	V05.9 - VACCIN FOR SINGL DIS NOS V68.19	\$2,318.00 \$23,963.61	\$2,086.20 \$23,222.36	KAREN ROBERTS MD PHARMACY EDI LOAD	2/3/2016 4/11/2016
				V68.1 - ISSUE REPEAT PRESCRIPT	\$3,205.86	\$3,195.86	PHARMACY EDI LOAD	4/18/2016
				782.0 - SKIN SENSATION DISTURB	\$1,106.00	\$970.40	RICHARD HAMER MD	1/28/2016
8.	007020700441	OPLHD	\$27,913.68	897.0 - AMPUT BELOW KNEE, UNILAT V68.19	\$24,882.34 \$6,236.38	\$16,717.86 \$6,069.52	PROSTH ORTHO ASSOC OF EAST TX PHARMACY EDI LOAD	9/29/2015 4/11/2016
				V58.69 - LONG-TERM USE MEDS NEC	\$2,750.37	\$1,672.43	CHARLES R GORDON MD	4/18/2016
9.	007020702431	OPLHD	\$27,772.86	414.01 - CRNRY ATHRSCL NATVE VSSL 786.50 - CHEST PAIN NOS V68.19	\$69,335.33 \$8,750.00 \$1,005.68	\$22,956.21 \$1,231.32 \$955.68	GOOD SHEPHERD MED CTR GOOD SHEPHERD MED CTR PHARMACY EDI LOAD	5/16/2016 5/5/2016 4/14/2016
10.	007020702351	OPLHD	\$17,878.85	562.11 - DVRTCLU COLON W/O HMRHG 250.01 - DMI WO CMP NT ST UNCNTL V72.82 - PREOP RESPIRATORY EXAM	\$27,518.51 \$6,379.80 \$4,520.02	\$6,058.15 \$3,401.17 \$2,223.36	GOOD SHEPHERD MED CTR MINIMED DISTRIBUTION CORP BAYLOR UNIVERSITY MED CTR	1/26/2015 3/15/2016 5/9/2016
11.	007020702501	OPLHD	\$15,984.49	617.3 - PELV PERIT ENDOMETRIOSIS 620.0 - FOLLICULAR CYST OF OVARY 617.3 - PELV PERIT ENDOMETRIOSIS	\$42,100.05 \$9,354.00 \$3,025.00	\$4,426.42 \$3,477.05 \$2,455.14	GOOD SHEPHERD MED CTR GOOD SHEPHERD AMBULATORY SURGI SABRINA BENEFIELD MD	11/3/2015 10/8/2015 11/13/2015
12.	007020701461	OPLHD	\$15,506.04	V68.19 617.0 - UTERINE ENDOMETRIOSIS 617.9 - ENDOMETRIOSIS NOS	\$11,292.27 \$10,947.65 \$2,584.00	\$11,287.27 \$1,841.82 \$1,056.82	PHARMACY EDI LOAD ETMC PITTSBURG JAMES R VANDERBURG III MD	5/4/2016 3/4/2016 3/14/2016

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**ARTICLE XVI
DENTAL BENEFITS**

Deductible per Participant*	\$50
Deductible per Family Unit*	\$150
Maximum benefit per Calendar Year for Class 1, 2 and 3 Services (Age 19 and older)	\$1,500
Maximum benefit per Calendar Year for Class 1, 2 and 3 Services (Under age 19)	\$2,000,000
Maximum Lifetime benefit for Class 4 Services	\$1,500
*The Deductible applies to Class 2, 3 & 4	

Covered Dental Expenses:	Benefits
Class 1 Services (Preventive)	100%, Deductible waived
Class 2 Services (Basic)	80% after Deductible
Class 3 Services (Major)	50% after Deductible
Class 4 Services (Orthodontia)	50% after Deductible

The Deductible amount, if any, which is listed above, is the amount each Participant must pay each Calendar Year toward Covered Expenses. Once the Deductible is satisfied, additional Covered Expenses will be reimbursed according to the percentages set forth above, subject to the limitations and exclusions set forth in this Article. Covered Expenses Incurred by any Participant and Family Unit in the last three months of any Calendar Year which are applied to satisfy the Deductible for that Calendar Year may also be used toward satisfaction of the Deductible in the next Calendar Year.

16.01 Covered Expenses

The following is a brief description of the types of expenses that will be considered for coverage under the Plan, subject to the limitations contained in the Summary of Benefits. Charges must be for services and supplies customarily employed for treatment of the dental condition, and rendered in accordance with ADA accepted standards of practice. Coverage will be limited to Usual and Customary Fees.

Class 1 Services (Preventive)

1. Routine oral examinations and prophylaxis (cleaning, scaling and polishing teeth), but not more than once each in any period of six (6) consecutive months;
2. Periapical x-rays, as required, and bitewing x-rays not more than four (4) single films or two (2) series per Calendar Year. A complete series is covered once per Calendar Year;
3. Sealants for Dependent children under age fifteen (15), but not more than once in any period of twenty-four (24) consecutive months;
4. Topical application of fluoride for Dependent children under age nineteen (19), but not more than four (4) sodium fluoride, one (1) stannous fluoride, one (1) acid fluoride phosphate, and one (1) such treatment or series per Calendar Year;
5. Space maintainers (not made of precious metals) that replace prematurely lost teeth for Dependent children under age fifteen (15). No payment will be made for duplicate space maintainers; and
6. Palliative Emergency treatment of an acute condition requiring immediate care.

Class 2 Services (Basic)

1. All Medically Necessary x-rays;
2. Full mouth x rays, but not more than once in any period of twelve (12) consecutive months;
3. Panoramic x rays, but not more than once in any period of twelve (12) consecutive months;
4. Amalgam, silicate, acrylic, synthetic porcelain and composite filling restorations to restore Diseased or accidentally broken teeth. Gold foil restorations are not eligible;
5. Simple extractions;
6. Endodontics, including pulpotomy, direct pulp capping and root canal treatment;

- 7. Anesthetic services, except local infiltration or block anesthetics, performed by, or under the direct personal supervision of, and billed for by a Dentist, other than the operating Dentist or his or her assistant;
- 8. Periodontal examinations, treatment and Surgery;
- 9. Consultations;
- 10. Periodontal scaling; and
- 11. Oral Surgery.

Class 3 Services (Major)

Prosthodontic services (initial installation or replacement of bridgework or dentures) will be covered only when a Participant has been covered continuously for at least twelve (12) months, unless otherwise required by applicable law.

- 1. Inlays, gold fillings, crowns, and initial installation of full or partial dentures or fixed bridgework to replace one or more natural teeth;
- 2. Repair or recementing of crowns, inlays, bridgework or dentures and relining of dentures;
- 3. Unless otherwise required by applicable law, replacement of an existing denture or fixed bridgework, or the addition of teeth to an existing partial removable denture or bridgework, to replace one or more natural teeth:
 - a. Where the existing denture or bridgework was installed at least five (5) years prior to its replacement and it cannot be made serviceable; or
 - b. Where the existing denture is an immediate temporary denture, and necessary replacement by the permanent denture takes place within twelve (12) months;
- 4. Re lines;
- 5. Post and core; and
- 6. Stainless steel crowns.

Class 4 Services (Orthodontia)

Orthodontic services will be eligible only when provided to covered Dependents who are under age 19 when treatment is received.

- 1. Preliminary study, including cephalometric radiographs, diagnostic casts and treatment plan;
- 2. Fixed and removable appliance placement, and active treatment per month after the first month; and
- 3. Extractions in connection with orthodontic services.

16.02 Exclusions and Limitations

The following exclusions and limitations are in addition to those set forth in the Articles entitled "General Limitations and Exclusions," and "Summary of Benefits."

- 1. **Adjustments.** Charges for services to alter vertical dimension (work done or appliance used to increase the distance between nose and chin); to restore or maintain occlusion (work done or appliance used to change the way the top and bottom teeth meet or mesh); to replace tooth structure lost as a result of abrasion or attrition; for splinting; or for treatment of disturbances of the temporomandibular joint;
- 2. **Administrative Costs.** For administrative costs of completing claim forms or reports or for providing dental records;
- 3. **After the Termination Date.** The Plan will not pay for services or supplies furnished after the date coverage terminates, even if payments have been predetermined for a course of treatment submitted before the termination date. However, benefits for covered dental expenses Incurred for the following procedures will be payable as though the coverage had continued in force:

- a. A prosthetic device, such as full or partial dentures, if the Dentist took the impression and prepared the abutment teeth while the patient was a Participant in the Plan, and delivers and installs the device within two months following termination of coverage;
 - b. A crown, if the Dentist prepared the tooth for the crown while the patient was a Participant in the Plan, and installs the crown within two months following termination of coverage; and
 - c. Root canal therapy if the Dentist opened the tooth while the patient was a Participant in the Plan, and completes the treatment within two months following termination of coverage;
4. **Broken Appointments.** For charges for broken or missed dental appointments;
 5. **Cosmetic.** Charges for cosmetic dental work. This includes, but is not limited to, characterization of dentures and services to correct congenital or developmental malformations. This exclusion will not apply to cosmetic work needed as a result of Accidental Injuries, but damage resulting from biting or chewing is not considered an Accidental Injury. This exclusion also does not apply to covered Orthodontic Treatment;
 6. **Crowns.** For crowns for teeth that are restorable by other means or for the purpose of Periodontal Splinting;
 7. **Education.** Charges for instruction in oral hygiene, plaque control or diet;
 8. **Excess Charges.** Charges in excess of the Reasonable Charge for the service or supply received or charges in excess of any maximum payable under this Plan;
 9. **Experimental.** Charges for Experimental dental care, implantology or dental care which is not customarily used or which does not meet the standards set by the American Dental Association;
 10. **Government Provided.** Charges for dental care paid for or provided by the laws of any government or treatment given in a government-owned facility, unless the Employee or Dependent is legally required to pay;
 11. **Hygiene.** For oral hygiene, plaque control programs or dietary instructions;
 12. **Immediate Relative.** Services rendered by a person who is an immediate relative of, or who ordinarily resides with, the Participant requiring treatment. "Immediate relative" means spouse, Child, brother, sister or parent of the Participant, whether by birth, adoption or marriage;
 13. **Implants.** For implants, including any appliances and/or crowns and the surgical insertion or removal of implants except, first-time non-cosmetic dental implants;
 14. **Late Enrollee.** Charges for crowns, bridgework, dentures, periodontics and orthodontics Incurred during the first twenty-four (24) months of coverage for a Late Enrollee, unless such services and supplies are needed as a result of Accidental Injury sustained by the Participant. (Damage resulting from biting or chewing is not considered an Accidental Injury.) "Late enrollee" means a person who enrolls for coverage during an annual enrollment period because he or she failed to enroll when first eligible for coverage or during a special enrollment period;
 15. **Medical Services.** Charges for services provided under the Plan's medical coverage;
 16. **Miscellaneous.** The Plan does not cover any charge, service or supply which is:
 - a. For treatment other than by a Dentist or Physician, except:
 - i. Cleaning, scaling and application of fluoride performed by a licensed dental hygienist under the supervision of a Dentist; and

- ii. Non-Experimental services performed at a dental school under the supervision of a Dentist, if the school customarily charges patients for its services;
 - b. For local infiltration anesthetic when billed for separately by a Dentist;
 - c. For personalization or characterization of dentures or veneers or any cosmetic procedures or supplies;
 - d. For oral hygiene or dietary instruction;
 - e. For a plaque control program (a series of instructions on the care of the teeth);
 - f. For implants, including any appliances and/or crowns and the surgical insertion or removal of implants;
 - g. For periodontal splinting;
 - h. For consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form;
 - i. For substances or agents which are administered to minimize fear, or charges for analgesia, unless the patient is handicapped by cerebral palsy, mental retardation or spastic disorder;
 - j. For replacement of a lost, missing or stolen prosthetic device;
 - k. Not equal to accepted standards of dental practice, including charges for services or supplies which are Experimental;
 - l. Paid, payable or required to be provided under any no-fault or equivalent automobile insurance law. Any uninsured motorist will be considered to be self-insured;
 - m. Charges for missed appointments or completion of claim forms;
 - n. Covered under the "Medical Benefits" Article of the Plan; and
 - o. Services performed by a Physician or other Provider enrolled in an education or training program when such services are related to the education or training program, except as specifically provided herein;
17. **Missing Appliances.** Charges for replacement of lost, missing or stolen appliances or prosthetic devices;
18. **More Expensive Course of Treatment.** In all cases involving covered services in which the Provider and the Participant select a more expensive course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned, coverage under the Plan will be based upon the charge allowed for the lesser procedure;
19. **No Coverage.** Services or supplies for which charges are Incurred at a time when no coverage is in force for that person, or for which charges are Incurred while coverage is in force, but final delivery is made more than three (3) months after the date coverage for that person terminated;
20. **No Legal Obligation.** Charges for which the person has no legal obligation to pay, or for which no charge would be made in the absence of a Treatment Plan;
21. **No Listing.** For services which are not included in the list of covered dental services;
22. **Not Necessary.** Charges for unnecessary care, treatment, services or supplies, including replacement at any time of a bridge or denture which meets or can be made to meet commonly held dental standards of functional acceptability;
23. **Not Recommended.** Charges for services or supplies which are not recommended and approved by a Dentist or Physician;
24. **Occupational.** Charges for dental care which results from any employment, if covered to any extent by workers' compensation or similar law;
25. **Orthognathic Surgery.** For Surgery to correct malpositions in the bones of the jaw;

- 26. **Personalization.** For expenses for services or supplies that are cosmetic in nature, including charges for personalization or characterization of dentures;
- 27. **Replacements.** Charges for replacement made within five (5) years after the last placement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge. This exclusion is waived if replacement is needed because the appliance, crown, inlay, onlay or bridge, while in the oral cavity, is damaged beyond repair due to Injury sustained by the Participant. (Damage resulting from biting or chewing is not considered an Accidental Injury);
- 28. **Self-inflicted.** Charges for care, treatment, services and supplies needed as a result of intentionally self-inflicted Injury or Sickness. This exclusion does not apply (a) if the Injury resulted from being the victim of an act of domestic violence, or (b) resulted from a documented medical condition (including both physical and mental health conditions);
- 29. **Services Excluded Under Medical.** Charges for services that are also excluded under the Plan's medical coverage;
- 30. **Single Provider Care.** In the event a Participant transfers from the care of one Provider to that of another during a course of treatment, or if more than one Provider performs services for one or more dental procedures, the Plan shall consider only such expense as would be appropriate had a single Provider performed the service. An appropriate expense in this case will be the Usual and Customary Fee;
- 31. **Splinting.** For crowns, fillings or appliances that are used to connect (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or are cosmetic; and
- 32. **War/Riot.** Charges for services or supplies needed as a result of war, declared or undeclared, or any act of war or act of aggression by any Country, when the Participant is a member of the armed forces of any Country, or during service by a Participant in the armed forces of any Country.; or voluntary participation in a riot. This exclusion does not apply to any Participant who is not a member of the armed forces, and does not apply to victims of any act of war or aggression.

16.03 Pre-determination of Dental Benefits

Approval is not required prior to treatment. Any pre determination of dental benefits is provided only as a convenience to the Participant.

If requested, the Plan Administrator or Third Party Administrator will notify the Employee, and the Dentist or Physician, of the pre determination based upon such proposed course of treatment. In determining the amount of benefits available, consideration will be given to alternate procedures, services, supplies and courses of treatment which may be performed to accomplish the required result. **The pre determination is not a guarantee of payment or approval of a benefit. After treatment is received, a claim must be filed as a post service claim, which will be subject to all applicable Plan provisions.**

Name of Company/Carrier Submitting Proposal (Proposer):	
Name of Prescription Drug Management Company:	
	Answer
How often is the preferred drug list (formulary) revised?	
Under what circumstances are drugs removed from the list?	
How does your company inform participants of changes to the formulary?	
Indicate the formulary options included in your quotation.	
What percent of your total prescriptions filled in 2015 used formulary drugs?	
How many drugs (brand name and generic) are included in the formulary?	
Are physicians required to obtain prior authorization for prescribing certain drugs that are on the formulary? If so, what drugs require pre-authorization?	
Does your plan have a formalized drug utilization review program? If yes, please describe.	
Describe your formulary rebate program. Will rebates be reimbursed directly to the Center? <i>County</i>	
Do you have any recommendations for plan design to maximize the benefit / cost ratio?	
Include samples of the various formulary listings that would be distributed to employees.	
List the Victoria, Texas area pharmacies included in your network.	
Do you have Rx Performance Guarantee refunds? Will those be sent to the Center?	
Will your PBM provide utilization reports? What type and how often? Is there a charge?	

Cost Breakdown	
Retail Administration Fee	Per script
Retail Dispensing Fee	Generic per script
Retail Dispensing Fee	Brand per script
Retail Ingredient Cost	
Generic AWP	_____ % or _____
Brand AWP -	_____ % or _____
Mail Order Administration Fee	Per script
Mail Order Dispensing Fee	Generic per script
Mail Order Dispensing Fee	Brand per script
Mail Order Ingredient Cost	
Generic AWP	_____ % or _____
Brand AWP	_____ % or _____
Formulary Rebate	
Retail _____%	
Mail _____%	
Other Commissions or fees \$ _____	


**UPSHUR COUNTY BID AFFIDAVIT
(REQUIRED)**

The undersigned certifies that they are a duly authorized officer/agent and authorized to execute the foregoing on behalf of the bidder. The bid prices contained in this bid has been carefully reviewed and is submitted as correct. Bidder further certifies and agrees to furnish any and all services effective October 1, 2016 upon the acceptance of the final proposal as firm and final, including any amendments and/or negotiations, and upon the conditions contained in the Specifications of this REQUEST FOR PROPOSAL.

COMPANY NAME	
COMPANY ADDRESS (Street, town, State, zip)	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
FAX NUMBER	
CONTACT NAME	
TITLE	
AUTHORIZED SIGNATURE	
DATE	

**COUNTY OF UPSHUR RESPONSE FORMS
(REQUIRED)**

Specific and Aggregate Stop Loss (10/1/2016 – 9/30/2017)	EMPLOYEE	FAMILY
\$75,000		
Specific Premiums	\$ _____	\$ _____
Aggregate Premiums	\$ _____	\$ _____
Aggregate Attachment factors (Attach actual quote, terms & conditions)	\$ _____	\$ _____
Estimated Stop Loss Fixed Cost		
Estimated Maximum Claims Liability		
Estimated Fixed Costs (Admin & Stop Loss)		
Estimated Maximum Plan Costs		
Estimated Expected Plan Costs		
Network(s)		
Contract Basis		
TPA 10/1/2016 – 9/30/2017		
Medical Administration Fee		
Utilization Review Services		
Network Fee		
PBM Fee		
COBRA/FSA Admin Fee		
Dental Admin		
Pharmacy Advocate Pgm Fee		
Teledoc		
Transplant Fee		
PPO Access Fee		
Commission Level		
Annual Maximum		
Lifetime Maximum		

FILED
 TERRI ROSS
 COUNTY CLERK
 2016 JUL 15 AM 9:47
 UPSHUR COUNTY, TX
 BY: 
 DEPUTY