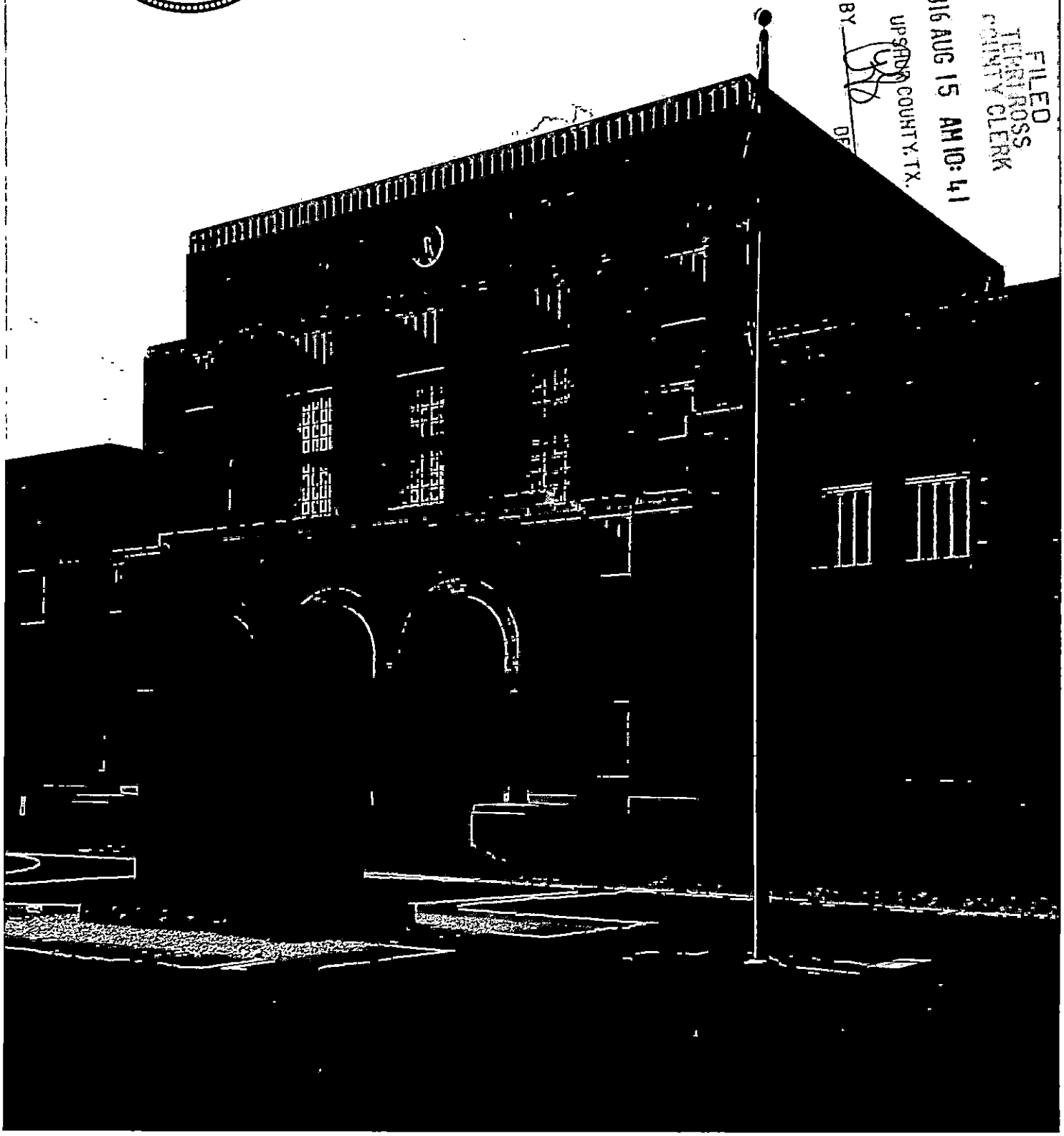
THE STATE OF TEXAS
COUNTY OF UPSHUR



All-Star Insurance Group, Inc.
PO Box 1047, Gilmer, TX 75644
Toll Free 866-495-1423
Fax 903-843-6045
www.All-StarInsurance.com
email: info@All-StarInsurance.com

August 15, 2016

Upshur County Commissioners
Judge Dean Fowler

All-Star Insurance Group, Inc. is pleased to present this proposal for the 2016-2017 Upshur County Employees Group Health & Dental Insurance. With the assistance of David Hickman of the Health Insurance Cooperative (HIC) Agency, we have enclosed our bid from Benefit Administration Systems, LLC.

All-Star Insurance is celebrating our 70th anniversary this year as a local insurance agency in Upshur County. We have two offices in Gilmer and one office in Ore City. Our parent company is First National Bank of Gilmer. Founded in 1900, First National Bank is an Upshur County institution and both companies are proud to have the opportunity to provide the great employees of Upshur County with the Health and Dental insurance services that they deserve.

We are confident that the proposal we are submitting will be an asset to the county in their efforts to compete for the very best employees in today's employment environment.

Please feel free to contact me with any questions you may have regarding our proposal.

We appreciate the opportunity to earn your business!

Joe Dodd
President
All-Star Insurance Group, Inc.

Bid Affidavit

EXHIBIT VII

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 Specificatons of this REQUEST FOR PROPOSAL.

COMPANY NAME	All-Star Insurance Group, Inc.
COMPANY ADDRESS (Street, town, State, zip)	318 U.S. Highway 271 N Gilmer, TX 75644
TELEPHONE NUMBER	903-843-5531
E-MAIL ADDRESS	info@all-starinsurance.com
FAX NUMBER	903-843-6045
CONTACT NAME	Joe Dodd
TITLE	President
AUTHORIZED SIGNATURE	Joseph H. Dodd
DATE	8/10/2016

Plan Enhancements

We are copying your current plan design please see the differentiating factors below

- PPO Network - the network we have selected is Cigna, the most comprehensive network in the state of Texas as well as across the nation. We have included the network directory for a 100 mile radius around Upshur Co. In that 100 mile radius the Cigna (OAP) preferred network includes 6,375 In-Network Doctors, 72 In-Network Hospitals, 638 In-Network Facilities, and 546 In-Network Pharmacies. In our network comparison Cigna is not only a bigger network, but the discounts are on average 15%-18% better than PHCS.

- Outpatient Lab work - lab work is included in 98% of all medical diagnosis and treatment plans. This can be a significant cost to employees, to insure access to these test our plan covers outpatient lab at 100% in network.

- Diabetic Supplies - Diabetes is one of the fastest growing medical cost centers. Kaiser Foundation and studies by United Health Care show that 20% of Americans will be diabetic or pre-diabetic by the year 2020. To make sure that employees and their families can stay compliant with physician recommendations we cover diabetic testing supplies at 100% in network, saving diabetic employee's $50 - $100 per month in testing supplies. We do this in an effort to avoid a diabetic hospitalization episode that on average cost over $11,000.

- Pharmacy benefit - typically we see 25% of a health plans cost is pharmacy of which 60% is maintenance medication, our plan allows for local fills of 90 day supplies at the same co-pay as mail order. Chambers tell us that dollars kept local are turned 7 times. 60% of your current $450,000 in Rx costs equals $270,000 x 7 = $1,890,000 kept in the Upshur County Community.

- Interactive Health – A significant Employee Wellness Program where each employee will get a comprehensive medical report based on a health assessment questionnaire and a broad panel biometric test. An individual Health assessment will be sent directly to each employee detailing where they are at currently and areas that need improvement. This program has been in place for over 20 years and has more than 1 million lives enrolled. This wellness program has a proven track record of reducing medical cost.

- Fitness Center Discounts - All-Star Insurance is negotiating a discount at local health clubs for County employees, we expect those to be between 10%-25%.

- Consulting - Our philosophy is to partner with our clients and their goals. To this point we are not building commissions into our rates. Our goals are in line with yours and lowering your cost is paramount. Our consulting agreement list the ways we help you manage your plan and control cost. Transparency in every aspect of our services, is our goal.

- "*An ounce of prevention is worth a pound of cure*" Our plan works to this end to keep cost low.

Summary of Benefits

UPSHUR COUNTY SCHEDULE OF BENEFITS

SUMMARY OF SERVICES	ADP NETWORK OR GOOD SHEPHARD MEDICAL CENTER	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
DEDUCTIBLE/OUT-OF-POCKET MAXIMUM			
Calendar Year Deductible			
Individual	None	$1,000	$1,500
Family	None	$2,000	$3,000
Out-of-Pocket Maximum	*(including Deductible, Co-Insurance and Co-payments)*		*(including Co-Insurance, does not include Deductible or Co-payments)*
Individual	$4,000		$10,000
Family	$8,000		$20,000
PHYSICIAN AND OFFICE SERVICES – INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE			
Preventive Care Services	100%	100% No Deductible	30% Deductible Applies
Office Visits	100% After $25 Co-payment	100% After $25 Co-payment, No Deductible	30% Deductible Applies
Diagnostic X-Ray and Lab	80%	80% Deductible Applies	30% Deductible Applies
CT/PET Scans and MRI	80% after $150 Co-payment	80% after $150 Co-payment, No Deductible	30% after $150 Co-payment, No Deductible
Chiropractic Services	100% After $25 Co-payment	100% After $25 Co-payment, No Deductible	30% Deductible Applies
	Calendar Year Maximum - $1,000, 3 visits per week		
OUTPATIENT HOSPITAL SERVICES – INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE			
Facility/Physician Services	80%	80% Deductible Applies	30% Deductible Applies
Emergency Room (Emergency Only)	80% after $150 Co-payment	80% after $150 Co-payment, No Deductible	80% after $150 Co-payment, No Deductible
Urgent Care Facility	100% After $25 Co-payment	100% After $25 Co-payment, No Deductible	30% Deductible Applies
CT/PET Scans and MRI	80% after $150 Co-payment	80% after $150 Co-payment, No Deductible	30% after $150 Co-payment, No Deductible
INPATIENT HOSPITAL SERVICES – INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE			
Facility/Room and Board/Physician	80%	80% Deductible Applies	30% Deductible Applies
OTHER COVERED SERVICES			
Skilled Nursing Facility	80%	80% Deductible Applies	30% Deductible Applies
Hospice	80%	80% Deductible Applies	30% Deductible Applies
Ambulance Services	80%	80% Deductible Applies	80% Deductible Applies
Home Health Care	80%	80% Deductible Applies	30% Deductible Applies
Durable Medical Equipment/Prosthetics	80%	80% Deductible Applies	30% Deductible Applies

	Retail	90 Day Retail or Mail Order
PRESCRIPTION DRUG PLAN		
Generic	$0 Co-payment	$0 Co-payment
Brand	20% to a maximum of $50	20% to a maximum of $100
Specialty	$500 Deductible then 20% to a maximum of $200	N/A

DENTAL BENEFITS	
Calendar Year Deductible	
Per Person	$50
Type I – Preventive	100% No Deductible
Type B - Basic	80% Deductible Applies
Type C – Major	50% Deductible Applies
Orthodontics	50% No Deductible
Calendar Year Maximum	$1,500 per Covered Person, applies to Type I, Type B and Type C Services
Orthodontic Lifetime Maximum	$1,500 per Covered Person

Cost to Add Dependents (Per Pay Period)

Spouse: $71.36 Child: $50.13 Children: $52.13 Family: $84.69

Response Form

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)	$ 97.65 $ 5.07 $ 580.59	$ ES 195.49, EC 144.63, F 242.47 $ 5.07 $ ES 1,161.19, EC 957.98, F 1,683.73
Estimated Stop Loss Fixed Cost	343,806.96	343,806.96
Estimated Maximum Claims Liability	$2,145,528.12	$2,145,528.12
Estimated Fixed Costs (Admin & Stop Loss)	$84,840	$84,840
Estimated Maximum Plan Costs	$2,574,175.08	$2,574,175.08
Estimated Expected Plan Costs	$2,145,069.46	$2,145,069.46
Network(s)	Cigna OAP	Cigna OAP
Contract Basis	24/12	24/12
TPA 10/1/2016 – 9/30/2017		
Medical Administration Fee	$20.95 pepm	$20.95 pepm
Utilization Review Services	included in network fee	included in network fee
Network Fee	$17.80 pepm	$17.80 pepm
PBM Fee	included in network fee	included in network fee
COBRA/FSA Admin Fee	included in network fee	included in network fee
Dental Admin	$5.75 pepm	$5.75 pepm
Pharmacy Advocate Pgm Fee	included in network fee	included in network fee
Teledoc	$3.25 pepm	$3.25 pepm
Transplant Fee	included in network fee	included in network fee
PPO Access Fee	included in network fee	included in network fee
Commission Level	0%	0%
Annual Maximum	Specific Unlimited, Aggregate $1,000,000	Specific Unlimited, Aggregate $1,000,000
Lifetime Maximum	Specific and Aggregate, Unlimited	Specific and Aggregate, Unlimited

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Bid Comparison Form

THE COUNTY OF UPSHUR
STOP LOSS SPECIFIC AND AGGREGATE REINSURANCE

GENERAL INFORMATION	CURRENT COVERAGE (Currently self-funded)	INDICATE IF YOUR BID DOES NOT MATCH CURRENT (PROVIDE DETAILS IN NOTES)
Products Requested	MEDICAL/RX/DENTAL	
	ENROLLMENT INFORMATION	
# of Eligible Employees (Including Full-time employees and COBRA participants	177	176
# of Enrolled Employees (Including Full-time employees and COBRA participants	172 (See EXHIBIT 1 for Census)	176
	STOP LOSS INSURANCE	
SPECIFIC		
Deductible	$75,000	
Lifetime Maximum	Annual Limit: Unlimited LTM: Unlimited	
Contract Basis	36/12	24/12
Coverage	Medical, RX, Dental	Medical, RX
Laser Options	No Laser guarantee	
AGGREGATE		
Attachment Corridor	125%	
Contract Basis	24/12	
Coverage	Medical, RX, Dental	Medical, RX
Premium Refund Program	25% of net profit (or 15% of Specific premium) based on claims experience dependent on renewal	Net of Commission (0%)
PROGRAM DETAIL:		
AGENT/AGENCY COMMISSION & FEES	15% of Specific Premium	Net of Commission (0%)
PBM Manager (Please complete EXHIBIT VI Questionnaire)	MedTraks (Includes P90 Program at participating pharmacies)	Cigna OAP
PBM fees	$0	
NETWORK	PHCS/ADDP/Direct Contract with Good Shepherd Medical Center	Cigna OAP
Expected/historical Network Discounts	70-90%	
Organ Transplant Program	100% In network/$10,000 Transportation	

Stop Loss Comparison

Bas

HM Summary

The County of Upshur — Effective: 10/01/2016

Stop Loss Terms		Option 1	Option 2
Carrier		HM Life Insurance	HM Life Insurance
Specific			
Deductible		75,000	85,000
Unlimited Lifetime Maximum			
Contract		24/12	24/12
Coverages		Med, Rx	Med, Rx
Aggregate			
Contract		24/12	24/12
Coverages		Med, Rx	Med, Rx
Run-In Limit		343,284	350,151
Annual Maximum		1,000,000	1,000,000
Stop Loss Premium (Fixed)			
Specific Employee	76	97.65	82.74
Employee plus Spouse	27	195.49	164.23
Employee plus Child	27	144.63	126.23
Family	46	242.47	207.72
Annual Specific Premium		333,099.12	284,229.36
Aggregate Composite	176	5.07	5.28
Annual Aggregate Premium		10,707.84	11,151.36
Total Annual Premium		343,806.96	295,380.72
Administrative Costs (Fixed)			
Claims Fee	176	20.95	20.95
PPO / UR Fee	176	17.80	17.80
Annual Compliance Fee		500.00	500.00
Annual Administrative Fee		2,500.00	2,500.00
Annual Administration Costs		84,840.00	84,840.00
Annual Fixed Costs		428,646.96	380,220.72
Aggregate Claim Liability			
Medical Employee	76	580.59	592.21
Employee plus Spouse	27	1,161.19	1,184.41
Employee plus Child	27	957.98	977.14
Family	46	1,683.73	1,717.40
Maximum Claim Liability		2,145,528.12	2,188,442.52
Expected Claim Liability		1,716,422.50	1,750,754.02
Expected Plan Cost		2,145,069.46	2,130,974.74
Maximum Plan Cost		2,574,175.08	2,568,663.24

All quotes are contingent upon final paid claims, shock losses, enrollment and disclosure. Other contingencies apply as attached.

08/11/2016

Bas

The County of Upshur | Effective: 10/01/2016

HM Life Insurance Company

- Quoted for another source

- Utilizing CIGNA OAP as the PPO network

The following information is required on:
1. Fonda Leonard - Need current treatment plan and Paid Claim detail report with Rx
2. Brandy Davis - Need current treatment plan and Paid Claim detail report with Rx
3. Unknown Claimant with newly diagnosis of ESRD with Dialysis - Need Paid Claim detail report with dialysis charges (a higher individual specific deductible is likely)

- No Laser Policy included with no more than a 50% rate increase at renewal

- Based on the continuation of a fully insured transplant policy

- Retirees are not included

Quote assumes BAS as the Third-Party Administrator

Quote assumes there will be a subrogation services fee that will be 10% of savings secured

Quote has an unlimited lifetime maximum.

PCORI:

Employers will be required to file form 720 to pay and report their PCORI fees each Plan Year. The proposed regulations provide that Plan Sponsors must report and pay the PCORI fee for a Plan Year by July 31 each year. This fee will be equal to $1 times the average number of covered lives (employees and dependents) for the first Plan Year ending on or after October 1, 2012. The fee will increase to $2 in 2013; thereafter the fee will be indexed to increases in national health expenditures, with the fee ending with the 2018 Plan Year. BAS will provide the employer a report of their covered lives needed to file their required PCORI fees.

Transitional Reinsurance Fees:

The contribution rate for this program for 2016 will be $27 per covered life (includes dependents), the process for making the required payment is as follows:

- By November 15 of each year the annual enrollment count of covered lives must be submitted to HHS.
- Within 15 days of the submission of this information, HHS will provide a notice of the total contribution amount that must be paid.

BAS will provide enrollment information for employers and remit the Contribution amounts required to HHS.

Cigna PPO Discounts

Cigna Projected 2017 Shared Administration PPO Discounts

Prepared for the employees of

The County of Upshur

These discounts are not guaranteed. The discounts provided in this analysis are estimated discounts and are based on Cigna's book of business.

Cigna calculates discounts using a standard definition that captures only savings directly resulting from provider contracting. The standard discount formula is: discount = 1-(allowed amount/eligible amount). The eligible amount, also known as the covered amount, is the total amount billed by the provider minus any non-covered expenses (such as duplicate claims, nonmedically necessary expenses, etc.). The allowable amount is defined as the eligible amount minus the negotiated provider discount.

The following definitions are meant to assist in the understanding of this analysis. Please note that not all analyses are the same and this analysis may not contain all the components outlined below.

Inpatient Discount: The average expected discounts based on inpatient facility charges accrued in the three digit zip code.

Outpatient Discount: The average expected discounts based on outpatient facility charges accrued in the three digit zip code.

Hospital Discount: The average expected discounts based on a weighted average between inpatient facility and outpatient facility charges accrued in the three digit zip code.

Physician Discount: The average expected discounts based on physician charges accrued in the three digit zip code.

Total Discount: The average expected discounts based on a weighted average between inpatient facility, outpatient facility, and physician charges accrued in the three digit zip code.

Projected Discounts - Weighted by three-digit zip codes identified in this analysis:

Total employees used in analysis: 176

Inpatient	69.7%	Outpatient	69.2%	Physician:	54.4%	Hospital:	69.4%	Total:	65.6%

Cigna 2017 Shared Administration PPO Discounts

Three-Digit Zip Code	Number of Employees	Inpatient	Outpatient	Physician	Hospital	Total
756	176	69.7%	69.2%	54.4%	69.4%	65.6%

Cigna 2017 Shared Administration PPO Discounts

Three-Digit Zip Code	Market/Submarket
756	Eastern Texas/Eastern TX

PHCS Discounts

MultiPlan.

PHCS Network Average Savings By 3 Digit Zip - August, 2016

			Provider Discounts (See note below)		
State	State Name	3 Digit Zip Code	Effective Discount - Acute Inpatient	Effective Discount - Acute Outpatient	Effective Discount - Practitioner
TX	Texas	756	65.43%	47.58%	39.63%
			65.43%	**47.58%**	**39.63%**

Provider discounts are averages based on all claims processed in the 12-month period through the end of the prior month. Note that claim volume may be too small to produce a statistically significant result, particularly if the geographic area being measured is narrow (i.e., 3-digit zip code).

Cigna Network Analysis

Cigna Network Analysis

Cigna PPO

Created for...

The County of Upshur

July 2016

Access Summary for All Employees With Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Accessibility - All Employees

Employee Group
All Employees

Provider Group
Primary Care Physicians
Specialists
Hospitals

[1] Provider counts represent:
#: Provider access points
L: Unique provider locations

Employees With Access

Employee		Provider		With Access		Counts[1]		Average Distance	
Name	#	Name	Standard	#	%	#	L	1	2
All Employees	176	Primary Care Physicians	2 in 15 miles	176	100.0	615,128	121,244	4.3	4.9
		Specialists	2 in 15 miles	176	100.0	1,847,115	240,874	3.9	4.4
		Hospitals	1 in 20 miles	150	85.2	8,689	6,929	17.2	18.1

Key Geographic Areas

State	City	Employee	Provider		With Access		Counts[1]	Average Distance	
		#	Name	Standard	#	%	#	1	2
Texas	Gilmer	176	Primary Care Physicians	2 in 15 miles	176	100.0	10	4.3	4.9
			Specialists	2 in 15 miles	176	100.0	10	3.9	4.4
			Hospitals	1 in 20 miles	150	85.2	0	17.2	18.1

Access Summary for All Employees Without Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Accessibility - All Employees

Employee Group
All Employees

Provider Group
Primary Care Physicians
Specialists
Hospitals

[1] Provider counts represent:
#: Provider access points
L: Unique provider locations

Employees Without Access

Employee		Provider		Without Access		Counts[1]		Average Distance	
Name	#	Name	Standard	#	%	#	L	1	2
All Employees	176	Hospitals	1 in 20 miles	26	14.8	8,689	6,929	20.9	21.1

Key Geographic Areas

State	City	Employee	Provider		Without Access		Counts[1]	Average Distance	
		#	Name	Standard	#	%	#	1	2
Texas	Gilmer	176	Hospitals	1 in 20 miles	26	14.8	0	20.9	21.1

Accessibility Overview

Access Overview for All Employees With Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Employees - Primary Care Physicians

Employee Group
All Employees

Physician Group
Primary Care Physicians

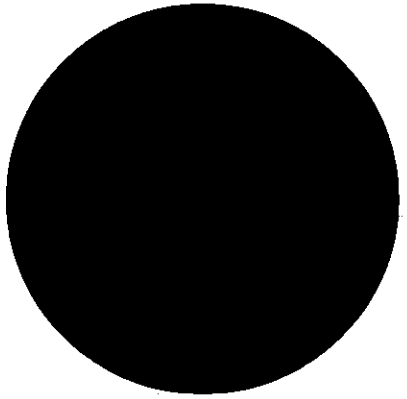
Comparison Graph
Percent of employees with access to a choice of physicians over miles
- 1st closest
- 2nd closest
- 3rd closest
- 4th closest
- 5th closest

[1] The Access Standard is defined as (All Employees) employees accessing:
2 (Primary Care Physicians) physicians in 15 miles

Overall Access[1]

176 Employees
615,128 physicians at 121,244 locations (Primary Care Physicians)

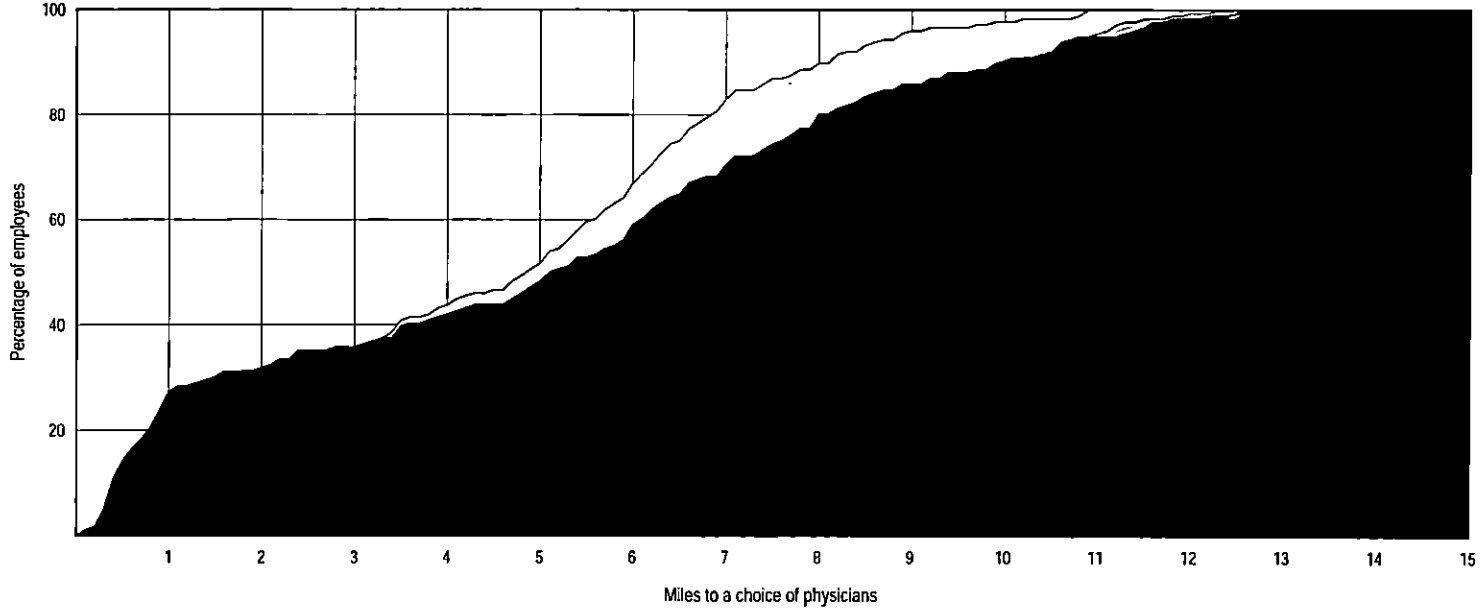
176 (100.0%) Employees with access



Distances

	Minimum	Average	Maximum
Distance to 1st closest physician	0.1 mile	4.3 miles	10.9 miles
Distance to 2nd closest physician	0.1 mile	4.9 miles	12.3 miles
Distance to 3rd closest physician	0.1 mile	4.9 miles	12.6 miles
Distance to 4th closest physician	0.1 mile	4.9 miles	12.6 miles
Distance to 5th closest physician	0.1 mile	4.9 miles	12.9 miles

Access Standard Comparison



Access Overview for All Employees Without Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Employees - Primary Care Physicians

Employee Group
All Employees

Physician Group
Primary Care Physicians

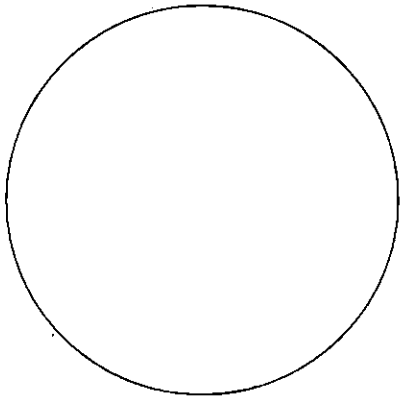
Comparison Graph
Percent of employees with access to a choice of physicians over miles
- 1st closest
- 2nd closest
- 3rd closest
- 4th closest
- 5th closest

[1] The Access Standard is defined as (All Employees) employees accessing:
2 (Primary Care Physicians) physicians in 15 miles

Overall Access[1]

176 Employees
615,128 physicians at 121,244 locations (Primary Care Physicians)

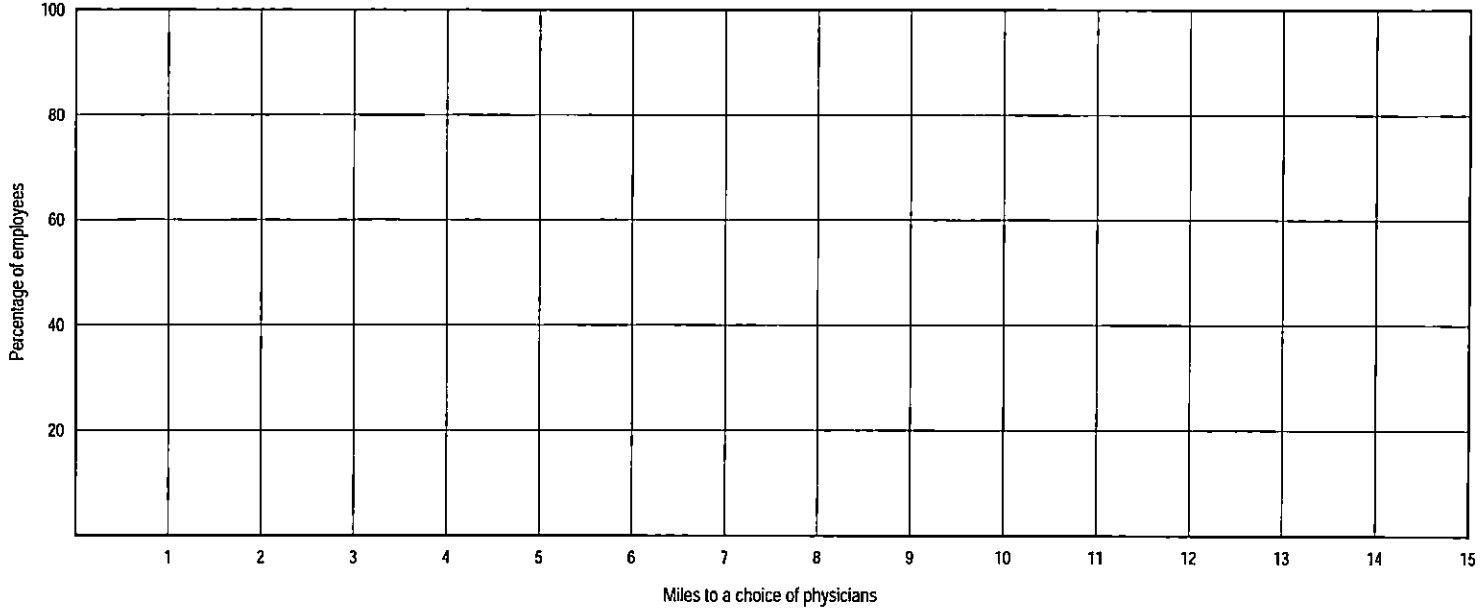
■ 0 (0.0%) Employees without access



Distances

	Minimum	Average	Maximum
To 1st closest physician	---	---	---
To 2nd closest physician	---	---	---
To 3rd closest physician	---	---	---
To 4th closest physician	---	---	---
To 5th closest physician	---	---	---

Access Standard Comparison



Access Overview for All Employees With Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Employees - Specialists

Employee Group
All Employees

Provider Group
Specialists

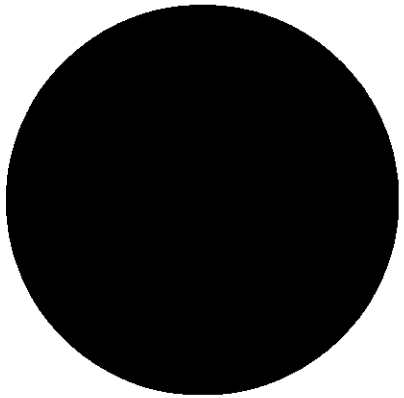
Comparison Graph
Percent of employees with access to a choice of providers over miles
- 1st closest
- 2nd closest
- 3rd closest
- 4th closest
- 5th closest

[1] The Access Standard is defined as (All Employees) employees accessing:
2 (Specialists) providers in 15 miles

Overall Access[1]

176 Employees
1,847,115 providers at 240,874 locations (Specialists)

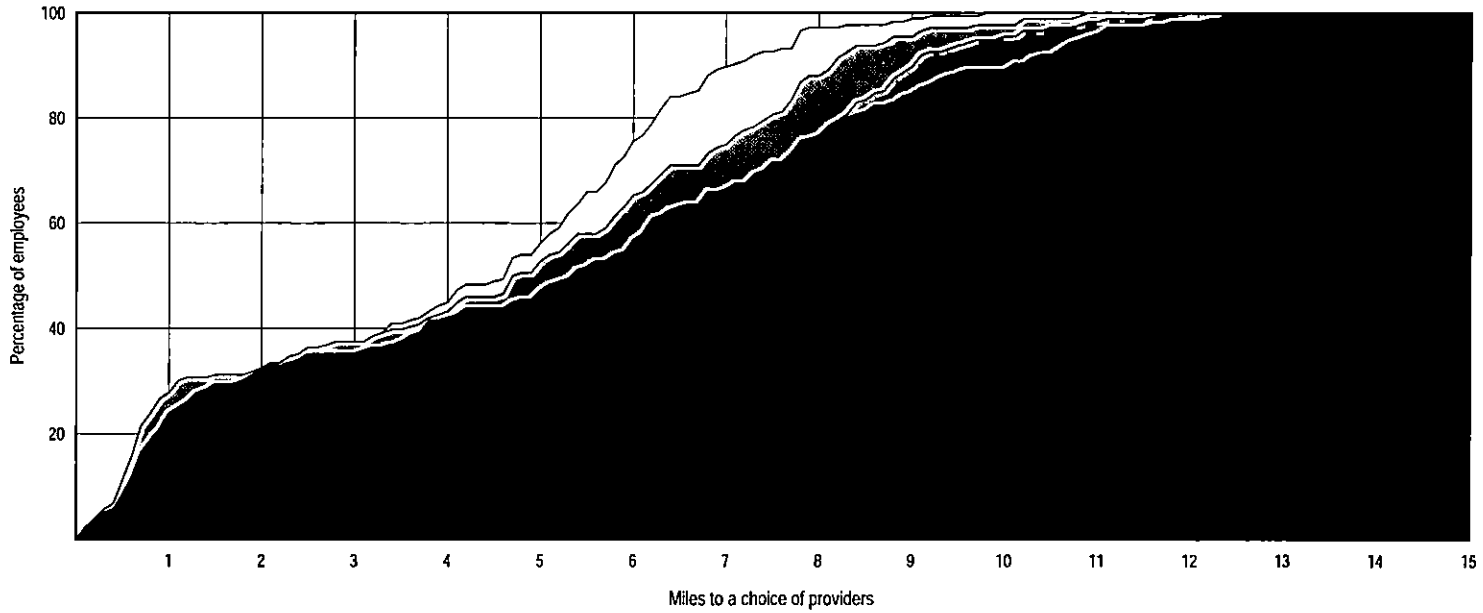
176 (100.0%) Employees with access



Distances

	Minimum	Average	Maximum
Distance to 1st closest provider	0.0 mile	3.9 miles	9.8 miles
Distance to 2nd closest provider	0.0 mile	4.4 miles	10.9 miles
Distance to 3rd closest provider	0.0 mile	4.9 miles	12.0 miles
Distance to 4th closest provider	0.0 mile	5.0 miles	12.4 miles
Distance to 5th closest provider	0.0 mile	5.1 miles	12.5 miles

Access Standard Comparison



Access Overview for All Employees Without Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Employees - Specialists

Employee Group
All Employees

Provider Group
Specialists

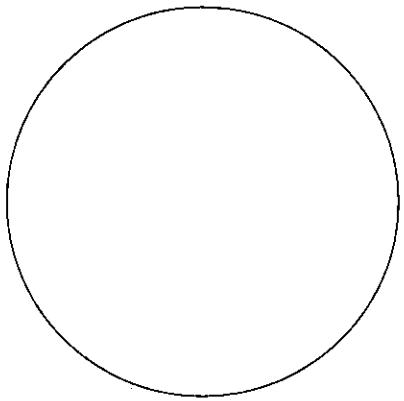
Comparison Graph
Percent of employees with access to a choice of providers over miles
- ☐ 1st closest
- ▩ 2nd closest
- ■ 3rd closest
- ■ 4th closest
- ■ 5th closest

[1] The Access Standard is defined as (All Employees) employees accessing:
2 (Specialists) providers in 15 miles

Overall Access[1]

176 Employees
1,847,115 providers at 240,874 locations (Specialists)

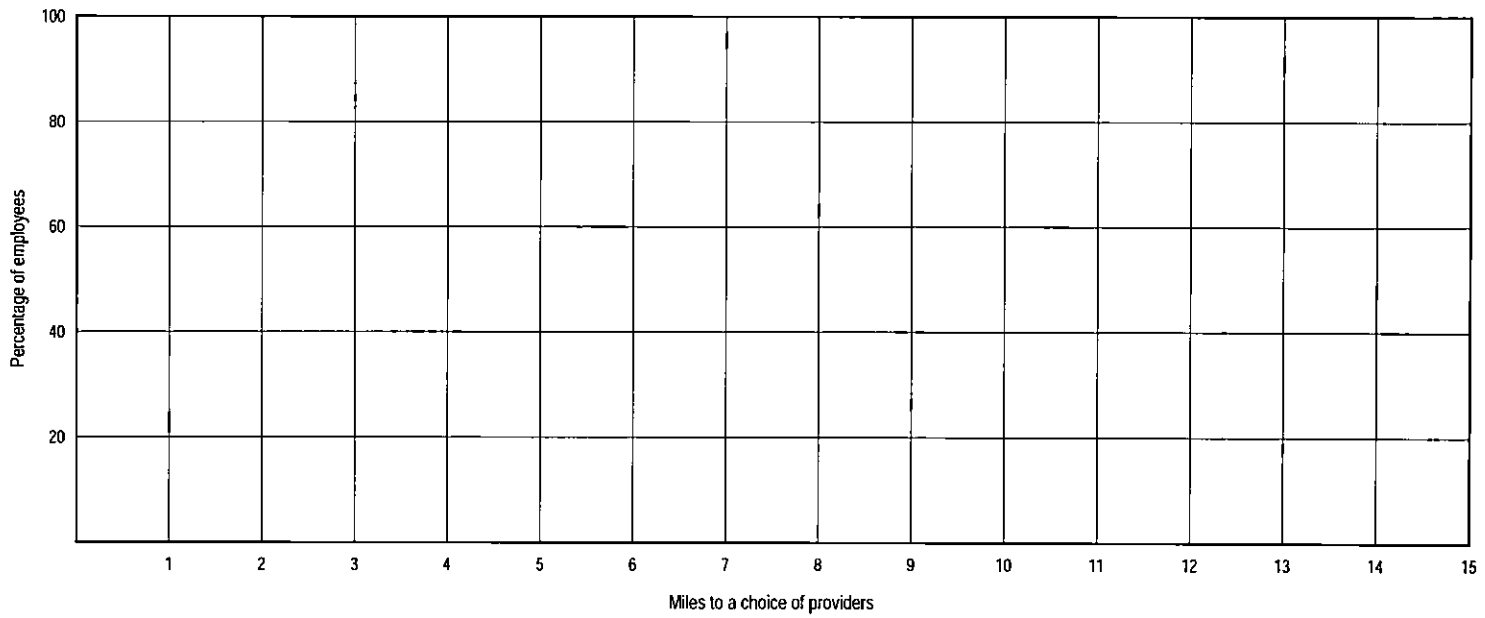
■ 0 (0.0%) Employees without access



Distances

	Minimum	Average	Maximum
To 1st closest provider	---	---	---
To 2nd closest provider	---	---	---
To 3rd closest provider	---	---	---
To 4th closest provider	---	---	---
To 5th closest provider	---	---	---

Access Standard Comparison



Access Overview for All Employees With Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Employees - Hospitals

Employee Group
All Employees

Hospital Group
Hospitals

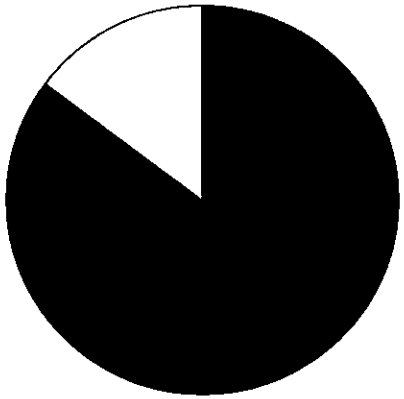
Comparison Graph
Percent of employees with access to a choice of hospitals over miles
- ☐ 1st closest
- ■ 2nd closest
- ■ 3rd closest
- ■ 4th closest
- ■ 5th closest

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (Hospitals) hospital in 20 miles

Overall Access[1]

176 Employees
5,968 hospitals at 6,929 locations (Hospitals)

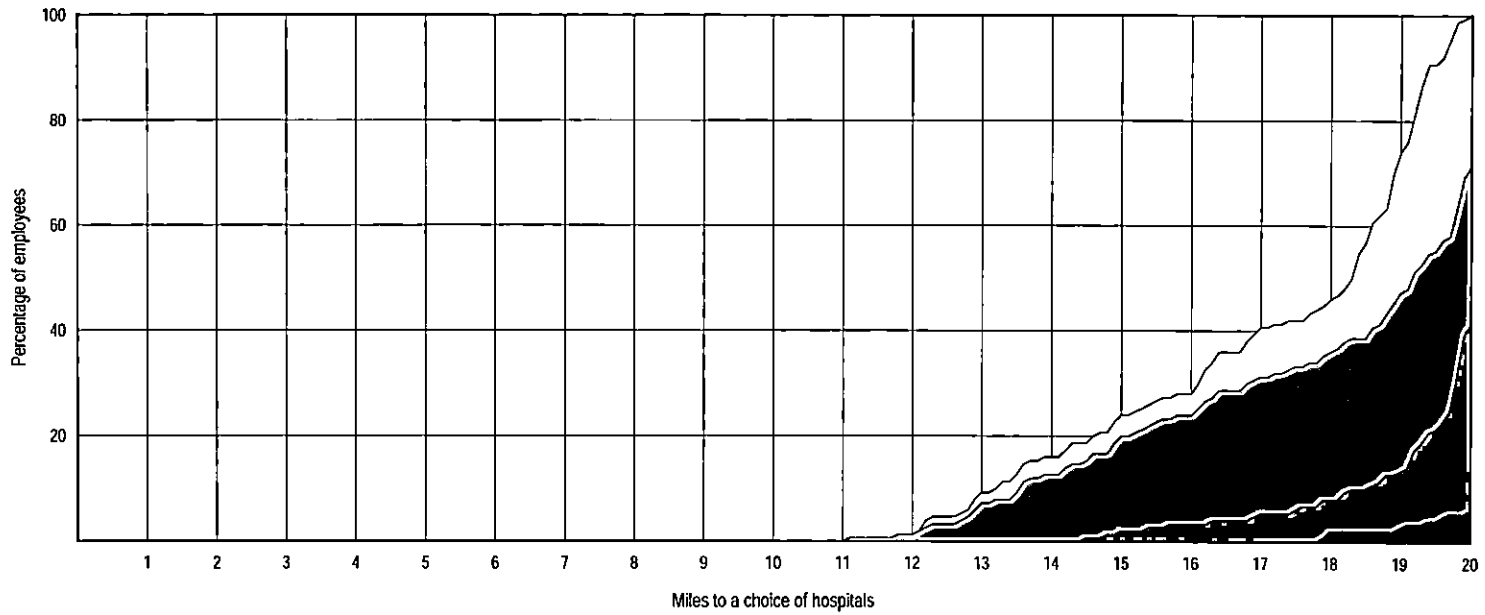
■ 150 (85.2%) Employees with access



Distances

	Minimum	Average	Maximum
Distance to 1st closest hospital	11.1 miles	17.2 miles	20.0 miles
Distance to 2nd closest hospital	11.1 miles	18.1 miles	21.2 miles
Distance to 3rd closest hospital	14.5 miles	20.1 miles	23.3 miles
Distance to 4th closest hospital	17.9 miles	21.7 miles	25.2 miles
Distance to 5th closest hospital	20.3 miles	23.0 miles	26.9 miles

Access Standard Comparison



Access Overview for All Employees Without Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Employees - Hospitals

Employee Group
All Employees

Hospital Group
Hospitals

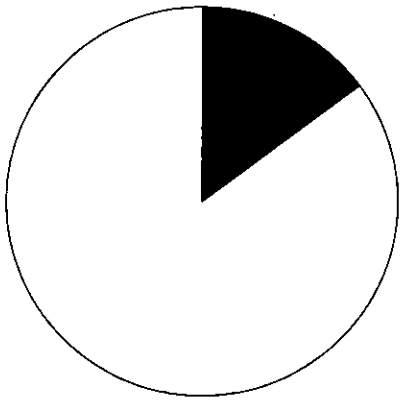
Comparison Graph
Percent of employees with access to a choice of hospitals over miles
- 1st closest
- 2nd closest
- 3rd closest
- 4th closest
- 5th closest

[1] The Access Standard is defined as (All Employees) employees accessing:
1 (Hospitals) hospital in 20 miles

Overall Access[1]

176 Employees
5,968 hospitals at 6,929 locations (Hospitals)

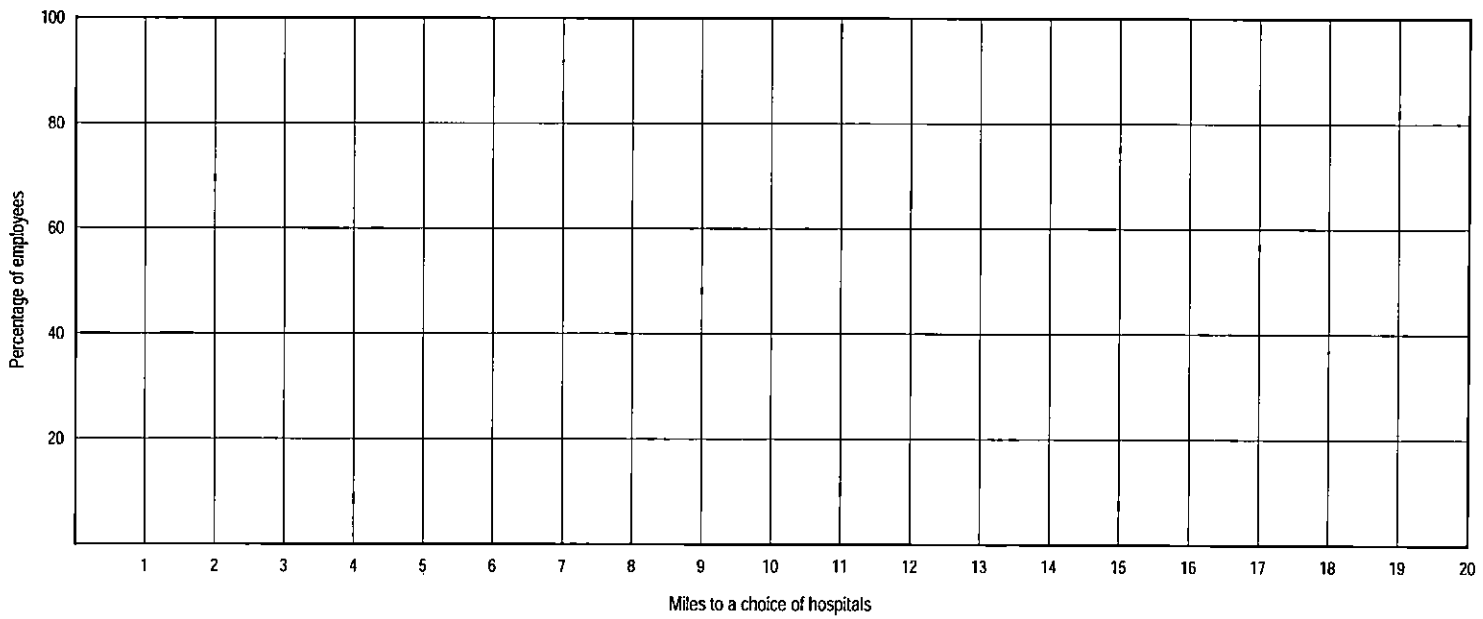
26 (14.8%) Employees without access



Distances

	Minimum	Average	Maximum
Distance to 1st closest hospital	20.1 miles	20.9 miles	22.0 miles
Distance to 2nd closest hospital	20.1 miles	21.1 miles	22.3 miles
Distance to 3rd closest hospital	20.4 miles	21.6 miles	22.4 miles
Distance to 4th closest hospital	21.2 miles	22.4 miles	23.4 miles
Distance to 5th closest hospital	21.2 miles	22.8 miles	24.1 miles

Access Standard Comparison



Cigna®

Accessibility Detail

Access Detail for All Employees

July 2016

Created for...
The County of Upshur

Access Analysis
All Accessibility - All Employees

Employee Group
All Employees

Provider Group
Primary Care Physicians
Specialists
Hospitals

All Employees										
	Employee	Provider		Counts	With Access		Without Access		Average Distance	
State	#	Name	Standard	#	#	%	#	%	1	2
Texas	176	Primary Care Physicians	2 in 15 miles	30,031	176	100.0	0	0.0	4.3	4.9
		Specialists	2 in 15 miles	94,010	176	100.0	0	0.0	3.9	4.4
		Hospitals	1 in 20 miles	706	150	85.2	26	14.8	17.7	18.5
Grand Totals	176	Primary Care Physicians		30,031	176	100.0	0	0.0	4.3	4.9
		Specialists		94,010	176	100.0	0	0.0	3.9	4.4
		Hospitals		706	150	85.2	26	14.8	17.7	18.5

Access Detail for All Employees With Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Accessibility - All Employees

Employee Group
All Employees

Provider Group
Primary Care Physicians
Specialists
Hospitals

All Employees

State	City	Zip Code	Employee #	Provider Name	Provider Standard	Counts #	With Access #	With Access %	Average Distance 1	Average Distance 2
Texas	Gilmer	75644	176	Primary Care Physicians	2 in 15 miles	10	176	100.0	4.3	4.9
				Specialists	2 in 15 miles	10	176	100.0	3.9	4.4
				Hospitals	1 in 20 miles	0	150	85.2	17.2	18.1
Grand Totals			176	Primary Care Physicians		10	176	100.0	4.3	4.9
				Specialists		10	176	100.0	3.9	4.4
				Hospitals		0	150	85.2	17.2	18.1

Access Detail for All Employees Without Access

July 2016

Created for...
The County of Upshur

Access Analysis
All Accessibility - All Employees

Employee Group
All Employees

Provider Group
Primary Care Physicians
Specialists
Hospitals

All Employees										
			Employee	Provider		Counts	Without Access		Average Distance	
State	City	Zip Code	#	Name	Standard	#	#	%	1	2
Texas	Gilmer	75644	176	Hospitals	1 in 20 miles	0	26	14.8	20.9	21.1
Grand Totals			176	Hospitals		0	26	14.8	20.9	21.1

Cigna PBM Questionnaire

EXHIBIT VI

Name of Company/Carrier Submitting Proposal (Proposer): Cigna Health and Life Insurance Company	
Name of Prescription Drug Management Company: Cigna Pharmacy Management	
	Answer
How often is the preferred drug list (formulary) revised?	We add preferred brands to the prescription drug list as they occur throughout the plan year, reflective of our clinical and business review processes. Except when related to a medication safety issue, we try to limit plan coverage removals from the prescription drug list to no more than twice per calendar year.
Under what circumstances are drugs removed from the list?	Maintaining our prescription drug list for the safety and health care needs of our members is the responsibility of the Pharmacy and Therapeutics Committee (P&T Committee). The P&T Committee reviews the drug lists at least annually and re-reviews existing drugs and drug classes when clinically significant data on safety and efficacy become available. They use the following medical resources and references: • American Hospital Formulary Service® drug information • clinical studies published in peer-reviewed biomedical journals • data on file with pharmaceutical manufacturers • data submitted to the FDA • clinical practice guidelines from both government-sponsored advisory groups such as the

	Agency for Healthcare Research and Quality (AHRQ) and other professional clinical organizations such as the American Diabetes Association In addition, the committee works with an external, university-based drug information service as well as with other commercial drug information service providers that prepare detailed summaries of available data on a medication or class of medications. When a preferred brand medication has a generic coming to market, Cigna will change the status to nonpreferred once there is sufficient supply of the generic medication to meet the market demand and the net price of the generic is less than coverage of the brand in the second tier. This promotes our lowest-cost approach by encouraging the use of the generic. Except when related to a medication safety issue, we generally limit plan coverage removals from the prescription drug list to no more than twice per calendar year.
How does your company inform participants of changes to the formulary?	When a medication changes status from preferred to nonpreferred or becomes nonformulary on our prescription drug list, we send targeted mailings to notify impacted members at least 90 days in advance of the scheduled status change. This allows members time to talk with their doctors about lower-cost options. Prescription drug list changes are

	also reflected on the online prescription drug list at our member website, myCigna.
Indicate the formulary options included in your quotation.	Plan structure is the foundation to optimizing low net cost, while driving improvement in health outcomes; therefore, Cigna offers the three-tier Performance Prescription Drug List for the County of Upshur. This list is designed to cover prescription medications at three different tiers/levels: • First Tier - Generic Medications - Members usually pay less for generic medications under the plan. • Second Tier - Preferred Brand Medications - Preferred brand medications usually cost more than generics, but less than nonpreferred brand medications under the plan. • Third Tier - Nonpreferred Brand Medications - Nonpreferred brand medications generally have generic alternatives and/or a preferred brand medication within the same drug class. Members usually pay more for nonpreferred brand medications under the plan. • Specialty Tier - Specialty drugs can be covered in these tiers or as an additional tier.
What percent of your total prescriptions filled in 2015 used formulary drugs?	In 2015, 92 percent of retail prescriptions and 93.2 percent of mail order prescriptions used formulary drugs.
How many drugs (brand name and generic) are	There are 28,841 covered drugs on

included in the formulary?	the Performance Prescription Drug List, as counted by NDC.
Are physicians required to obtain prior authorization for prescribing certain drugs that are on the formulary? If so, what drugs require pre-authorization?	Yes. Cigna requires prior authorization on certain prescription drugs to promote appropriate use and minimize adverse events. Our internal panel of clinical experts, with inputs from the P&T Committee and business decision team, determines which medications require prior authorization based on safety, appropriate use, or coverage design. When a medication requires prior authorization, the pharmacist generally contacts the prescribing doctor first to discuss the medication and possible treatment alternatives. If the pharmacist and doctor determine that no alternatives are appropriate, the doctor may initiate a prior authorization request. A clinical pharmacist or medical director makes the prior authorization decisions. There are no additional costs associated with the prior authorization program. Drugs subject to prior authorization are indicated by the "PA" code on the prescription drug list exhibit.
Does your plan have a formalized drug utilization review program? If yes, please describe.	Yes. Concurrent, prospective DUR edits and the recommended actions include: • Adverse Drug Reactions - The dispensing pharmacist receives a message showing potential adverse drug reactions and side effects. The pharmacist provides special instructions on

	how to take the medication and informs the member about potential side effects. • Drug Disease Interactions - The dispensing pharmacist receives a message when a member profile shows that a newly prescribed drug could have an interactive effect with the member's existing condition. The pharmacist is instructed to contact the prescribing doctor if warranted. • Drug-to-Drug Interactions - The dispensing pharmacist receives a message when a member profile shows that a newly prescribed drug could have an interactive effect with a prescription drug the member currently takes. The pharmacist is instructed to contact the prescribing doctor whenever a significant interaction is identified. • Overutilization Maximum and Minimum Dosing - This edit warns the pharmacist that the doctor has prescribed a drug that results in overutilization of medications based on FDA label, generally recognized dosage, and maximum dosage for various age groups (e.g., pediatric, adult, geriatric). • Therapeutic Duplicates - This edit warns the pharmacist that the doctor has prescribed a drug that potentially duplicates the therapeutic effect of a drug the member is currently taking. The message is suppressed for refills and for different

	strengths of the same drug. • Early Refills (Refill Too Soon) - The system calculates the days' supply the member must use before a refill is allowed. When this edit appears, the system rejects the prescription. • Drug Exclusions - The system edits against drugs not covered by the pharmacy plan. When this edit appears, the system rejects the prescription. • Duplicate Prescription Drugs - The system compares current claim data to previously entered claim data to determine if a similar claim has been processed. If the data elements match, the claim is considered a duplicate. When this edit appears, the system rejects the prescription. • Drug–Gender - This edit manages appropriate utilization of drugs specific to a gender. The claim system alerts the dispensing pharmacist of the potential conflict between a prescription and the member's gender. • Drug–Age - This edit manages appropriate utilization of drugs specific to an age group. The claim system alerts the dispensing pharmacist of the potential conflict between a prescription and the member's age. • Drug–Pregnancy - This edit identifies drugs that are a high risk for females who are pregnant. The claim system alerts the dispensing

	pharmacist of the potential conflict between a prescription and the possibility of pregnancy in females of childbearing age. • Prior Authorization - The system identifies when a drug requires prior authorization. When this edit appears, the system notifies the pharmacist to inform the member of the prior authorization requirement.
Describe your formulary rebate program. Will rebates be reimbursed directly to the County?	Pharmacy rebates are paid directly to the clients. Cigna contracts with pharmaceutical manufacturers for retrospective discounts or rebates on the utilization of certain branded prescription products by applicable clients. Cigna typically receives rebates from pharmaceutical manufacturers before such payments are owed to the client, and Cigna retains the benefit of funds held until payment is made to the client. Cigna will pay rebates based on the contracted negotiated rate. The payer is responsible for distributing payments to groups. We send rebates to the payer via automated clearing house (ACH) or wire 90 days after end of the quarter.
Do you have any recommendations for plan design to maximize the benefit/cost ratio?	Yes. Based on the plan designed information provided, we have the following recommendations to maximize the benefit/cost ratio. • Coinsurance with maximums – increase the non-preferred coinsurance to 35% with a max of $75 (or greater) so the

	County of Upshur can maximize rebates. • Implement both prior authorization and step therapy for all available categories, not just specialty drugs, to promote clinically appropriate prescribing and lower-cost therapies. Prior authorization helps control rising costs by requiring that certain high-cost medications undergo review for medical necessity before being prescribed. We also incorporate DUR to identify potentially adverse drug restrictions and possible prescription errors, and quantity level limits so members receive only the necessary quantity of medication. Cigna's step therapy program is different because it takes a "pay and educate" approach. The patient may fill his or her prescription as discussed with their doctor one time at the pharmacy. After that first fill, Cigna notifies the patient and the doctor that the patient must try a Step 1 drug before the Step 2 drug will continue to be covered. The doctor is also provided a prior authorization form to submit if the patient must stay on the Step 2 drug. This softer approach allows the patient to get started on a medication right away, and then discuss the switch with the doctor. These programs deliver an average savings of $5.63 PEPM, and a 3.5% increase in generic dispensing rate

	and are available at no additional fees.
Include samples of the various formulary listings that would be distributed to employees.	A sample prescription drug list has been provided as an exhibit.
List the Victoria, Texas area pharmacies included in your network.	A directory of network pharmacies in the County of Upshur and in Victoria County has been provided as an exhibit.
Do you have Rx Performance Guarantee refunds? Will those be sent to the County?	Cigna is not offering performance guarantees at this time.
Will your PBM provide utilization reports? What type and how often? Is there a charge?	Yes. We offer 22 standard analytic reports for pharmacy, for no additional cost: • Pharmacy Summary • Pharmacy Medication Supply • Pharmacy Utilization by Minor Therapeutic Class • Pharmacy Utilization by Therapeutic Class • Pharmacy Tier Analysis • Pharmacy Setting Analysis • Pharmacy Member Cost Share • Pharmacy Key Indicator Summary • Pharmacy Key Therapeutic Class Trends • Pharmacy High-Cost Prescriptions • Pharmacy Top Drugs by Plan Spend • Pharmacy Top Drugs by Volume • Pharmacy Generic Utilization • Pharmacy Distribution of Drug Volume and Cost • Pharmacy Savings Summary • Pharmacy Generic Patent Expirations • Pharmacy Upcoming Generic Opportunity

	• Specialty Pharmacy - Pharmacy Benefit Class Split and Discount Performance • Pharmacy Network Discounts from AWP • Pharmacy Snapshot • Pharmacy Key Therapeutic Class Trends • Pharmacy Statistics by Therapeutic Class including Brand Name In addition, we can generate customized reports. These are typically free of charge; however, the scope and complexity of the desired report determines if an additional cost applies.

Cost Breakdown	See the cost breakdown below:
Retail Administration Fee	$0.00
Retail Dispensing Fee	$1.00
Generic AWP	76.00%
Brand AWP-	17.00%
Mail Order Administration Fee	$0.00
Mail Order Dispensing Fee	$0.00
Generic AWP	79.00%
Brand AWP	25.00%
Formulary Rebate Retail	100 percent of earned manufacturer rebates with per brand minimums will be reimbursed to the Payer:

	2 Tier: $30.00/Retail Brand Rx $127.50/Mail Order Brand Rx **3 Tier:** $50.00/Retail Brand Rx $255.00/Mail Order Brand Rx
Other Commissions or fees $	$0.00

EXHIBIT VII

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	Cigna Health and Life Insurance Company
COMPANY ADDRESS **(Street, town, State, zip)**	900 Cottage Grove Road Hartford, CT 06152
TELEPHONE NUMBER	860.226.6000
E-MAIL ADDRESS	Luis.Ellis-Fuentes@Cigna.com
FAX NUMBER	N/A
CONTACT NAME	Luis Ellis-Fuentes
TITLE	Client Sales Executive
AUTHORIZED SIGNATURE	Luis Ellis-Fuentes
DATE	8/5/2016

Cigna Prescription Drug List

May 2016

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST

Performance Prescription Drug List – Three-Tier Plan

Choosing the medication that is right for you is between you and your doctor. Your prescription drug list offers you an extensive list of brand-name and generic medications that are covered under your pharmacy plan.

Within this document you will find a list of the most commonly prescribed medications covered under your plan, in an easy-to-read format. Every medication available on Cigna's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents an abbreviated version of the drug list that is core to your pharmacy benefit plan. Within this list you will see: **1.** Medications split into three categories (generic, preferred brand and non-preferred brand) **2.** Health conditions and medications listed in alphabetical order **3.** Symbols to let you know if there are any important details related to coverage.

Your three-tier prescription drug list

A three-tier prescription drug list splits medications into three categories (or tiers):

1st Tier – Generic Medications have the same strength and active ingredients as the brand name – but often cost much less. You will usually pay less for generic medications under a three-tier plan. If one's available, you should consider switching to a generic to treat your condition.

2nd Tier – Preferred Brand Medications will usually cost more than a generic, but may cost less than a non-preferred brand on a three-tier plan.

3rd Tier – Non-Preferred Brand Medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for non-preferred medications on a three-tier plan.

^ If your doctor feels currently covered medications aren't right for you, he or she can ask Cigna to consider authorizing coverage of your medication.

Understanding Cigna's prescription drug list

Every year Cigna updates this drug list to reflect any changes to the list of covered prescription drugs. Examples of changes that may impact you include brand-name medications may change tiers or may no longer be covered. In addition, any new FDA approved drug product (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) available in the marketplace may not be covered^ for the first six months after the product receives FDA new drug approval. This document includes a summary of key changes made to common medications effective January 1, 2016.

Use the Prescription Drug Price Quote tool on **myCigna.com** to price a medication and see the lower-cost options available to you at your selected retail pharmacy and Cigna Home Delivery Pharmacy.

Please note: This list is subject to change.

Together, all the way.®

Cigna.

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

827293 n Performance 3Tier w DRT 05/16

The symbols on the list mean

If a medication has one of the following symbols, your doctor may have to get an authorization (approval) for coverage of that medication.

PA: **Prior Authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.

QL: **Quantity Limit** means you may have coverage for a limited amount of a specific medication.

AGE: **Age Requirement** means that a person must be within a specific age group for a specific medication to be covered.

ST: **Step Therapy** is a prior authorization program that requires you to try other medications available to treat the same condition before the medication with the "ST" is covered.

* Medications marked with an asterisk are considered to be specialty medications. Some plans may cover specialty medications at different benefit levels or may require the use of a preferred specialty pharmacy. Refer to your plan documents for more information.

^ This medication may not be covered under your plan. Please check your enrollment materials or use the Prescription Drug Price Quote tool on **myCigna.com** to find out if this medication is covered.

Important note

This drug list does not cover medications in two drug classes that have over-the-counter (OTC) alternatives (medications available without a prescription).** These include:

- Medications used to treat stomach acid conditions (ex., Nexium, Prilosec, Zantac and any generics), and
- Medications (non-sedating antihistamines) to treat allergies (ex., Allegra, Clarinex, Xyzal and any generics).

** Check your plan materials to see how these products are covered for you.

myCigna.com

Our customer website that can help you manage your prescription coverage.

When you visit **myCigna.com** you can:

- Look up the details of your specific pharmacy plan
- View your drug list to research thousands of available medications
- Compare medication prices using the Prescription Drug Price Quote tool
- Ask a pharmacist questions
- And much, much, more.

Save time with the convenience of Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy℠ is a convenient mail order service for those who take medications regularly. We offer:

- Routine, maintenance medications and specialty medications
- Licensed pharmacists available to help answer questions, 24/7
- Up to a 90-day supply of your medications
- Free, standard shipping right to your home
- Refill reminder service

To get started, give us a call at **800.835.3784**.

For more information, visit the Cigna Home Delivery Pharmacy page on **myCigna.com**.

Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Certain preventive medications (including some over-the-counter medications) may be available to you at no cost-sharing. To get the most current information, visit **InformedOnReform.com** or **Cigna.com** and look for the Preventive Services section within the "Informed On Reform" link.

If you have any questions

Please call the toll-free number on the back of your Cigna ID card. We're here to help.

PERFORMANCE PRESCRIPTION DRUG LIST – THREE-TIER PLAN

Generics	Preferred Brands	Non-Preferred Brands
AIDS/HIV		
lamivudine*	Epzicom*	Atripla*
lamivudine-zidovudine*	Isentress*	Complera*
nevirapine*	Kaletra*	Genvoya*
nevirapine ER*	Norvir*	Intelence*
	Prezista*	Prezcobix*
	Reyataz*	Stribild*
	Selzentry*	Tivicay*
	Sustiva*	Triumeq*
	Truvada*	
	Viread*	
ALLERGY/NASAL SPRAYS		
Medications for allergies equivalent to over-the-counter medications within the class are excluded (such as Clarinex, Xyzal, including their generics, etc.).		
azelastine	Astepro	Adrenaclick (QL)
budesonide	Bactroban Nasal	Beconase AQ (ST)
desloratadine	EpiPen 2-pak (QL)	Dymista (ST)
epinephrine (QL)	EpiPen Jr 2-pak (QL)	Nasonex
fluticasone spray	Veramyst	Omnaris (ST)
hydroxyzine		Phenergan suppository
hydroxyzine pamoate		QNASL (ST)
ipratropium		QNASL Children
levocetirizine		Zetonna (ST)
mometasone spray		
olopatadine		
promethazine		
ALZHEIMER'S DISEASE		
donepezil	Mestinon syrup, 180mg	Exelon
donepezil ODT	Namenda titration pack	Mestinon 60mg
memantine		Namenda
pyridostigmine		Namenda XR
pyridostigmine ER		Regonol
rivastigmine		
ANXIETY/DEPRESSION/BIPOLAR DISORDER		
alprazolam	Pristiq ER	Aplenzin (ST)
alprazolam ER		Ativan
alprazolam intensol		Brintellix/Trintellix (vortioxetine) (ST)
alprazolam ODT		Brisdelle (QL)
alprazolam XR		Effexor XR (ST)
amitriptyline		Fetzima (ST)
bupropion		Forfivo XL (ST)
bupropion SR		Irenka (ST)
bupropion XL		

Generics	Preferred Brands	Non-Preferred Brands
ANXIETY/DEPRESSION/BIPOLAR DISORDER *(cont.)*		
buspirone		Pexeva (ST)
citalopram		Prozac (ST)
clomipramine		Prozac Weekly (ST)
diazepam		Sarafem (ST)
duloxetine		Venlafaxine ER (ST)
escitalopram		Viibryd (ST)
fluoxetine DR		Wellbutrin (ST)
fluoxetine		Wellbutrin SR (ST)
fluvoxamine		Xanax
fluvoxamine ER		Xanax XR
lorazepam		Zoloft (ST)
lorazepam intensol		
paroxetine		
sertraline		
trazodone		
ASTHMA/COPD/RESPIRATORY		
albuterol	Advair Diskus	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Alvesco
levalbuterol	Asmanex	Arnuity Ellipta
montelukast	Astepro	Asmanex HFA
	Atrovent HFA	Dulera
	Breo Ellipta	Incruse Ellipta (ST)
	Combivent Respimat	Kalydeco* (PA)
	Flovent Diskus	Letairis* (PA)
	Flovent HFA	Opsumit* (PA)
	Proair HFA	Orenitram ER (PA)
	Proair Respiclick	Orkambi* (PA)
	Pulmicort	Proventil HFA
	Pulmicort Flexhaler	Pulmicort ampule
	Pulmozyme* (PA)	Remodulin (PA)
	QVAR	Serevent Diskus
	Serevent Diskus	Stiolto Respimat
	Spiriva	Striverdi Respimat
	Spiriva Respimat	Tracleer* (PA)
	Stiolto Respimat	Tudorza Pressair (ST)
	Striverdi Respimat	Tyvaso* (PA)
	Symbicort	Xopenex HFA
	Ventolin HFA	
	Xolair* (PA)	

2016 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
dexmethylphenidate dexmethylphenidate ER dextroamphetamine-amphet ER dextroamphetamine-amphetamine guanfacine ER metadate ER methylphenidate ER methylphenidate methylphenidate CD methylphenidate LA	Adderall XR Focalin (ST) Focalin XR Strattera Vyvanse	Adderall (ST) Aptensio XR (ST) Concerta (ST) Daytrana (ST) Focalin (ST) Metadate CD (ST) Methylin (ST) Quillivant XR (ST) Ritalin (ST) Ritalin LA 10mg Ritalin LA 20, 30, 40, 60mg (ST)
BLOOD MODIFIERS/BLEEDING DISORDERS		
tranexamic acid tablet* tranexamic acid vial	Aranesp* (PA) Droxia Epogen* (PA) Granix* Neulasta* (PA) Neupogen* Procrit* (PA)	Promacta 12.5mg (PA) Promacta 25, 50, 75mg* (PA)
BLOOD PRESSURE/HEART MEDICATIONS		
afeditab CR amlodipine amlodipine-benazepril amlodipine-valsartan amlodipine-valsartan-HCTZ atenolol atenolol-chlorthalidone benazepril benazepril-HCTZ candesartan cilexetil cartia XT carvedilol clonidine digitek digox digoxin diltiazem ER diltiazem CD diltiazem dilt-XR enalapril flecainide hydralazine irbesartan isosorbide mononitrate isosorbide mononitrate ER labetalol lisinopril	Azor Benicar (ST) Benicar HCT (ST) Bystolic Coreg CR Corlanor (PA) Diovan HCT (ST) Entresto (PA) Multaq Nitro-dur Nitrostat Tekturna Tekturna HCT Tikosyn Tribenzor	Berinert* (PA) Bidil Cinryze* (PA) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST) Edarbyclor (ST) Exforge Exforge HCT Firazyr* (PA) Hemangeol Inderal LA Inderal XL Innopran XL Lotrel Micardis (ST) Nitro-dur Nitrolingual Nitromist Nitronal Northera* (PA) Norvasc Ranexa (ST) Toprol XL

Generics	Preferred Brands	Non-Preferred Brands
BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*		
lisinopril-HCTZ losartan losartan-HCTZ matzim LA metoprolol succinate metoprolol nadolol nifedical XL nifedipine nifedipine ER propafenone propafenone ER propranolol propranolol ER ramipril taztia XT telmisartan telmisartan-HCTZ valsartan valsartan-HCTZ verapamil ER verapamil verapamil SR		
BLOOD THINNERS/ANTI-CLOTTING		
aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) jantoven warfarin	Brilinta Effient Eliquis Fragmin* (QL) Xarelto	Coumadin Pradaxa
CANCER		
anastrozole bexarotene* capecitabine* exemestane hydroxyurea imatinib mesylate* (PA) letrozole mercaptopurine methotrexate* tamoxifen temozolomide* (PA)	Actimmune* (PA) Arimidex Intron A* (PA) Lupron Depot* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Trexall*	Afinitor* (PA) Afinitor Disperz* (PA) Bosulif* (PA) Cotellic* (PA) Erivedge* (PA) Fareston Femara Gilotrif* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Lonsurf (PA) Lynparza* (PA) Ninlaro* (PA) Pomalyst* (PA) Stivarga* (PA) Sylatron* (PA) Tafinlar* (PA) Tagrisso 80mg (PA) Tagrisso 40mg* (PA) Targretin* Tasigna* (PA)

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Generics	Preferred Brands	Non-Preferred Brands
CANCER *(cont.)*		
		Votrient* (PA) Xalkori* (PA) Xeloda* Xtandi* (PA) Zelboraf* (PA) Zykadia* (PA) Zytiga* (PA)
CHOLESTEROL MEDICATIONS		
amlodipine-atorvastatin atorvastatin calcium fenofibrate fenofibric acid Lofibra 54mg lovastatin niacin ER omega-3 acid ethyl esters pravastatin rosuvastatin simvastatin	Praluent* (PA) Repatha* (PA) Simcor Welchol Zetia	Antara Crestor (ST) Korlym (PA) Lofibra 67, 134, 160, 200 mg Livalo (ST) Lovaza Vascepa (ST) Vytorin (ST)
CONTRACEPTIVE PRODUCTS		
All contraceptive products may be covered if you meet specific gender requirements.		
blisovi 24 FE blisovi FE drospirenone-ethinyl estradiol estarylla gianvi gildess 24 FE gildess FE junel FE junel FE 24 larin 24 FE larin FE lomedia 24 FE loryna microgestin FE mono-linyah mononessa nikki norethin-eth estra ferrous fum norgestimate-ethinyl estradiol ocella previfem sprintec syeda tarina FE tilia FE tri-estarylla tri-legest fe tri-linyah tri-lo-estarylla tri-lo-marzia tri-lo-sprintec trinessa	Beyaz Lo Loestrin FE LoSeasonique Microgestin 24 FE Minastrin 24 FE Nuvaring Seasonique	Estrostep Fe Loestrin Fe Mirena* Skyla*

Generics	Preferred Brands	Non-Preferred Brands
CONTRACEPTIVE PRODUCTS *(cont.)*		
Trinessa LO tri-previfem tri-sprintec vestura zarah		
COUGH/COLD MEDICATIONS		
benzonatate bromfed DM brompheniramine-pseudoephed-DM hydrocodone bt-homatropine hydrocodone-chlorpheniramne ER hydrocodone-homatropine hydromet promethazine-codeine tussigon	Tussicaps	Flowtuss Hycofenix Tussionex Tuzistra XR
DENTAL PRODUCTS		
chlorhexidine gluconate denta 5000 plus dentagel doxycycline hyclate fluoride fluoridex daily defense fluoritab flura-drops ludent fluoride oralone paroex peridex periogard sf sf 5000 plus sodium fluoride triamcinolone acetonide	Fluorabon Fluor-a-day drops Fluoridex Sensitivity Relief Prevident Prevident 5000	Clinpro 5000 Prevident 5000 Plus
DIABETES		
glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone-metformin	BD syringes & needles Byetta Glucagen HypoKit (QL) Glucagon emergency kit (QL) Humalog Humulin Invokamet Invokana Janumet Janumet XR Januvia Kombiglyze XR	Bydureon (QL) Byetta Farxiga (ST) Fortamet Glucophage Glucophage XR Jardiance (ST) Riomet SymlinPen Tanzeum (QL) V-Go Xigduo XR (ST)

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Generics	Preferred Brands	Non-Preferred Brands
DIABETES *(cont.)*		
	Lantus Lantus SoloStar Levemir Levemir FlexTouch Novolin Novolog OneTouch Test Strips Onglyza SymlinPen Trulicity (QL) Victoza	
DIURETICS		
acetazolamide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Edecrin	Aldactone Dyazide Lasix Maxzide Samsca
EAR MEDICATIONS		
fluocinolone acetonide oil neomycin-polymyxin-hydrocortisone	Cipro HC Ciprodex	Cortisporin-TC Dermotic
ERECTILE DYSFUNCTION		
	Cialis (PA gender requirements) Muse (PA gender requirements) Viagra (PA gender requirements)	
EYE CONDITIONS		
azelastine brimonidine ciprofloxacin dorzolamide-timolol erythromycin fluorometholone garamycin gatifloxacin gentak gentamicin sulfate ketorolac tromethamine latanoprost neomycin-polymyxin-dexameth ofloxacin olopatadine polymyxin b sul-trimethoprim prednisolone acetate timolol tobramycin tobramycin-dexamethasone	Alphagan P 0.1% Azasite Azopt Betoptic S Lotemax drops, gel Moxeza Pataday Patanol Restasis Simbrinza Tobradex ointment Travatan Z Vigamox	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Betoptic S Combigan Cystaran Durezol Ilevro Lastacaft Lotemax ointment Lumigan Nevanac Pazeo Prolensa Tobradex drops Tobradex ST Xalatan Zioptan (ST) Zirgan Zylet

Generics	Preferred Brands	Non-Preferred Brands
FEMININE PRODUCTS		
fem pH gynazole 1 miconazole 3 terconazole zazole		AVC Relagard Terazol
GASTRONINTESTINAL/HEARTBURN		
Medications for heartburn/ulcer equivalent to over-the-counter medications within the class are excluded (such as Prilosec, including their generics).		
alosetron (gender requirements) anucort-HC balsalazide chlordiazepoxide-clidinium dicyclomine dronabinol esomeprazole famotidine hemmorex-HC hydrocortisone lansoprazole-amoxicillin-clarithromycin (combo pak) lansoprazole mesalamine metoclopramide metoclopramide ODT omeprazole omeprazole-sodium bicarbonate ondansetron ondansetron ODT pantoprazole phenadoz procto-pak proctosol-HC proctozone-HC promethazine promethegan rabeprazole ranitidine sucralfate ursodiol	Apriso Asacol HD Canasa Carafate suspension Creon Delzicol Dipentum Emend* (QL) GoLytely Lialda Nexium packet Pentasa Zenpep	Aciphex (ST) Aciphex Sprinkle Amitiza Anusol-HC Carafate tablet Cholbam* (PA) Colyte With Flavor Packets Dexilant (ST) Diclegis Donnatal Entyvio* (PA) Gattex* (PA) Linzess Lotronex (gender requirements) Movantik (PA) Moviprep Nexium capsule (ST) Osmoprep Pancreaze Pertzye Prepopik Prevacid (ST) Proctocort Protonix tablet (ST) Protonix IV suspension Pylera Ravicti (PA) Rectiv Sancuso (QL) Sensipar* sfRowasa Suprep Transderm-Scop Varubi* (QL) Viberzi Viokace Zegerid (ST)
HORMONAL AGENTS		
budesonide EC cabergoline (QL) covaryx covaryx H.S.	Androderm (QL) Androgel (QL) Armour Thyroid Cytomel 50mcg	Activella Alora Climara Climara Pro

2016 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
HORMONAL AGENTS *(cont.)*		
desmopressin acetate*	Divigel	Combipatch
desmopressin acetate tablet, spray & solution	Duavee	Cytomel 5, 25mcg
dexamethasone	Enjuvia	Deltasone
dexamethasone intensol	Estring	Depo-Testosterone
EEMT	Forteo*	Egrifta* (PA)
EEMT H.S.	Ganirelix Acetate* ^	Elestrin
estradiol	Humatrope* (PA)	Entocort EC
estradiol-norethindrone	Lupron Depot* (PA)	Estrace
estrogen-methyltestosterone	Lupron Depot-Ped 7.5, 11.25, 15mg* (PA)	Estrogel
levothyroxine	Premarin	Evamist
levoxyl	Premphase	Femring
liothyronine	Prempro	H.P. Acthar* (PA)
lopreeza	Saizen* (PA)	Lupron Depot-Ped 30mg* (PA)
medroxyprogesterone	Sandostatin LAR Depot* (PA)	Menostar
methylprednisolone	Serostim* (PA)	Minivelle
mimvey	Somavert* (PA)	Osphena
mimvey LO	Synthroid	Rayos (ST)
nature-throid	Zorbtive* (PA)	Somatuline Depot* (PA)
NP thyroid		Striant (QL)
prednisolone ODT		Testopel
prednisolone		Tirosint
prednisone		Triostat
prednisone intensol		Uceris
progesterone		Unithroid 25, 50, 88, 100, 112, 125, 137, 150, 175, 200, 300mcg
testosterone		Vagifem
testosterone cypionate		Vivelle-Dot
Unithroid 75mcg		
westhroid		
WP thyroid		
INFECTIONS		
acyclovir	Albenza	Alinia
adefovir dipivoxil*	Baraclude solution*	Bactrim
amoxicillin	Ceftin	Bactrim DS
amoxicillin ER	Cipro	Baraclude tablet*
amoxicillin-clavulanate ER	Daklinza* (PA)	Bethkis*
amoxicillin-clavulanate	Dapsone	Cayston (ST)
atovaquone	Daraprim (PA)	Ceftin
atovaquone-proguanil	Eryped 400	Cleocin
avidoxy	Harvoni* (PA)	Clindesse
azithromycin	Sovaldi* (PA)	Dificid (PA)
cefdinir	Stromectol	Diflucan
cefixime	Tamiflu (QL)	E.E.S.
cefprozil	Thalomid* (PA)	Eryped
cefuroxime	Valcyte	Ery-tab
cephalexin	Vibramycin suspension	Metrogel-vaginal
ciprofloxacin		Minocin
clarithromycin		Monurol
clarithromycin ER		Noxafil
clindamycin		Nuvessa
		PCE
		Plaquenil

Generics	Preferred Brands	Non-Preferred Brands
INFECTIONS *(cont.)*		
clindamycin palmitate		Sitavig (QL)
clindamycin pediatric		Sulfatrim
clindamycin phosphate		Suprax
doxycycline		Synagis* (PA)
doxycycline IR-DR		Tobi*
entecavir*		Tobi Podhaler*
erythromycin		Urelle
famciclovir		Uretron D-S
fluconazole		Uribel
hydroxychloroquine		Urogesic-blue
itraconazole		UTA
levofloxacin		Valtrex
linezolid (PA)		Vibramycin capsule, syrup
metronidazole		Viekira Pak* (PA)
minocycline		Xifaxan
minocycline ER		Zithromax
Moderiba*		Zmax
mondoxyne NL		Zovirax
morgidox capsule		Zyvox (PA)
moxifloxacin		
nitrofurantoin		
nitrofurantoin mono-macro		
nystatin		
penicillin v potassium		
sulfamethoxazole-trimethoprim		
terbinafine		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		
INFERTILITY		
clomiphene citrate^	Crinone^	Makena (PA)^
serophene^	Endometrin^	Menopur* ^
	Follistim AQ* ^	
MISCELLANEOUS		
naltrexone	Orfadin*	Addyi (gender requirements)
pulmosal	Vivitrol*	Botox* (PA)
revia	Zavesca* (PA)	Cerdelga* (PA)
sodium chloride		Cerezyme* (PA)
		Esbriet* (PA)
		Exjade*
		Ferriprox
		Horizant (ST)
		Hyper-sal
		Jadenu*
		Kuvan* (PA)
		Nebusal
		Nuedexta
		Strensiq* (PA)
		Syprine
		Xenazine* (PA)

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Generics	Preferred Brands	Non-Preferred Brands
MULTIPLE SCLEROSIS		
glatopa* (PA)	Ampyra* (PA) Avonex* (PA) Copaxone* (PA) Rebif* (PA) Tecfidera* (PA)	Aubagio* (PA) Extavia (PA) Gilenya* (PA) Plegridy* (PA)
NUTRITIONAL/DIETARY		
b-12 compliance calcitriol calcium acetate ciferex cyanocobalamin injection fabb folbee folic acid folic acid-vit b6-vit b12 folplex 2.2 Klor-Con 20meq packet, M10, M20 k-sol levocarnitine multivitamin with fluoride ortho d pnv-DHA potassium chloride prena1 pearl prenatal plus prenatal vitamin plus low iron preplus rulavite DHA tl gard Rx virt-gard virt-pn DHA virt-vite vitamin d2 zatean-pn DHA zavara	Citranatal Fosrenol Klor-con M15 K-tab ER 20meq Mephyton Nestabs DHA Ob Complete Prefera-OB Prenate Renvela tablet Select-OB + DHA Vitafol Vitamedmd Vitapearl	Auryxia Concept DHA Dermacinrx Purefolix Durachol Feriva 21-7 Ferralet 90 Integra Plus Klor-Con 8 and 10meq tablet, 25meq packet K-tab ER 8 and 10meq Metanx Mvc-fluoride Nascobal Nicomide Phoslyra Physicians Ez Use B-12 Poly-vi-flor Prenatabs Fa Renagel Renvela powder packet Revesta Velphoro
OSTEOPOROSIS PRODUCTS		
alendronate ibandronate tablet ibandronate vial/ syringe* raloxifene risedronate risedronate DR		Actonel (ST) Atelvia (ST) Evista Prolia* (PA) Xgeva* (PA)

Generics	Preferred Brands	Non-Preferred Brands
PAIN RELIEF AND INFLAMMATORY DISEASE		
acetaminophen-codeine acitretin allopurinol baclofen butalbital-acetaminophen-caffeine calcipotriene-betamethasone dp capacet carisoprodol celecoxib (QL) cyclobenzaprine diclofenac diclofenac ER diclofenac-misoprostol dihydroergotamine mesylate (QL) endocet etodolac etodolac ER fentanyl (QL) fioricet glydo hydrocodone-acetaminophen hydromorphone ER (QL) hydromorphone ibuprofen indomethacin ketorolac tromethamine (QL) klofensaid ii leflunomide lidocaine lidocaine viscous lidocaine-prilocaine lorcet lorcet HD lorcet plus lortab margesic meloxicam metaxall metaxalone methocarbamol morphine sulfate morphine sulfate ER (QL) nabumetone naproxen naproxen CR naproxen ER oxycodone	Colcrys Cuprimine Depen Enbrel* (PA) Humira* (PA) Nucynta (QL) Nucynta ER (QL) Oxycontin (QL) Proctofoam-HC Rasuvo* (PA) Savella Subsys (PA) Treximet (QL) Uloric	Abstral (PA) Actemra* (PA) Actiq (PA) Alsuma (QL) Amrix Analpram HC Belbuca (QL) Butrans (QL) Cambia (ST) Celebrex (ST, QL) Cimzia* (PA) Colchicine D.H.E.45 (QL) Duragesic (QL) EMLA Enstilar Fentora (PA) Fexmid Flector (ST, QL) Frova (QL) Gralise Hysingla ER (ST, QL) Imitrex (QL) Indocin suppository Kineret* (PA) Lazanda (PA) Lidoderm Lidovex Livixil Pak Lorzone LP Lite Pak Migranal (QL) Mitigare Monovisc* (PA) Opana Opana ER (ST, QL) Orencia* (PA) Orthovisc* (PA) Otezla* (PA) Otrexup* (PA) Oxaydo Parafon Forte DSC Pennsaid (ST) Percocet Procort Relpax (QL) Remicade* (PA) Roxicodone Simponi Aria* (PA) Simponi* (PA) Stelara* (PA) Sumavel Dosepro (QL) Synvisc One* (PA) Synvisc* (PA) Taclonex

2016 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*		
oxycodone ER (QL)		Tivorbex (ST)
oxycodone-acetaminophen		Vivlodex (ST)
oxymorphone		Voltaren (ST)
oxymorphone ER		Xartemis XR (QL)
primlev		Xeljanz XR* (PA)
relador pak		Xeljanz* (PA)
relador pak plus		Zecuity (QL)
rizatriptan (QL)		Zipsor (ST)
sumatriptan (QL)		Zohydro ER (ST, QL)
tizanidine		Zomig (QL)
tramadol (QL)		Zomig ZMT (QL)
tramadol ER (QL)		Zorvolex (ST)
vanatol LQ		
verdrocet		
vicodin		
vicodin ES		
vicodin HP		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		
PARKINSON'S DISEASE		
amantadine	Apokyn* (PA)	Mirapex
benztropine	Azilect	Mirapex ER
bromocriptine		Neupro
carbidopa-levodopa		Rytary
carbidopa-levodopa ER		Sinemet
pramipexole		Sinemet CR
pramipexole ER		
ropinirole ER		
ropinirole		
SCHIZOPHRENIA/ANTI-PSYCHOTICS		
aripiprazole	Seroquel XR	Abilify
aripiprazole ODT		Abilify Maintena
haloperidol		Fanapt (ST)
olanzapine		Invega (ST)
olanzapine ODT		Invega Sustenna
olanzapine-fluoxetine		Invega Trinza
paliperidone ER		Latuda (ST)
quetiapine		Rexulti (ST)
risperidone		Saphris (ST)
risperidone ODT		Seroquel (ST)
ziprasidone		

Generics	Preferred Brands	Non-Preferred Brands
SEIZURE DISORDERS		
carbamazepine	Keppra	Aptiom
carbamazepine ER	Lamictal	Banzel
clonazepam	Lamictal ODT	Carbatrol
divalproex	Lamictal XR start kit	Depakote
divalproex ER	Lyrica	Depakote ER
epitol	Tegretol XR 100mg	Depakote Sprinkle
gabapentin	Vimpat	Dilantin
lamotrigine		Fycompa
lamotrigine ER		Keppra XR
lamotrigine ODT		Lamictal
levetiracetam		Lamictal XR
levetiracetam ER		Onfi
oxcarbazepine		Oxtellar XR
topiramate		Phenytek
Topiramate ER		Qudexy XR
		Sabril*
		Spritam
		Tegretol
		Tegretol XR 200 and 400mg
		Topamax
		Topiramate ER
		Trileptal
		Trokendi XR
SKIN CONDITIONS		
acitretin	Azelex	Absorica (QL)
acyclovir	Benzaclin gel pump	Acanya
adapalene (PA age)	Carac	Aczone
avar	Cordran (ST)	Aldara
avar-E	Denavir	Avar
bp 10-1	Differin (PA age)	Avar LS
calcipotriene	Exelderm solution	Avar-E LS
calcitrene	Finacea	Avita cream (PA age)
claravis (QL)	Fluoroplex	Benzaclin
clindacin ETZ	Kenalog spray (ST)	Cleocin T
clindacin P	Locoid lotion	Clindagel
clindamycin phosphate	Metrogel	Clindamax
clindamycin-benzoyl peroxide	Naftin	Clobex (ST)
clobetasol propionate	Noritate	Cosentyx* (PA)
clodan shampoo	Santyl	Desonate (ST)
clotrimazole-betamethasone	Tazorac	Desowen (ST)
cormax	Zovirax	Drysol
desonide		Duac
diclofenac		Efudex
econazole nitrate		Elidel (ST)
fluocinonide		Epiduo
fluorouracil		Epiduo Forte
imiquimod		Evoclin
ketoconazole		Exelderm cream
metronidazole		Jublia (ST)
		Kerydin (ST)

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Generics	Preferred Brands	Non-Preferred Brands
SKIN CONDITIONS *(cont.)*		
mupirocin		Locoid cream, ointment, solution (ST)
myorisan (QL)		Lokara
neuac		Luzu
nystatin-triamcinolone		Metrocream
permethrin		Metrolotion
rosadan		Olux (ST)
rosanil		Onexton
rosula cloths		Picato
sodium sulfacetamide-sulfur		Plexion
ss 10-2		Retin-A (PA age)
sss 10-5		Retin-A Micro (PA age)
sulfacetamide sodium-sulfur		Rosula wash
sulfacleanse 8-4		Sklice
tacrolimus		Soolantra
tretinoin (PA age)		Sumadan
tretinoin microsphere (PA age)		Sumaxin
triamcinolone acetonide		Sumaxin TS
trianex		Targretin*
triderm		Temovate (ST)
zenatane (QL)		Tolak
zencia		Topicort (ST)
		Tretin-X (PA age)
		Veltin
		Verdeso (ST)
		Ziana
		Zovirax
		Zyclara (ST)
SLEEP DISORDERS/SEDATIVES		
eszopiclone	Silenor	Ambien (ST)
modafinil (PA)		Ambien CR (ST)
temazepam		Belsomra (ST)
zolpidem		Edluar (ST)
zolpidem ER		Intermezzo (ST)
		Nuvigil (PA)
		Xyrem* (PA)
		Zolpimist (ST)
SMOKING CESSATION		
buproban	Chantix	Zyban
bupropion SR	Nicotrol	
	Nicotrol NS	
SUBSTANCE ABUSE		
buprenorphine	Suboxone (PA)	Bunavail (PA)
buprenorphine-naloxone (PA)		Zubsolv (PA)
TRANSPLANT MEDICATIONS		
azathioprine*	Cellcept*	Astagraf XL*
mycophenolate mofetil*	Neoral*	Envarsus XR
mycophenolic acid*	Prograf*	Myfortic*
sirolimus*		
tacrolimus*		

Generics	Preferred Brands	Non-Preferred Brands
URINARY TRACT CONDITIONS		
cevimeline	Cystagon*	Avodart
doxazosin	Elmiron	Detrol (ST)
dutasteride	Jalyn	Detrol LA (ST)
finasteride	Thiola	Enablex (ST)
oxybutynin	Toviaz	Myrbetriq (ST)
oxybutynin ER	VESIcare	Procysbi* (PA)
phenazopyridine		Rapaflo
potassium citrate ER		Urocit-K
tamsulosin		
terazosin		
tolterodine		
tolterodine ER		

*Medications marked with an asterisk are considered to be specialty medications. Some plans may cover specialty medications at different benefit levels or may require the use of a preferred specialty pharmacy. Refer to your plan documents for more information.

^This medication may not be covered under your plan. Please check your enrollment materials or use the Prescription Drug Price Quote tool on **myCigna.com** to find out if this medication is covered.

MEDICATIONS NOT COVERED TABLE

Your Cigna plan doesn't cover the medications listed below without prior approval from Cigna. This means that if you use any of these medications, you may have to pay the full cost of the medication at the pharmacy.

Talk with your doctor to see which one of the covered generic or preferred brand alternatives listed in this drug list might be right for you.

Condition/Common Use/Drug Class	Medications NOT covered^	Generic and/or Preferred Brand Alternatives
Anxiety/Depression/ Bipolar Disorder	Cymbalta	duloxetine
	Lexapro	escitalopram
	Wellbutrin XL	bupropion XL (ER 24 hour tablet)
Cholesterol Medications	Lipitor	atorvastatin
Diabetes	ACCU-CHEK, Contour, Freestyle, All Other Test Strips	OneTouch test strips (e.g. Ultra; Verio)
	Afrezza Apidra Apidra SoloStar	Humalog Novolog
	Glumetza , metformin ER	metformin ER (generic to Glucophage XR)
	Glyxambi	Invokana/Invokamet Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	Jentadueto Kazano	Janumet/Janumet XR Kombiglyze XR
	Toujeo Tresiba	Lantus Levemir Levemir FlexTouch
	Nesina Tradjenta	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
Gastrointestinal/ Heartburn	Prevacid	Generic prescription PPIs (e.g. lansoprazole)

Condition/Common Use/Drug Class	Medications NOT covered^	Generic and/or Preferred Brand Alternatives
Hormonal Agents	Axiron Fortesta Natesto Testim Vogelxo	Androgel General topical testosterone
	Genotropin Norditropin Nutropin AQ Omnitrope Zomacton	Humatrope (PA) Saizen (PA)
Infections	Acticlate Adoxa Adoxa Pak Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule	Generic Products (e.g. Doxycycline; Minocycline)
Infertility	Bravelle Gonal-F	Follistim AQ (PA)
Multiple Sclerosis	Betaseron	Extavia (PA)
Pain Relief and Inflammatory Disease	Duexis Vimovo	Generic NSAIDs (e.g. celecoxib; meloxicam)

^ This drug is not covered on your plan. Please talk with your doctor about switching to an alternative. Your prescription drug plan requires approval by Cigna to have this medication covered.

EXCLUSIONS AND LIMITATIONS

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan.

1. Any medications available over-the-counter (OTC) that do not require a prescription by federal or state law, and any medication that is a pharmaceutical alternative to an OTC medication other than insulin (examples include OTC Benadryl, Maalox, Sudafed PE).
2. Medications that are therapeutically equivalent as determined by the Cigna Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over the counter (examples include Rx equivalents to OTC Allegra, Claritin and Zyrtec [Allegra D, Clarinex, Xyzal] and Rx equivalents to OTC Prevacid, Prilosec and Zantac [Aciphex, Dexilant, Nexium, Axid, Pepcid, Zantac]).
3. Any injectable infertility medications, and any injectable medications that require health care professional supervision and are not typically considered self-administered medications. The following are examples of health care professional-supervised medications: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any medications that are experimental or investigational within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices and appliances.
7. Implantable contraceptive products.
8. Any fertility medication.
9. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
10. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
11. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
12. Any diet pills or appetite suppressants (anorectics).
13. Prescription smoking cessation products.
14. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis (the prevention of travel-related diseases).
15. Replacement of prescription medications and related supplies due to loss or theft.

Exclusions and limitations (cont.)

16. Medications used to enhance athletic performance.
17. Medications that are to be taken by, or administered to, a customer while the customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
18. Prescriptions more than one year from the original date of issue.
19. Any new FDA approved drug product (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) available in the marketplace for the first six months after the product received FDA new drug approval or other applicable FDA approval.

In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Cigna.

Cigna LifeSOURCE Transplant Network

ACCESS TO QUALITY TRANSPLANT CARE

Cigna LifeSOURCE Transplant Network

Cigna LifeSOURCE Transplant Network® contracts with more than 160 independent transplant centers nationwide. We provide our clients with the access they need for organ and bone marrow/stem cell transplantation while improving cost containment and reducing their financial risk.

Quality – Participating facilities must meet extensive initial credentialing[1] and annual recredentialing requirements based on national standards to be classified as a Program of Excellence.

Cost containment – Our experienced contracting team negotiates provider contracts that utilize traditional case rate methodology and offer excellent cost containment performance. Only about 10% of our agreements contain minimum payment provisions, among the lowest in the industry.

Access – With over 750 transplant programs at more than 160 facilities, Cigna LifeSOURCE clients have access to Programs of Excellence that fit their unique and individual needs.

Experience you can depend on – Cigna LifeSOURCE manages over 6,000 transplant cases per year.[2] Our team includes experts with transplant-specific knowledge in contracting, benefit design support, quality assurance, claims repricing and clinical support, including a medical director with over a decade of transplant experience.

Ease of use – Access to key data such as provider contract rate information, outcomes data and the ability to submit referrals online is only a click away through the Cigna LifeSOURCE web portal. In addition, each client has access to an experienced transplant care coordinator and account manager to meet your transplant-related needs.

You will benefit from:

- Provider contracts that on average achieve 47% savings off billed charges[3]
- About 10% of contracts contain minimum payment provisions[4]
- Competitive access fees

1. Credentialing process includes site visits as well as review of transplant volume, patient graft outcomes, transplant rate while on waiting list, minimum volumes, accreditations and certifications, among other requirements.
2. Cigna LifeSOURCE Transplant Network Book of Business as of February 1, 2015. Cigna LifeSOURCE Transplant Network analysis, February 2015.
3. Cigna NAC repriced transplant claim data from 2011–2013. Cigna analysis, March 2014. Actual savings will vary depending on procedure, provider, plan and claim type.
4. From evaluation through one year post-transplant. Based on Cigna LifeSOURCE Transplant Network data. Cigna analysis, March 2014.

Together, all the way.℠

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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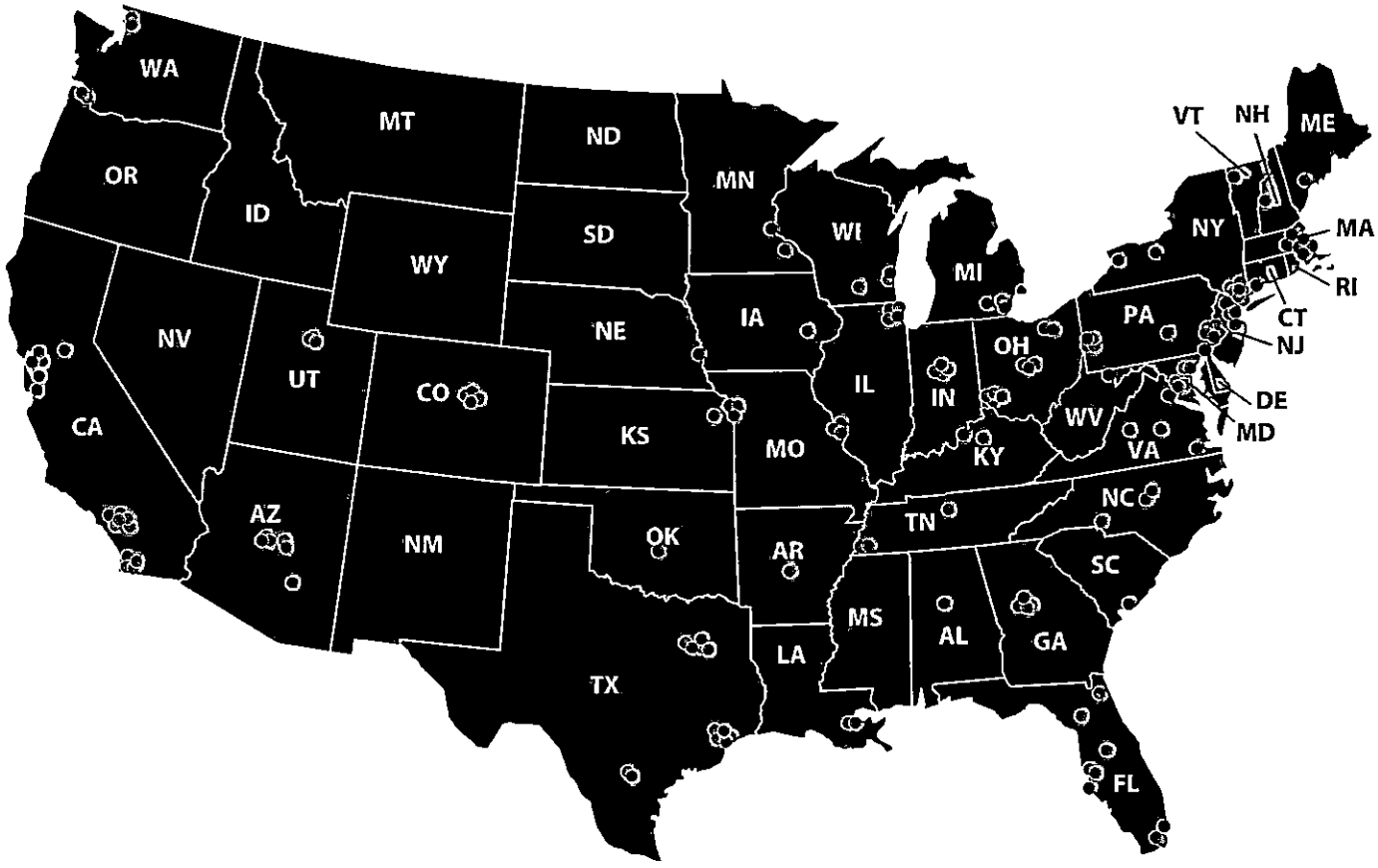
Network map



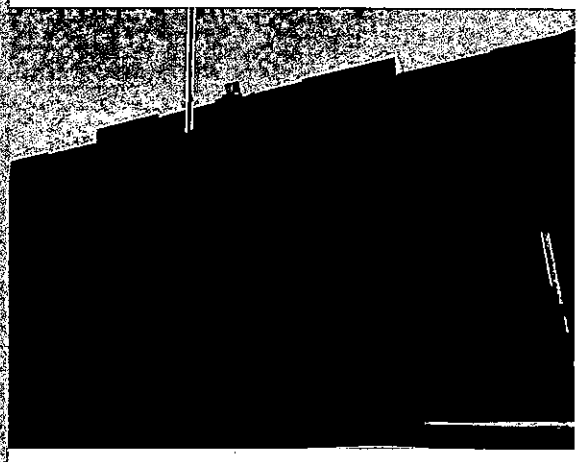
Cigna LifeSOURCE Transplant Network contracts with over 750 transplant programs at more than 160 independent transplant centers nationwide.

Designated locations may represent more than one facility.

Cigna®

Sumner County

YOUR BENEFITS SUMMARY 2016



This guide describes the benefit plans available to you as an employee of Sumner County. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employer Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Sumner County.

Sumner County
501 N Washington
Wellington, KS 67152

HIC Health Insurance Cooperative Agency

BENEFITS AT A GLANCE

MEMBERSHIP AND CONTRIBUTIONS

The Kansas Public Employees Retirement System serves members as a fiduciary, holding assets in trust for them, growing those assets through investments, and delivering promised benefits when the time comes.

Throughout your career, you make contributions to KPERS, which invests the money, and pays you interest. You also build retirement credits while you work. When you retire, KPERS pays you a guaranteed monthly benefit. You also receive life insurance and disability benefits while you are working.

For the most up-to-date information, visit kpers.org

Kansas law requires that all eligible employees must become members. Membership is defined as follows:

KPERS 1: You are a KPERS 1 member if you first started working in a covered position prior to July 1, 2009.

KPERS 2: You are a KPERS 2 member if you first started working in a covered position after July 1, 2009.

KPERS 3: You are a KPERS 3 member if you were hired in January 2015 or after.

You automatically earn service credit for the years you work in a covered position. After five years of service, you are guaranteed a monthly retirement benefit for the rest of your life. This is called "vesting" your benefit.

MEDICAL AND PRESCRIPTION BENEFIT

BENEFIT	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Elected Deductible	$300 single/$600 family	$1,600 single/$3,200 family
Out of Pocket Maximum*	$1,250 single/$2,500 family	$2,500 single/$5,000 family
Annual Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Physician Office Visit	$25 Copay	70% Deductible Applies
Preventive/Wellness Exam	100% No Deductible	60% Deductible Applies
Diagnostic X-Ray & Lab	80% Deductible Applies	70% Deductible Applies
Diagnostic X-Ray & Lab**	100% No Deductible	70% Deductible Applies
Emergency Room Services		
Emergency	$250 Copay, then 80% of the next $1,000	
Non-Emergency	$250 Copay, then 80% of the next $1,000	
Hospital – Inpatient	80% Deductible Applies	70% Deductible Applies
Chiropractic Services	$10 Copay up to 26 visits per calendar year	
Nutritional Supplements	90% up to $1,650 per calendar year	

**Includes Deductible* ***Lab Corp Provider*

Questions?
www.HICinsur.com

2016

DENTAL BENEFITS

Taking care of your teeth is important. Through The Guardian PPO Dental network, you can choose from over 100,000 dentists nationwide.

Benefit Category	Dental Percentage Payable
Diagnostic & Preventive Services	100%
Basic Services	90%
Major Services	60%
Orthodontic Services	50%

Maximum Contract Benefit per Person

- The maximum benefit for all covered services for each enrollee in any one calendar year is $1,500.00.
- The maximum benefit for orthodontic services for each enrollee is $1,000.00 during such person's lifetime.
- Please refer to your Plan Summary for more details on The Guardian Dental Plan benefits.

VISION BENEFITS

Your eyes are the only places on your body that provide a clear view of your blood vessels. Eye exams can catch early warning signs of serious health conditions like diabetes, high blood pressure, and high cholesterol.

Employees are enrolled in basic vision coverage through VSP with access to VSP Preferred Providers or open access to any eye care location.

Please refer to your Plan Summary for details on your VSP vision plan.

ADDITIONAL BENEFITS

Basic Life Insurance and Death Benefits for Active Members

You have basic group life insurance equal to 150 percent of your annual salary. Your employer pays for the cost of this benefit. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Job-Related Death

If you die from an on-the-job accident, your spouse will receive a monthly benefit based on 50 percent of your final average salary, less any Workers' Compensation. The minimum benefit is $100 per month. Your spouse will also receive a $50,000 lump-sum payment. This is in addition to your life insurance and returned contributions.

Surviving Spouse Benefits

If you die before retirement, your spouse may be able to receive a monthly benefit for the rest of his or her life, instead of receiving your returned contributions and interest. You must have designated your spouse as your sole primary beneficiary.

Situation #1: If you were eligible to retire, your spouse begins receiving a monthly benefit immediately.

Situation #2: If you were not eligible to retire but had 10 years of service, your spouse begins receiving a monthly benefit when you would have reached age 55.

You can name contingent beneficiaries or separate beneficiaries for your life insurance without affecting this benefit option.

Disability Benefits for Active Members

If you become disabled, you may qualify for a disability benefit based on 60 percent of your annual salary. You must be disabled for 180 days and no longer receive employment compensation. You must apply for Social Security benefits and complete any appeals process. Your employer provides this long-term disability benefit. You will continue receiving service credit and basic life insurance coverage for approved disability periods. You can also continue any optional insurance coverage.

PRESCRIPTION DRUGS

	PRESCRIPTION DRUGS PER 34 DAY SUPPLY	MAIL ORDER PRESCRIPTION PLAN – PER 90 DAY SUPPLY
Generic	20% Deductible Applies	20% Deductible Applies
Preferred Brand	35% Deductible Applies	35% Deductible Applies
Non-Preferred Brand	60% Deductible Applies	50% Deductible Applies

OUR VALUES

True to our heritage, we hold the following values:

Integrity.

Excellence.

Respect.

Compassion.

Commitment.

Innovation.

Loyalty.

Collegiality.

Kindness.

Citizenship.

Accountability.

REFERENCES & RESOURCES

BAS Health Plan
- (800) 843-3831
- www.BASHealth.com

Prescription Benefits
- PNK (800) 279-3022
- www.prescriptionnetwork.info

Guardian Group Benefits
- (800) 627-4200
- www.GuardianAnytime.com

Vision VSP
- (800) 877-7195
- www.visioncaredirect.com

KPERS
- (888) 275-5737
- Topeka (785) 296-6166
- www.kpers@kpers.org

Hartford Life
- Debra I. Anton, MBA
- 316-210-5049

AFLAC
- Hilger Insurance, Inc
- Sheri Hilger
- 620-896-7338

Liberty National
- Chase Brown
- 501-225-5556

HIC

Health Insurance Cooperative Agency

www.hicinsur.com

7070 W. 107th, Suite 200
Overland Park, Kansas 66212
Phone: 913.649.5500
Fax: 913.541.8596

BAS Proposal

Bas
Benefit Administrative Systems, LLC

engage. promote. enhance.

Results Driven
Solutions

The County of Upshur

Homewood | St. Louis | Phoenix
www.BASHealth.com
p. 800.523.0582
f. 708.799.7747

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BAS
Benefit Administrative Systems, LLC

ABOUT US

Founded in 1983 as a Third Party Administrator, ***BAS has evolved into an enterprise that designs and administers cost effective, partially self-funded healthcare plans.*** BAS has made significant investments in the development of solutions that ***INTEGRATE*** our tools and services to engage employees and provide information needed for innovative, low cost solutions for our clients.

What makes BAS unique?

- ✓ Unprecedented personal Customer Care enhanced with Member Advocates and Personal Assistants.
- ✓ Our ability to meet client specific needs through flexibility and customization of our tools and services.
- ✓ Truly integrated tools and services that will steer employees to BEST cost providers and give them personal health and plan details.
- ✓ Coordinated AND integrated Utilization Review/Disease Management/Large or Acute Case Management/Behavioral Health Management.

BAS' clients benefit from our uniqueness with lower and sustainable healthcare costs without sacrificing quality and have more productive employees. This results in our clients gaining a competitive advantage in the marketplace.

BAS specializes in:

- ✓ Designing, managing, and the administration of customized partially Self-funded Employer Sponsored Employee Benefit Plans.
- ✓ Providing covered members sophisticated benefit navigation tools.
- ✓ Analytics and reporting for informed business decision making.
- ✓ Optimal Preferred Provider network configurations to maximize discounts.
- ✓ Web based services for Employees, Employers, Providers, and Plan Consultants/Brokers.

BAS
Benefit Administrative Systems, LLC

About Us

Key Facts:

- ✓ BAS employs more than 300 people. Our management staff averages more than 22 years of working in the insurance industry. Our Claim Processors and Customer Care Representatives possess an average of 20 years of claim processing experience.

- ✓ BAS administers the employee benefit programs for more than 700 employer groups. These employer groups range in size from 25 employees to 10,000 employees.

- ✓ With offices located in the suburbs of Chicago, St. Louis, and Phoenix, BAS offers flexibility, timeliness, and control to its diverse client base of corporate, non-profit, and government employers. In today's changing world of healthcare, our goal is to design and manage employee benefit plans that are not only cost effective for the employer but meets the ever changing needs of the employee and his/her family.

- ✓ Because the world of technology has become an important part of every business today, BAS is staying ahead of the pack with its web-based products and electronic based programs. BAS is HIPAA compliant.

- ✓ Submits to an Annual SSAE16 Report on controls placed in operation and tests of operating effectiveness.

Experience

- ✓ Management/Sales/Marketing Team have been with BAS for an average of 10 years and have average industry experience of more than 20 years.
- ✓ Claims Processors have been with BAS for an average of 7 years and have average industry experience of more than 20 years.
- ✓ In-house Eligibility Specialists for every account proactively verifying member eligibility.
- ✓ Wide range of employers and benefit plans administered.

BAS
Benefit Administrative Systems, LLC

ABOUT US

Customer Service

- ✓ Extended Member Service hours – 7:00 am to 8:00 pm CST
- ✓ All calls are answered by a receptionist who will transfer the call from your member to:
  - o A Customer Care Representative for answers to questions regarding:
    - the benefits available under your plan;
    - status of claims submitted; and,
    - assistance with locating a provider
  - o A Member Advocate
  - o A Personal Assistant
  - o 24/7 Nurse Hotline
- ✓ Dedicated Service Team Members for each client includes:
  - o BAS President
  - o Director of Client Services
  - o Account Executive-Client Services
  - o Account Executive-Sales Support
  - o Eligibility Coordinator
  - o Director of Claims Operations
  - o Claims Supervisor
  - o Claims Client Implementation Team
- ✓ Performance guarantee in every customer administrative agreement

Technology

- ✓ 24/7 Self-Service Member Web Portal includes:
  - o Mobile App for iOS and android
  - o Virtual ID Card (mobile & web)
  - o Claims Overview with Online EOB View
  - o Balance Summary (Out of Pocket & Deductibles)
  - o Integrated Secure Message System for Customer Service Inquiries
  - o Online Service Requests (add dependent, request ID card, Customer Service Questions)
  - o Online access to Document Library including Schedule of Benefits, Claims Forms, Plan Document and more.
  - o Company Logo displayed upon login
  - o Ability to Customize page within portal for company specific needs
  - o Technical Toolkit which allows Login Widget to be embedded into company website or intranet for easy login access.

BAS
Benefit Administrative Systems, LLC

ABOUT US

Plan Administrative Services

- ✓ Eligibility:
  - o Eligibility Plan Provision Administration
  - o Eligibility Reporting
  - o Premium Billing and Collection
  - o Insurance Carrier Remittances
  - o Health Benefits ID Cards
  - o Certification of Benefits
  - o COBRA Administration
  - o HIPAA Compliance
  - o HIPAA Certification of Creditable Coverage
  - o Red Card insurance identification cards
- ✓ Claims:
  - o Employee Telephone Inquiries Regarding Benefits
  - o All Claim Investigation
  - o Electronic capabilities—EDI (electronic data interchange)
  - o Auto Claim Adjudication
  - o Clinical Editing
  - o Claim Record Repository
  - o COB Administration
  - o Pre-existing Investigation
  - o Notification and Administration of Disputed and Denied Claims and Appeals
  - o Onsite Clinical Staff
  - o Prior Authorizations
  - o Subrogation Administration and Investigation (not to include attorney's fees or Settlement deductions)
- ✓ Plan Documents:
  - o Preparing Summary of Benefits and Coverages (SBCs)
  - o Writing and Preparing Summary Plan Description / Plan Document
  - o Writing and Preparing Plan Amendments
  - o Benefit Consulting Services
  - o Preparing and Issuing Agreements

Bas
Benefit Administrative Systems, LLC

About Us

Managed Care

- ✓ Integration of Health Screening results with claims data using predictive modeling applications for early identification
- ✓ Utilization Review/Disease or Condition Management/Large or Acute Case Management/Behavioral Health Management
- ✓ PPO and provider comparisons and analysis to maximize member access and discounts (utilizing actual claims experience/actual claims dollars to make comparisons)
- ✓ Direct contracting with key high volume non-network providers and hospitals
- ✓ Out-of-network fee negotiations
- ✓ Plan utilization analysis
- ✓ Cost plus pricing

Reporting Capabilities

- ✓ Online Analytics Engine:
  - o Multiple Access levels for client/broker (PHI/non-PHI)
  - o Over 60 pre-built report templates
  - o Reports exportable to Excel, CSV, PDF, Word
  - o Flexible Query Tool allowing full control of report parameters
  - o Ability to save report templates
  - o Built In Report Scheduler
  - o Member Populations

- ✓ No additional fee for ad hoc report requests
- ✓ Stop Loss Reporting

BAS
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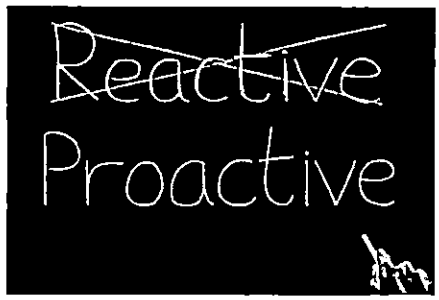
EMPLOYER SERVICES

BAS solves problems and provides solutions for our clients in an effective, innovative and thoughtful manner.

Customer service is key at BAS and we take pride in our ability to respond to clients with prompt, live and personalized service.



BAS understands the pressures facing employers today and we have the experience, resources and technology to help. With escalating health care costs, changing government regulations and economic pressures, the client needs a partner that can provide much more than claim paying.

BAS helps employers manage their benefit plans.

Our clients will be assigned a dedicated Account Management Team, and will receive a key contact list with direct dial numbers and email addresses; consisting of:

- ✓ a Sales Representative,
- ✓ an Account Executive-Client Services,
- ✓ an Account Executive-Sales Support,
- ✓ an Eligibility Coordinator,
- ✓ a Claim Processor(s), and
- ✓ Funding Coordinator.

In addition, the Manager's name and contact information for each Team member will be provided.

All new accounts will also be assigned to an "Implementation Team". This team conducts weekly meetings to ensure that all information needed is received in a timely basis and that BAS' system and procedures are built according to the client's preferences.

Behind these teams is a staff of experienced professionals that improve administration efficiency and accuracy. ***Turning data into actionable information***, BAS professionals work closely with client data to assist the client in implementing effective strategies for optimal plan management and performance.

Bas
Benefit Administrative Systems, LLC

MEMBER SERVICES

In our business, as well as most others, the telephone plays an important part in developing our comprehensive customer service strategy. Service isn't just about answering calls quickly, it's important that the person you speak to has all the information you want and that you do not have to repeat yourself.

BAS' Customer Care Unit has ***a separate toll free telephone number for plan members only*** and is staffed from ***7:00 am to 8:00 pm CST*** Monday through Friday.

The Customer Care Unit is a team of specialists within our Claim Operations that is staffed by individuals with prior experience processing claims so members will be speaking to someone who is knowledgeable about how claims are processed and benefit plan language. During business hours, all calls at BAS are answered by a person – we do not use an automated service. Our receptionists will transfer calls as follows:

- ✓ Eligibility questions are transferred to the assigned Eligibility Coordinator;
- ✓ Prescription drug card questions will be transferred to our Pharmacy Help Desk;
- ✓ Members will be transferred to
  - a Customer Care Agent for the following:
    - Questions regarding the Health Coverage offered through the Employer Plan;
    - Questions regarding how a claim was billed and/or paid;
    - Questions and Assistance with services require pre-certification or pre-determinations;
    - Assistance with locating a preferred provider in the member's area.; and,
    - Providing contact information for community or government sponsored programs, such as Medicaid, Medicare, American Lung Society, etc.
  - an Advocate for the following:
    - Helping member's understand tests, treatments, and medications recommended or prescribed by their physicians;
    - Assisting members through complex medical conditions;
    - Assisting members in arranging for home-care equipment following a discharge from the hospital; and,
    - Coordinating hospice and other services for terminally ill members.
  - a Personal Assistant for the following:
    - Assisting a member with reconciling all claim activity arising from a catastrophic illness or injury;
    - Working with providers to resolve "balance due" and "duplicate billing" issues;
    - Coordinating payments between multiple benefit plans and Medicare; and,
    - Coordinating care, and involving a Nurse Case Manager if appropriate, to coordinate the clinical aspect related to the illness or injury.

Our website is available 24/7, 365 days a year – www.BASHealth.com.

BAS
Benefit Administrative Systems, LLC

PERSONAL ASSISTANT SERVICE

For Catastrophic Claims

Our knowledgeable claim personnel will assist your employees when a catastrophic health condition strikes them or their family.

A catastrophic health condition could be a serious accident or being diagnosed with a serious disease requiring extensive medical care. For example:

- Amputations
- Amyotrophic Lateral Sclerosis (ALS)
- Aneurysm
- Brain Injury or major head trauma
- Cancer or malignancy
- Cerebral Vascular Accident (CVA)
- Leukemia
- Acquired Immunodeficiency Syndrome (AIDS)
- Multiple fractures
- Multiple Sclerosis (MS)
- Severe Burns
- Spinal Cord Injuries
- Transplants

Identified by a pre-certification, ***a Personal Assistant from BAS will reach out to the member and become the member's single resource for***:

- ✓ answering any questions the member may have about what is covered or what will be covered;
- ✓ all medical billing issues including
  - obtaining any information needed to process medical bills,
  - reviewing any bills for errors and duplications,
  - explain benefit payments (Explanation of Benefits – EOB) and the balance that is due after medical benefits have been paid;
- ✓ coordination of coverage when a member is covered by more than one employer health plan or coordinating with the auto carrier;
- ✓ working with provider billing departments to prevent balance due statements going to a collection agency; and,
- ✓ finding network providers, scheduling appointments, and coordinating care.

Members will work with the same BAS employee throughout the course of care.

Our goal is let the member and their family focus on the health of the member and let us worry about managing the medical bills.

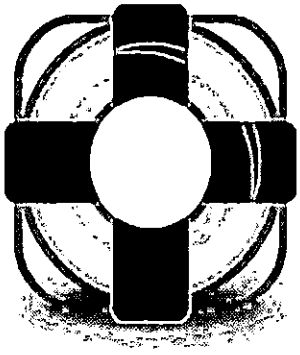
Bas
Benefit Administrative Systems, LLC

ADVOCACY

Our highly experienced health care experts guide and assist plan members navigating their way through a valuable – but highly complex – health care system. From access to coverage, access to care, understanding their diagnosis and alternatives, our Advocates will seize that "coachable moment" and ease the burden on members and employers by offering objective guidance to empower plan members to make informed choices.

Our HIPAA compliant team supports your HR department by providing unique, high touch solutions to a variety of employee-specific issues by offering personal navigation of challenging health benefit issues to individual employees. Advocates help in addressing these complicated and time-consuming problems, relieving the pressure on an already lean HR staff.

Some of the areas that our **Advocates** will assist in are:



- Helping member's understand tests, treatments, and medications recommended or prescribed by their physicians;
- Assisting members through complex medical conditions;
- Assisting members in arranging for home-care equipment following a discharge from the hospital; and,
- Coordinating hospice and other services for terminally ill members.

Advocates are experienced in claims processing and knowledgeable about provider billing practices, medical terminology and accepted industry standards.

Bas
Benefit Administrative Systems, LLC

NURSE HOTLINE

Good health starts with asking questions and knowing where to go for the answers. Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days per year.

Our hotline nurses are an immediate, reliable and caring source of health information, education and support.

Features:

- ✓ Toll-free, 24/7 access to Registered Nurses.
- ✓ Rapid Triage Screening (RTS) system gives higher priority to urgent medical symptoms.
- ✓ Targeted guidance to appropriate level and place of care by trained clinical staff.
- ✓ Fully integrated identification and referral process to additional health management programs with direct access to claims data.
- ✓ Physician-authored clinical guidelines ensure appropriate, efficient and accurate service.

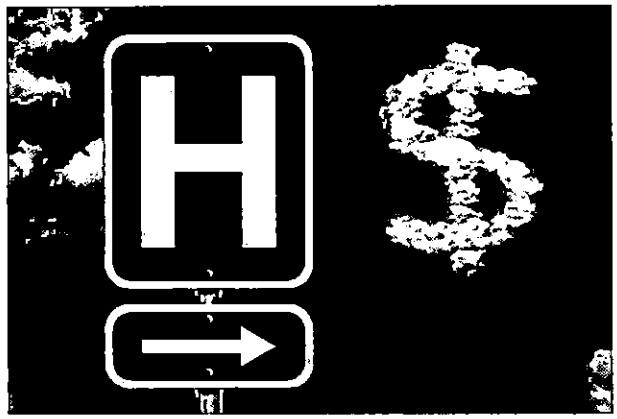
Better-informed, healthier individuals are key to reducing healthcare costs - for example, preventing unnecessary emergency room visits. Callers receive quick, sound medical information from trained RNs.

Helping members find the most appropriate level of care.

BAS
Benefit Administrative Systems, LLC

MEDICARE OR COST PLUS PRICING

The current system by which employers pay for employee health care has been described as irrational, unsustainable and broken.



We offer a unique service that reduces your employee healthcare costs and saves your plan significant money. We are proud to take the lead in forging ***new and effective relationships between employers and medical providers with the outcome being lower costs.***

- ✓ Our program establishes pricing metrics within your plan document that incorporate the specific hospital and dialysis provider's own reported cost structures.
- ✓ Consistent with ERISA and Department of Labor guidelines, we establish "allowable claim limits" that recognize the hospital and dialysis provider's actual cost to deliver the service and allow a fair margin above that cost.
- ✓ All appeals by these providers, contact of an employee by the provider or disputes relative to a payment amount (balance billing) are handled by us.
- ✓ We work with employers to develop an understanding of what their plan is paying to these providers, how that amount compares to other payment methodologies (i.e. Medicare) and how these payments contribute to the overall health and well-being of the workforce.

Medicare or Cost plus pricing recognizes hospital and dialysis ***provider's actual cost in delivering services and allows a fair margin above that cost.*** We believe that transparency and collaboration between a self-funded plan and a medical provider is the path forward to a system that respects the rights of the employers paying for care and fairly compensates the provider delivering the care.

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BUNDLED SERVICES FOR REFERENCE BASED PRICING PLANS

BAS is committed to helping our clients maximize their benefits, while finding creative options to help control costs. All three programs accompany only Reference Based Pricing plan.

US Imaging

- US Imaging is a VIP radiology program for outpatient advanced imaging such as MRI, CT and PET scans. Our program offers self-insured organizations the ability to lower advanced radiology costs and provide an enhanced radiology scheduling benefit for their employees.
- Saves 20% to 40% on advanced radiology costs
- There are no "per member per month" fees
- Only high quality credentialed facilities with accredited equipment are utilized
- Reduces employee out-of-pocket costs and provides cost transparency

Lab Card

- With Quest Diagnostics, your employees can have access to high quality testing and lab services at a lower price.
- Quest Diagnostics Lab Card is a voluntary benefit enhancement that will allow covered employees and their eligible dependents the option to recieve all covered outpatien labaoratory testing at NO cost to them.

BAS Dialysis Program

- The BAS Dialysis Program is designed to identify new end-stage renal disease candadates to help control the cost of their dialysis treatments. BAS has developed a strategic process to reprice all dialysis claims using a unique formula to significantly reduce the cost of these claims and protect the patient from balance billing.

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BAS' Dialysis Solution

- ✓ This is NOT a network. All dialysis center claims will be re-priced.
- ✓ BAS will identify patients through reviewing data extracted monthly. BAS will contact the Case Management nurse prior to start of dialysis treatment.
- ✓ Case Manager will assist the patient in enrolling in a class for at home dialysis.
- ✓ Taking the class for home dialysis does **not** commit the patient to at home treatment but will make the patient **eligible for Medicare Part B day**

- ✓ If the person cannot afford Part B, some plans are willing to pay the premium thru the plan. This will be reviewed on a case by case basis.
- ✓ **Patient must have Part B so they cannot be balanced billed by the provider.** The incentive for the patient is the avoidance of the balance bill from the provider.
- ✓ **BY LAW, PHYSICIANS, PROVIDERS AND SUPPLIERS CANNOT BALANCE BILL A QUALIFIED MEDICARE BENEFICIARY (QMB)**. That is what makes this cost plus program work.

Balance billing will be explained to the patient by the Case Manager – example:

- ✓ Patient completes class for home dialysis and applies for Medicare Part B. Patient starts dialysis and bills are sent to BAS.
- ✓ BAS sends claims to Multiplan for Data ISight pricing of 125% of Medicare as the allowable.
- ✓ Pricing for BAS' Dialysis program is $50 per claim
- ✓ If the dialysis center appeals the allowable, we will send them a letter quoting the plan language and include any documentation from Data ISight in regards to how allowed amount was established.

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BAS' DIALYSIS SOLUTION

If your yearly income in 2013 was			You pay (in 2015)
File individual tax return	**File joint tax return**	**File married & separate tax return**	$104.90
85,000 or less	$170,000 or less	$85,000 or less	$104.90
Above $85,000 up to $107,000	Above $170,000 up to $214,000	Not applicable	$146.90
Above $107,000 up to $160,000	Above $214,000 up to $320,000	Not applicable	$209.80
Above $160,000 up to $214,000	Above $320,000 up to $428,000	Above $85,000 and up to $129,000	$272.70
Above $214,000	Above $428,000	Above $129,000	$335.70

PLAN LANGUAGE:

MAXIMUM ALLOWABLE CHARGE – is the limit the Plan will pay. The Plan will pay the lesser of (1) the usual and customary rate, (2) the allowable charge specified under the terms of the Plan, (3) the negotiated rate established in a contractual arrangement with a provider and/or other discounted arrangements, or (4) the actual billed charges.

DIALYSIS SERVICES – Dialysis services, prescriptions, supplies and the training of a person to assist the patient with home dialysis, when provided by a Hospital, freestanding dialysis center or any other appropriate covered Provider. End Stage Renal Disease **(ESRD)** is a condition which the kidneys no longer function normally. Usually in End Stage Renal, the kidneys are functioning at less than 10% of their normal capacity. When kidney failure occurs, dialysis (a mechanical process that performs the work of the kidneys) or kidney transplant is usually needed.

COVERED MEDICAL EXPENSES

9. Renal Dialysis treatment, including equipment, prescription drugs, supplies and the training of a person to assist the patient with home dialysis, when such services are provided in a Hospital, Dialysis Facility or in the home under the supervision of a Hospital or Dialysis Facility.

   Renal Dialysis benefits, notwithstanding any Plan provision to the contrary, the Plan shall reimburse treatment for, and related to, or in connection with End Stage Renal Disease (ESRD), chronic kidney disease, or other conditions requiring dialysis services and are subject to the following provisions:

10. Subject to Pre-Certification, Cost Containment review, negotiation, and/or related administrative services as the designated by the Plan;
11. The Plan provides for coverage of dialysis treatment at a cost no more than 125% of the Medicare allowable rate, for covered services and/or supplies, after deduction of all amounts payable by Coinsurance and Deductibles. (The Plan reserves the right to allow additional reimbursement levels based on a combination of condition severity, provider availability, geographic and market conditions.);
12. For maximum coverage, enrollment in Medicare (Parts A and B) upon diagnosis of (ESRD) is recommended to avoid, to the extent possible under federal laws, additional uncovered expenses. If not enrolled, charges over 125% of the Medicare allowable rate, the Covered person may be subject to receiving a bill for the unreimbursed balance, which does not count towards the Deductible and Out-of-Pocket maximums under the Plan; and
    a. All charges must be billed in accordance with generally accepted industry standards.
    b. This provision shall supersede any provision in the Plan that may be in conflict.

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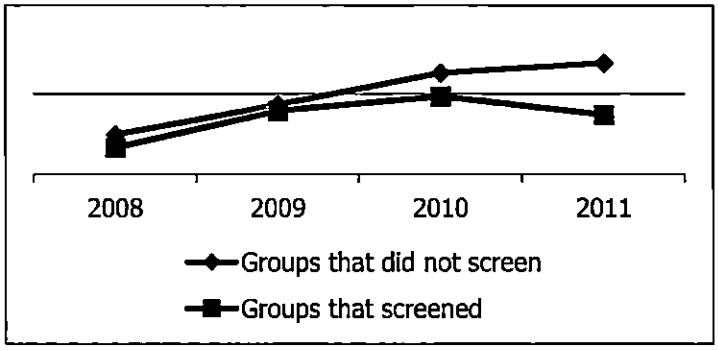
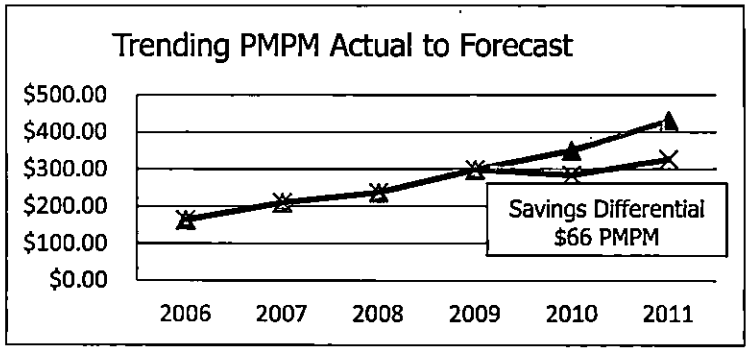
BIOMETRIC HEALTH EVALUATIONS

The initial and most critical step in our cost savings process is to help members discover their health status. By establishing this base-line status, we ***begin the process of bending the health care cost curve.***



An in-depth audit of an average client to determine the differential between forecasted and actual medical cost found that ***actual costs fell below the projected costs by $66 PMPM*** due to the positive impact of the program:



Accountability is the key to achieving these results and differentiates our biometric evaluation program from <u>ALL</u> others:

- ✓ Each employee is assigned a unique, achievable goal.
- ✓ Performance measurement is based upon clinical outcomes.
- ✓ Empowering the member with tools and resources and hold them accountable to reach their goals.
- ✓ Reward performance.
- ✓ Utilization of data to define program and connect care from Physician Link to Member Advocacy.

Results integrated for proactive health management opportunities.

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BIOMETRIC HEALTH EVALUATIONS

We understand that not all employee populations are the same; therefore, BAS provides options for Biometric Health Evaluations.

Which is better for your membership is completely dependent upon the Plan's expectations and desired results. Both tests are accurate and well suited for employer sponsored biometric health evaluations.

	Venipuncture	***Finger stick***
Tests:	Albumin Bilirubin Calcium Complete Blood Count - MPC, Platelets, RDW, White Blood Cells, Red Blood Cells, Hemoglobin, MCV and MCHC Chloride Creatinine Glucose Potassium Protein Sodium TSH Urea Nitrogen, Total cholesterol, HDL LDL, and triglycerides Blood pressure	Total cholesterol, HDL LDL, and triglycerides Blood glucose ALT & AST – liver enzymes Blood pressure Body composition
Results delivered:	2 days – Personal Report	Immediate Personal Report
Health Risk Assessment:	Yes	Yes
Lifestyle Coaching:	4-6 weeks post screening	Immediately with screening
Aggregate Group Results Reporting:	Yes	Yes
Scores for incentives or contribution differentials:	Yes	Yes
Ongoing Engagement:	Yes	Yes
Offsite employees:	Test on Demand Centers	Home Kit; LabCorp; or Physician's office faxable form
Integration of test results:	Yes	Yes

✓ non-network benefit schedule will be shown;

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ANALYTICS/REPORTING

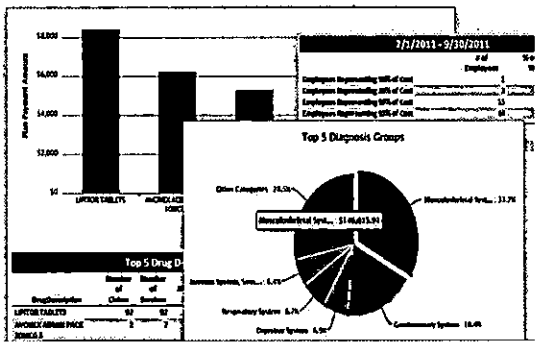
Through easy to use dashboards, executives and plan managers will be able to run customized reports that provide a quick status on plan performance.

BAS' analytics provide "drill down" numbers allowing the client to review their health benefit spend. These reports provide graphic illustrations as well as data on your plan's performance identifying areas for potential improvement.

Specific strategic actions are suggested and we provide comparative benchmark data applicable to each employer's specific demographic mix, industry, and metropolitan region.

Analysis & Reporting Functionality

- ✓ Cost Trend Analysis;
- ✓ Census & Costs by Spend Type;
- ✓ High Cost Claims Analysis Cost Trends;
- ✓ Lifestyle-related Claims Cost Sharing Shifts;
- ✓ Provider Network Performance;
- ✓ Prescription Drug Cost and Utilization Patterns;
- ✓ Member Cost Sharing;
- ✓ Coordination of Benefits;
- ✓ Other Claim Cost Reductions;
- ✓ Predictive Modeling; and,
- ✓ Future Savings Opportunities.



Data is only data until it is transformed into actionable information. Actionable information allows Employers, their Consultants, and BAS to better analyze, plan, and manage health care costs by putting valuable information at our fingertips.

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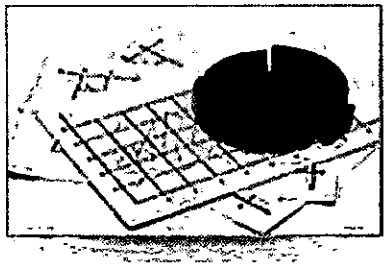
ADVANCED CLINICAL REPORTING

Assessing risk is vital for the management of employer health plans and controlling rising healthcare costs.

Identifying cost drivers and evaluating cost control initiatives is more important the ever.



Key Benefits:

- ✓ Identify potential high risk and high cost individuals.
- ✓ Create and monitor member populations such as diabetics and wellness participants.
- ✓ Produce member scorecards and monitor case management.
- ✓ Integrate biometrics data - blood pressure, cholesterol, BMI.
- ✓ Identify members who would most benefit from case and disease management.
- ✓ Identify "gaps in care" for key risk factors.
- ✓ Forecast future medical utilization and costs based on risk stratification.

Advanced Clinical functions integrate key analytical components, including population risk, gaps in care, and episode grouping into existing data analytics and reporting applications. These clinical prediction components are derived from leading sources, including the Johns Hopkins Adjusted Clinical Groups® (ACG®) System and HEDIS ® patient care measures.

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MONTHLY REPORTING

Reports sent electronically each month:

- ✓ Monthly Itemized Premium Billing Statements
  An itemized billing invoice that breaks down the monthly fixed costs by location, employee and cost by coverage type.

- ✓ Eligibility Listing
  A master list of covered enrollees sent with the itemized billing invoice.

- ✓ Weekly check registers
  A list of all checks produced during a week. The register prints the number and amount paid for claim checks, manual checks, adjustments, nopay checks, refunds, and voided checks, with a grand total for the month.

- ✓ Coverage Analysis
  A report that compares payment information for selected coverage analysis codes from one period to another period. Coverage codes are a more inclusive categorization of benefit services.

- ✓ Monthly Check Register
  A list of all checks produced during a month. The register prints the number and amount paid for claim checks, manual checks, adjustments, nopay checks, refunds, and voided checks, with a grand total for the month.

- ✓ Fund account statement
  A statement of the fund beginning and ending balance for a month.

- ✓ Aggregate Tracking Report
  Provides month-by-month single/family enrollments, aggregate attachment point, aggregate claims paid, specific claim amounts, claimants at 50% of the Specific deductible, and year-to-date claims paid by benefit type.

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ON-DEMAND REPORTING

Online management information service that provides analysis of health benefit plan performance with the ability to organize health claim data on-demand while comparing diagnoses, procedure costs and utilization patterns.

Capabilities:

- ✓ Health plan utilization and cost analysis by provider, procedure or diagnosis
- ✓ Frequency and cost information associated with key health service groups
- ✓ Health expenditures for specified time period, by company or department
- ✓ Graphical summaries of expenditure, discounts and cost sharing arrangements
- ✓ Comparisons to benchmark data by industry, location and size
- ✓ Prescription drug utilization resulting from preventable medical conditions
- ✓ Summary-level trend analysis by diagnosis groups and employee age groups
- ✓ Graphical and data analysis tools for managing high claimant situations
- ✓ Flexible data query by user-defined selection criteria
- ✓ Ability to export data to spreadsheets or database files

Available Reports:

Report Name:	***Report Description:***
Claim Analysis Overview	Graphical summary of claim expenditures, network discounts and employee responsibility for a specific timeframe
Normative Comparison Summary	Summary-level view of comparative benchmarks for enrollment, cost and utilization information for a specific period
Utilization Benchmark Summary	Comparison of benefit utilization patterns between your plan and selected national standardized values
Shock Claim Summary	Insight into high-claims members and the costs incurred during a specific timeframe

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Monthly Cost Summary	Per-month summary of claim expenditures, network discounts and employee responsibility for a specific timeframe
Dental Summary	View of service categories associated with dental costs for the plan during a specific timeframe
Cost Distribution Summary	Indication of the number of members incurring 10%, 20%, 50% and 80% of the plan's claim costs through a specific timeframe
Provider Cost Comparison	Compare charges and payments for specified procedures and/or providers
Payee Analysis	Analyze and drill-down to specific claim information for payees used by members of your plan during a time specific timeframe
Provider Analysis	Analyze and drill-down to specific claim information for healthcare providers used by members of your plan during a time specific timeframe
Diagnosis Analysis	Analyze and drill-down to specified claim information for diagnoses of conditions experienced by members of your plan during a specific timeframe
Procedure Analysis	Analyze and drill-down to specified claim information for procedures performed for members of your plan during a time specific timeframe
Prescription Analysis	Analyze and drill-down to specified claim information related to prescription drug costs for members of your plan during a time specific timeframe
Payment Analysis	Analyze and drill-down to create a list of individual claim payment details for a specified timeframe
Health Service Analysis	Display payees and checks written with patient specifics

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Lag Matrix Generator	Create a paid versus incurred lag matrix of payments for a specific timeframe
Medical Cost Dist (Category)	Analysis of a plan's benefits utilization trends across major diagnostic categories
Medical Cost Dist (Diagnosis)	Analysis of a plan's benefits utilization trends across individual diagnoses
Preventable Conditions	Display member utilization and associated costs for conditions that could be prevented or affected by behavior changes
Key Utilization Indicators	Analysis of employee plan census and benefits utilization trends during a specific timeframe
Large Claim Trend Analysis	Analysis of a plan's large claimants comparing two specific timeframes
Shock Claim Detail	Detailed cost and procedure information for high-claims members during a specific timeframe
Stop Loss Trigger Report	Detailed diagnosis and procedure information for key diagnoses during a specific timeframe
Member Claim Detail	Display members and their claim detail information
Cost by Age Group	Determine which age groups are incurring certain costs during a specific timeframe
Cost Summary by Employee	A breakdown of claim costs per-employee/member
Prescription Drug Summary	Prescription drug cost and dispensing information for a specific timeframe
Prescription Utilization Summary	Review prescription types, top 10 drugs by class and name for a specific timeframe
Employee Census	Display employee census and coverage tiers

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Employee and Dependent Census	Display employee and dependent census and coverage tiers
Eligibility Overview	Provides a concise view of eligibility information.
Eligibility Analysis	Eligibility details and claim cost with drill-down
Eligibility by Tier	Eligibility counts based on enrollment tier

Ad hoc Reporting:

Eligibility Data Query	Create ad-hoc and specialized reports detailing eligibility and information related to coverage dates. Create and save data filters and specify a timeframe for the report period. Filters can be saved
Flexible Claim Data Query	Create ad-hoc and specialized reports detailing cost or utilization activity. Create and save data filters and specify a timeframe for the report period. Filters can be saved

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DISEASE MANAGEMENT

"Four modifiable health risk behaviors – lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption – are responsible for much of the illness, suffering, and early death related to chronic diseases. Chronic diseases account for $3 of every $4 spent on healthcare"

-National Center for Chronic Disease Prevention and Health Promotion

The ***plan savings*** to prevent just one claim resulting from an unmanaged chronic disease ***is significant and greatly outweighs*** the cost of managing chronic diseases through our ***Disease Management*** program.

Consider this:

$11,400 average cost for one day in the hospital

$5,760 annual cost for ***Disease Management*** per 100 employees

Which would you rather pay - $11,400 or $5,760?

BAS steadfastly recommends ***Disease Management***, or condition management, as an important component for a successful health cost management strategy.

The underlying premise of ***Disease Management*** is that when the right tools, experts, and equipment are applied to a population, then labor costs (specifically: absenteeism, presentism, and direct insurance expenses) can be minimized.

Participating members receive HIPAA compliant, customized outreach for their lifestyle and condition(s) with a trained nurse assisting them in setting and achieving goals.

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ONSITE CLINICS

"Employers view workplace clinics as a tool to contain medical costs, boost productivity and enhance companies' reputations as employers of choice."

-Employers Tinker with Workplace Clinics; December 20th, 2010 ; Research Brief No. 17; December 2010; Ha T. Tu, Ellyn R. Boukus, Genna R. Cohen

Creating a shorter path to medical care — clinics staffed by employed physicians who deliver proven cost saving results provide the employer the additional benefit of a happier, healthier and more productive work force.

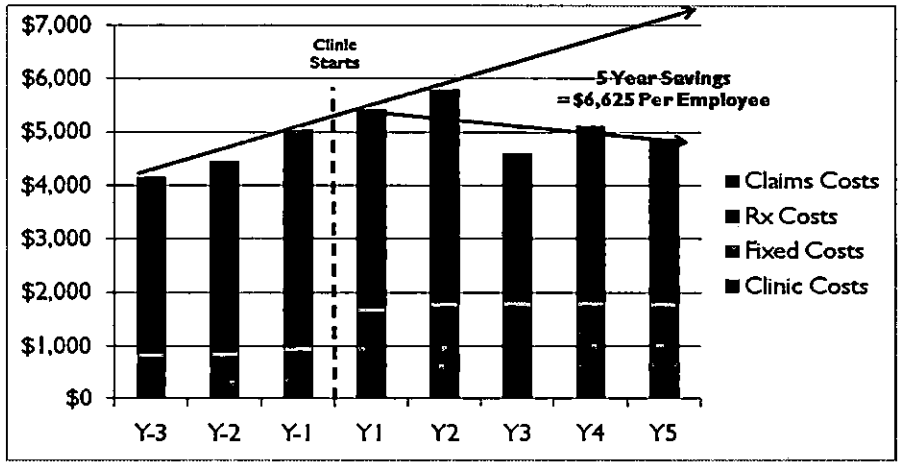
The following categories generally capture the range of services of an onsite or near site clinic

- ✓ Acute Care—ranging from low-acuity episodic care, such as sore throats or sprains, to treatment of more severe symptoms requiring urgent attention, such as exacerbations of chronic conditions;
- ✓ Preventive Care—physical exams, immunizations and screenings;
- ✓ Wellness—health risk assessment follow up, biometric screenings, health coaching, lifestyle management programs and educational programs; and,
- ✓ Disease Management—ongoing care and management of chronic conditions.

The physician will:

- ✓ Provide the types of services that a patient would get from a regular visit to the doctor's office including lab tests in a HIPAA compliant environment;
- ✓ Dispense onsite medications (each clinic is supplied with up to 25 medications); and,
- ✓ Have online access to a patient's HIPAA compliant HEALTH PORTAL giving the physician real time access to a patient's Biometric Heath Evaluation, Health Risk Assessment, and prescription drug history.

The Results:



On-site clinics provide the greatest savings potential.

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BEHAVIORAL HEALTH MANAGEMENT

Behavioral Health Management is an integrated program that focuses on the significance of behavioral health as either a primary health condition or in addition to a primary health condition.

Program Overview

Behavioral Health Management helps clients increase employee productivity and reduce direct and indirect costs through an innovative and highly-structured assessment and short-term behavioral health treatment model:

- ✓ **Clinical Intake and Assessment –** All calls are answered by a licensed behavioral health clinician who will conduct a thorough assessment.
- ✓ **Short-Term Behavioral Health Counseling -** Through the program's nationwide network of behavioral health clinicians, our program helps members identify and resolve personal and work-related concerns, such as anxiety, depression, addictive behaviors, stress and family/marital problems.
- ✓ **Work-Life Benefits -** The program's work-life benefits provide members with guidance and referrals to assist with a broad range of issues, including: dependent care, legal and financial consultation, and identity theft.
- ✓ **Web-Based Services -** Our dynamic website offers participants a variety of search engines, articles, tip sheets, web-based training modules, audio 'how-to' files, financial calculators and self-assessment tests.
- ✓ **Integration –** This program is integrated with the other components of a client's population health management strategy, such as disease management, health coaching, health assessments, pharmacy, and disability programs.

Results

- ✓ **Reduce Unnecessary Claims -** On average, outpatient MHSA claims are reduced by over 30% in the first year of the program.
- ✓ **Increase Efficient Plan Utilization -** On average, our program will increase in-network MHSA usage by over 60% in the first year of the program and will guide members with acute MHSA conditions to the most appropriate level of care within the benefit plan.
- ✓ **Provide Organizational Resources -** we offer employers an organizational approach to working constructively with employees who experience personal and work-related problems.

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UTILIZATION MANAGEMENT

Without a strong, best practice Utilization Management (UM) program, PPO discounts become insignificant.

BAS' superior UM programs average much shorter lengths of stays and fewer admissions resulting in lower plan costs for BAS clients.

BAS' data compared to Commercial Insurers' reported data and a survey by the Center for Disease Control and Prevention (CDC):

	BAS[i]	*Carriers*[ii]	*CDC*[iii] *Survey*
Average Length of Stay (LOS)	3.88	4.10	4.8
Admits per 1,000	43.72	56.5	57.0

With shorter average length of stays and fewer admissions, BAS' claim costs are lower:

	BAS	*Carriers*	*CDC*
Inpatient Hospital Cost per Day (illustrative only)	$5,000	$5,000	$5,000
Average Length of Stay	3.88	4.10	4.8
Admits per 1,000	43.72	56.5	57.0
Total Cost:	**$848,168**	**$1,158,250**	**$1,368,000**

BAS saves $310,082 over Commercial Insurers and $519,832 over the CDC survey.

Even after considering varying PPO discounts, BAS' clients still save more in claim costs:

	BAS at 50%	*Carrier at 55%*	*Carrier at 60%*
Inpatient Hospital Cost per Day	$5,000	$5,000	$5,000
After discount	$2,500	$2,250	$2,000
Average Length of Stay	3.88	4.10	4.1
Admits per 1,000	43.72	56.5	56.5
Total Cost:	**$424,084**	**$521,212**	**$463,300**

These are not actual discount comparisons. This is just for illustrative purposes.

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FLEXIBLE SPENDING ACCOUNTS

Help your employees take home more of their paycheck each week by setting up Flexible Spending Account (FSA). Sometimes referred to as a cafeteria plan, flex plan, or a Section 125 plan, an FSA lets employees set aside a certain amount of each paycheck into an account – before paying income taxes.

During the year, participants have access to this account for reimbursement of expenses - not covered by insurance - which they regularly pay for, such as:

- Deductibles, co-pays, and prescription drugs
- Expenses not covered by insurance
- Dental services & orthodontics
- Eyeglasses, contacts, solutions, & eye surgery
- Weight loss programs (associated with a specific disease)
- Smoking cessation programs
- Over-the-counter drugs that are medically necessary like allergy medications or aspirin
- Adult & child daycare services
- Adoption expenses
- Transit & parking reimbursement programs
- Premium payments

When employees use tax-free dollars to pay for these expenses, they realize an increase in their spending power, and substantial tax savings. The company saves too - about 8% (FICA match) on every dollar employees contribute to the plan.

BAS' FSA administration includes:

- Full plan administration including employee educational materials and onsite training
- Annual participation forms
- Integration for auto-reimbursement of claims not paid by the Medical (including prescription drug card program), Dental or Vision plans
- Online services for employers and employees to manage their account
- Debit card
- Plan design
- Reporting services
- All administration performed in our offices, no outsourcing

New MyFlex Mobile App

This allows members to check their flexible spending account balance, take pictures of receipts, and file claims directly from their smartphone. The free MyFlex app makes it simple and easy to maintain and access your flex account.

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PHARMACY BENEFIT ADMINISTRATION

Employers are searching for pharmacy benefits that not only lower costs, but also help improve health outcomes.

BAS has entered into strategic partnership for Pharmacy Benefit Administration that offers clients the option between a true Cost-Plus-Pass-Through or a Traditional prescription drug card program.

Through these models, BAS is able to secure its' clients significant claim dollar savings.

Deciding which model to use depends upon a Plan's unique and specific needs. Understanding this, BAS will evaluate which model works best for your specific Employee Benefit Plan.

Services Offered

- ✓ Nationwide pharmacy network
- ✓ Flexible plan design management
- ✓ Strategies to steer patients to lowest net cost drug
- ✓ Formulary listing derived from lowest NET COST drugs
- ✓ Encourage formulary compliance, generic utilization and over-the-counter utilization
- ✓ Mail & Specialty Services
- ✓ Formulary management
- ✓ Superior Customer Service
- ✓ Audit & Quality Control programs
- ✓ Extensive reporting capabilities
- ✓ Data analysis services
- ✓ Retrospective Drug Utilization Review (RDUR) program
- ✓ Full rebate pass through to the plan

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CUSTOMIZED DOMESTIC CLAIMS SERVICE

Program Details:

- ✓ BAS administers three and four tiered benefits plans providing many unique services for our healthcare provider clients. This sets BAS apart from other Third Party Administrators today. BAS caters to the needs of the healthcare provider world by offering many tools and services to choose from when establishing their domestic provider tiers including:
  - o Health Ticket, No Check Payment System, Custom Domestic Claims Routing System, and Domestic Provider Repricing options.

- ✓ The ***BAS Health Ticket*** was developed by BAS as a provider search engine that produces a dynamic ID card displaying the appropriate benefits for the selected provider. Through online provider searches, the Health Ticket displays search results that guide members to the best cost providers. With our healthcare provider clients, BAS will develop a hierarchy listing the domestic provider first along with special highlighted benefit messaging that will increase domestic utilization.

- ✓ The BAS model allows the clients choice to include or exclude domestic claims in their stop loss. (A percentage can be applied.)

- ✓ BAS offers the ***No Check Payment System*** which provides the client a detailed check register to isolate domestic claims. This does not require the transfer of funds to BAS. (An 835 is available upon request.)

- ✓ BAS has created a ***Customized Domestic Claims Routing System*** which routes domestic claims separately from other claims in the BAS claims system. These domestic claims are identified by client Tax ID Number, and can also include any direct contracts the client may have established in their provider community to be paid at the domestic provider benefit level. This can also be layered within the BAS Health Ticket for maximum steerage.

BAS is very flexible and provides multiple options for re-pricing of domestic claims including but not limited to:

- ✓ PPO network can reprice claims.
- ✓ BAS can use the client's fee schedule or percentage discount to process claims, and reprice in house claims.
- ✓ BAS can also process billed charges if the client so desires.

BAS can also provide customized reporting that isolates the domestic claims for our health care provider clients.

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SCHEDULE OF FEES

Medical Claims Fee — **$20.95 pepm**

- Monthly Premium Billing/Collection/Remittance
- Claim Processing (Medical)
- Dedicated Customer Service Unit
- Advocacy
- Personal Assistant
- COBRA Administration
- HIPAA Certification
- Analytics

Annual Administrative Fee — **$2,500.00**

- Writing and Preparing Summary Plan Description
- Writing and Preparing Plan Document
- Benefit Consulting Services
- Preparing and Issuing Agreements
- Preparing and Issuing ID Cards
- Writing and preparing Amendments Billing consolidation
- Ad Hoc Reporting
- Plan Modeling

Annual Compliance Fee — **$500.00**

- Form 5500 (Schedule A) Reporting
- State Compliance & Surcharge reporting
- Summary of Benefit and Coverage (SBC)
- W-2 Reporting Data
- PCORI Reporting Data
- Transitional Reinsurance Calculation and Remittance

Subrogation/Third Party Recovery	**10% of Recovery**
Out of Network Negotiations	**30% of Savings**

Cigna OAP Network Access Fee (Bundled)	**$17.80 pepm**
Cigna Utilization Review	**Included**
Cigna Large (Acute) Case Management	**Included**
Cigna PBM	**Included**

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Optional Administrative Services:

Dental Claims Fee w/Cigna Dental Network	**$5.25 pepm**
Vision Claims Fee	**$1.50 pepm**
STD Claims Fee	**$1.00 pepm**
24/7 Nurseline	**$0.25 pepm**
HRA Administration Fee	**$6.00 pepm**
FSA Fee (includes Debit Card)	**$7.50 pepm**
Client Data Integration Set Up (payroll/vendor transmissions)	**$1,250.00 per vendor**
Biometric Health Screening	**$210 per screening**
Behavioral Health Management	**$1.65 pepm**
Disease Management	**$4.80 pepm**
Fund Account Options:	
BAS Bank Account	**$250 First Month than $100 per Month**
Positive Pay with Client's Bank Account	**$500 annually**

Included in BAS' administrative agreement is a standard performance guarantee for selected administrative services – Financial Accuracy – 99%; Payment Accuracy – 95%; Procedural Accuracy – 90%; and 14 day turnaround. BAS agrees to place 20% of its medical administration fee at risk if we fail to meet these performance levels.

Bas

HM Summary

The County of Upshur — Effective: 10/01/2016

Stop Loss Terms		Option 1	Option 2
Carrier		HM Life Insurance	HM Life Insurance
Specific			
Deductible		75,000	85,000
Unlimited Lifetime Maximum			
Contract		24/12	24/12
Coverages		Med, Rx	Med, Rx
Aggregate			
Contract		24/12	24/12
Coverages		Med, Rx	Med, Rx
Run-In Limit		343,284	350,151
Annual Maximum		1,000,000	1,000,000
Stop Loss Premium (Fixed)			
Specific Employee	76	97.65	82.74
Employee plus Spouse	27	195.49	164.23
Employee plus Child	27	144.63	126.23
Family	46	242.47	207.72
Annual Specific Premium		333,099.12	284,229.36
Aggregate Composite	176	5.07	5.28
Annual Aggregate Premium		10,707.84	11,151.36
Total Annual Premium		343,806.96	295,380.72
Administrative Costs (Fixed)			
Claims Fee	176	20.95	20.95
PPO / UR Fee	176	17.80	17.80
Annual Compliance Fee		500.00	500.00
Annual Administrative Fee		2,500.00	2,500.00
Annual Administration Costs		84,840.00	84,840.00
Annual Fixed Costs		428,646.96	380,220.72
Aggregate Claim Liability			
Medical Employee	76	580.59	592.21
Employee plus Spouse	27	1,161.19	1,184.41
Employee plus Child	27	957.98	977.14
Family	46	1,683.73	1,717.40
Maximum Claim Liability		2,145,528.12	2,188,442.52
Expected Claim Liability		1,716,422.50	1,750,754.02
Expected Plan Cost		2,145,069.46	2,130,974.74
Maximum Plan Cost		2,574,175.08	2,568,663.24

All quotes are contingent upon final paid claims, shock losses, enrollment and disclosure. Other contingencies apply as attached. 08/11/2016

HM Life Insurance Company

- Quoted for another source

- Utilizing CIGNA OAP as the PPO network

The following information is required on:
1. Fonda Leonard - Need current treatment plan and Paid Claim detail report with Rx
2. Brandy Davis - Need current treatment plan and Paid Claim detail report with Rx
3. Unknown Claimant with newly diagnosis of ESRD with Dialysis - Need Paid Claim detail report with dialysis charges (a higher individual specific deductible is likely)

- No Laser Policy included with no more than a 50% rate increase at renewal

- Based on the continuation of a fully insured transplant policy

- Retirees are not included

BAS

The County of Upshur | Effective: 10/01/2016

Quote assumes BAS as the Third-Party Administrator

Quote assumes there will be a subrogation services fee that will be 10% of savings secured

Quote has an unlimited lifetime maximum.

PCORI:
Employers will be required to file form 720 to pay and report their PCORI fees each Plan Year. The proposed regulations provide that Plan Sponsors must report and pay the PCORI fee for a Plan Year by July 31 each year. This fee will be equal to $1 times the average number of covered lives (employees and dependents) for the first Plan Year ending on or after October 1, 2012. The fee will increase to $2 in 2013; thereafter the fee will be indexed to increases in national health expenditures, with the fee ending with the 2018 Plan Year. BAS will provide the employer a report of their covered lives needed to file their required PCORI fees.

Transitional Reinsurance Fees:
The contribution rate for this program for 2016 will be $27 per covered life (includes dependents), the process for making the required payment is as follows:
- By November 15 of each year the annual enrollment count of covered lives must be submitted to HHS.
- Within 15 days of the submission of this information, HHS will provide a notice of the total contribution amount that must be paid.

BAS will provide enrollment information for employers and remit the Contribution amounts required to HHS.

Consulting Agreement

AGREEMENT FOR SERVICES

This Agreement for Services "AGREEMENT" is made and entered into this 1st day of October , 2016 between the All-Star Insurance Group, Inc., a for-profit organization, herein referred to as "AGENT," and Upshur County, Texas, herein referred to as "CLIENT."

Recitals

WHEREAS, CLIENT may have need for certain services which can be performed by AGENT;

WHEREAS, the parties agree that it would be to their mutual advantage to execute this AGREEMENT and thereby define the terms and conditions which shall control the rendering of services which CLIENT may request of AGENT; and

WHEREAS, CLIENT desires to contract with AGENT relative to the rendering of the following services:

- Plan design and modification for the Short-Term (12-15 months) and Long-Term Forecasting and Trends (18-60 months)
- Pharmacy benefit management, contracting, and communication
- Employee enrollment, communication, and education
- Utilization review via teleconference or on site visit with advance notice
- Trend analysis review on site with management
- Market analysis to explore alternative coverage options commencing four months prior to renewal, or upon release of renewal rates report from current carrier, whichever occurs first
- Attend board meetings at management request
- Market to insurance/reinsurance carriers and provide available options from fully funded to self funded health plans
- Provide annual health management workshop for management and Board for the purpose of discussing findings of annual market analysis
- Recommendations on premiums and claim funding
- Help facilitate PPAC Compliance for plan and employer
- Guidance and integration of wellness benefit in health plan
- Design and Print a customized benefits brochure that highlights the benefits available to the employees in Upshur County, Texas.

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

CLIENT agrees to pay to AGENT fees in the amount of $4,300 per month for a term of 24 months commencing on the 1st day of October, 2016 for providing above mentioned services.

This AGREEMENT constitutes the entire agreement between the parties with respect to the subject matter contained above. This AGREEMENT may be amended only by written instrument signed by both parties.

The Agreement is made, entered into and shall be construed in accordance with the laws of the state of Texas.

CLIENT	**AGENT**
Upshur County, Texas	All-Star Insurance Group, Inc.
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Date	Date

FILED
TERRI ROSS
COUNTY CLERK
2016 AUG 15 AM 10:41
UPSHUR COUNTY, TX.
BY _____ DEPUTY