Table of Contents

Upshur County
RFP # 2019-1001

BOON-CHAPMAN

BOON-CHAPMAN
EXCEPTIONAL SERVICE MATTERS

July 11, 2019

Ms. Rachel Means
Employee Benefit Consulting
2367 Oak Alley
Tyler, TX 75703

Re: Proposal Number 2019 – 1001

Dear Ms. Means:

I appreciate the opportunity to submit this proposal. We are excited about the possibility of working with you and your team to serve Upshur County. To assist in your evaluation, I've included some of our key differentiators and service offerings, which I hope you'll consider.

HISTORY

We are a 58-year-old TPA headquartered in Austin, Texas with a long history of serving public entities and other plan sponsors. Our business is family owned and operated, and managed by decision makers who know and understand the people we serve, including plan sponsors, plan participants, healthcare providers and employee benefit professionals. Since 1961, our team has helped clients navigate the ever-changing healthcare landscape, and we'll continue to do so for years to come.

PRIORITIES

Being privately owned allows us to put our clients first. We couldn't do that if we were owned by Wall Street, private equity, or a conglomerate with competing priorities. This is critically important in an industry full of misaligned incentives.

ACCOUNT MANAGEMENT

We recognize that Upshur County has high expectations for quality service. A critical part of providing that service is selecting the right account manager for your group's needs. If we're selected, we'll assign Matthew Gauen, and experienced account manager, to service the account. Denise Andrew, our Director of Account Management for Payer Services will oversee the implementation of the County's plan. Denise has over 20 years of self-funding experience including key roles with other TPAs, PPO networks, a claims software company, and a large consulting firm. She is also a Certified Self-Funding Specialist and currently serves on the TPA Task Force for the Self Insurance Institute of America.

AVAIALBLE NETWORKS

Boon-Chapman can offer the Aetna Signature Administrators and Cigna PPO Networks. In addition, with their approval we can administer a direct contract held by the County.

Further, if the County wants to take bold and aggressive approach to managing care and promoting the health of its plan participants it should consider working with the PhyNet Health System. Headquartered in Longview, PhyNet's eight East Texas clinics provide quality primary care and coordinated care services. PhyNet serves as the patient advocate beyond their own care by helping patients find the necessary specialists, hospitals and other health providers. Their passion is total patient care and wellness. We encourage you to meet with this fine organization and hear for yourself what they can offer the County.

PRESCRIPTION BENEFITS

Boon-Chapman has direct contracts with CVS/Caremark, Express Scripts and ProAct, Inc. – a smaller and more flexible PBM that provides custom solutions. These arrangements include 100% rebates back to the plan sponsor. Overall, Boon-Chapman interfaces and uploads RX data from over a dozen PBM entities that work with our self-funded client base.

HEALTHCARE BLUEBOOK

To help members make informed decisions regarding their in-network care, we provide Healthcare Bluebook, an online portal and mobile app that helps members find the best price and quality for health services. A helpful tool for procedures that don't require pre-certification, Healthcare Bluebook helps members become educated consumers with the ability to find the Fair Price for a procedure, compare providers and facilities, and even receive financial incentives for making informed healthcare decisions.

MEDICAL MANAGEMENT SERVICES (PROVIDED BY OUR SISTER COMPANY, PRIME DX UNLESS PROHIBITED BY THE PPO NETWORK)

Utilization Management

We have a dedicated staff that provides precertification and service authorization based upon the plan document guidelines. We can make recommendations as to guidelines.

Example savings include:

- Unnecessary imaging – some MRI's cost as much as $5,000
- Experimental treatments – unproven chemotherapy treatments can exceed $100,000
- Excessive inpatient stays – average day in a hospital is over $5,000
- Unnecessary surgeries – many simple surgeries can exceed $100,000

Case Management

Many preventable admissions are due to patients being discharged from the hospital without the proper resources for care. Our Prime Dx case managers work with patients, families and hospitals to prevent readmissions, facilitate necessary follow-up care, and help members navigate a disorganized delivery system.

Maternity Management

Prime Dx offers a prenatal risk program to help expectant mothers with moderate- to high-risk pregnancies receive the proper prenatal care. By reviewing the medical history of expectant mothers, Prime Dx identifies these members and engages them to make sure they receive necessary care, which can avoid huge claims.

Health Management

Chronic conditions drive a majority of health plan costs–and many of these expenses are avoidable. We work to prevent or mitigate these costs by identifying gaps in care via pharmacy and medical claims data, educating and engaging members with chronic conditions, and by delivering best-in-class care following evidence-based medicine protocols. Unlike most disease management programs, we achieve high participation rates, resulting in improved clinical compliance, fewer emergency room and hospital admissions, and lower costs.

Wellness & Health Risk Assessments (HRAs)

Medical and pharmacy claims data are a wealth of information for health risk management programs. However, they don't identify all manageable risk factors. For example, claims data won't identify undiagnosed hypertension or hyperlipidemia (high cholesterol), which are common causes of cardiovascular disease – the number one killer of Americans. Often, patients often don't know that they have cardiovascular disease until they have heart attack.

To combat this trend, we identify risk factors through blood draws and blood pressure readings, which can be taken during annual HRAs. Although there are multiple HRA vendors, we recommend Quest Diagnostics, which provides members with detailed biometric data and personalized suggestions in its My Guide to Health: Blueprint for Wellness.

CLAIMS ADMINISTRATION

One of the ways we save plan assets is by paying claims accurately. In 2018, our financial accuracy was an outstanding 99.6 percent. We achieve this high level of accuracy through extensive analyst training and rigorous auditing by an independent outside auditor. Our audit program provides for an external random post payment audit of over 2 percent of all claims, and a prepayment audit of any claim with charges of $25,000 or more. We also audit 100 percent of claims during the first month with a new group. Providing this constant external review is substantially more expensive than internal auditors, but it guarantees high quality and objective audits. We think our clients are worth it.

FRAUD & ABUSE

We have recently updated our code editing capabilities using the PlutoX Advanced Error Detection software. It uses advanced clinical editing technology to ensure that both institutional and professional claims are properly coded and compliant with applicable payer requirements.

PlutoX examines the whole claim and identifies procedure-to-diagnosis mismatches, unbundling occurrences, use of nonspecific diagnosis codes, global service violations, and many other problem areas. This solution contains millions of edit combinations based on commercial, Medicare, OIG and Medicaid policies. Furthermore, the edits are completely customizable by health plan and provider. The unique editing, reporting, and workflow capabilities deliver significant cost savings.

NON-NETWORK FACILITY CLAIMS

Some non-network healthcare providers charge incredibly high prices. Unfortunately, traditional usual and customary data often provides little to no help. As a result, health plans are at risk of paying inflated charges to non-network providers. To avoid this, we license sophisticated software that determines the Medicare allowable for charges at every facility in the United States. We are one of few TPAs to provide this service.

DATA ANALYTICS

We believe that robust reporting is key to health plan success. For that reason, we license Deerwalk's Plan Analytics application, which empowers our clients with a wealth of information, including key metrics and utilization reports, benchmarks from Truven, MARA risk scoring, predictive modeling, chronic condition identification, failures of care identification, Medicare comparison tools, and more. This information helps us and our clients make informed plan decisions. This data can be accessed with sign-in privileges by the employer and consultant

MONTHLY REPORTING

Various standard and custom monthly financial reports are available through the B-C Online Portal. Reports are available on the first day of the month for the prior month. Reports can be viewed by designated client employees and benefit consultant. Reports can be downloads in PDF or Excel formats. Monthly data can be uploaded once data configuration is completed and tested.

SUMMARY

We appreciate the opportunity to submit this proposal. For reasons provided in this document, we believe we're ideally positioned to work with you in serving Upshur County. We hope to have the opportunity to meet with you and the County to discuss this exciting opportunity. Please let me know if you have any questions.

Best regards,

Kevin S. Chapman

Kevin S. Chapman
Chairman

OPTIONAL SERVICES

(Additional fees may apply.)

Quarterly One-on-One Employee Meetings

Boon-Chapman offers to be at the Nueces County for one day each quarter of the year to meet with participants one-on-one who have questions about EOBs, benefits, precertification issues, etc. *There is no charge for this service.*

Employee Communications

Boon-Chapman will assist in the design and content of employee communications to be used at enrollment and/or other educational meetings. *There is no charge for this service, unless Boon-Chapman prints and/or mails communication pieces. In that case, all printing, supplies, postage, and labor will be passed through at cost.*

Enrollment Meetings

Boon-Chapman will assist the County in conducting annual enrollment meetings. *These services are offered at no additional charge.*

Plan Analysis, Review and Management Services

Boon-Chapman will prepare a financial status report as to the financial history of the Plan, current financial status with options available, and prepare periodic and annual reports as they relate to Plan performance and the financial status. We will also assist in the development of, and continued review of, Plan design of existing and new plan options, and recommend employer contributions consistent with current budget. We will also analyze the current Medical Plan in terms of participation and the most effective use of employer contributions. *The usual charge for this service is waived.*

Patient-Centered Outcomes Research Institute Fee

Boon-Chapman will provide necessary census reporting to the County so that they can complete the IRS Form 720. *There is no charge for this service.*

Transparency Tool

Boon-Chapman offers the services of Healthcare Bluebook, or other similar vendors. Using this service, participants can find the best prices within the existing provider network, ensuring they get the most value for every dollar spent. They can also view quality metrics, allowing the participants to get the highest quality care at the lowest price. *The fee for this service is $1.910 PEPM plus any "Go Green" reward incentives.*

Care Navigation (Medical Tourism)

Domestic – Boon-Chapman will assist participants in obtaining applicable outpatient surgical care at Texas Free Market Surgery, Surgery Center of Oklahoma or other facilities that use "transparent bundled pricing". We will work with the County to implement and communicate Plan language to incent participants to use this facility. There is no charge for Boon-Chapman to facilitate this arrangement or to provide Plan language.

Applicable Plan benefits apply to services rendered. If we provide active redirection of members through utilization management service, we would charge $3.50 PEPM. Note: This service is not available if the plan is using Cigna PPO Network.

Surprise Bill Support Program

Many of us have heard of a time when someone received an unexpectedly high medical bill–especially after a trip to the emergency room or to the hospital. In these situations, the large bill is often due to services provided by ancillary, out-of-network providers–even if the patient was treated at an in-network facility. In this scenario, it's likely that the patient had no choice in selecting the provider, had no idea that the provider was out-of-network, was not informed about the cost of services, and ultimately had no idea that the provider was going to treat them in the first place. We refer to these providers, such as anesthesiologists and radiologists, as "forced" providers.

These ancillary "forced" providers don't contract with the network because they don't have to. Unlike hospitals who have an incentive to negotiate reduced fees in return for the PPO to steer patients to them, forced providers don't have to compete for their patients because the hospital provides them. This lack of competition allows them to keep their fees high. Boon-Chapman has implemented Surprise Bill Support to help plan sponsors and plan members safeguard against these unexpectedly high medical bills. *The charge for this service is 10% of Savings.*

Wellness Programs

Wellness programs are not a one-size fits all. What works well for a public entity client, may not work for a trucking company. Therefore, wellness programs must be customized to the specific and unique needs of each employer and their employee population. We have some clients where we've implemented onsite employer-sponsored healthcare clinics where we bring wellness initiatives under the disguise of treating patients for their coughs and colds. Wellness initiatives include annual health risk assessments with biometric screenings, annual tobacco cessation programs, nutritional counseling and free diabetic supplies for patients compliant with their annual exams and being followed by the clinic staff.

Other wellness programs include stand-alone annual risk assessments with biometric screenings with premium discounts when members hit certain milestones. A variety of categories can be used such as hemoglobin A1C, blood pressure, BMI, cholesterol and/or tobacco use.

Costs for such programs are dependent on volume, extent of testing, and complexity of the program.

Plan Document Services

Development and maintenance of plan document (using the Boon-Chapman template document), including regulatory language updates as applicable. *There is no charge for this service.*

Employee Assistance Programs

Boon-Chapman will assist the County in the evaluation, procurement, contracting, and implementation of Employee Assistance Programs to best meet the needs of your members. *There is no charge for this service.*

Dental, Vision & STD Administration

We will provide claims administration for self-funded dental, vision and/or short-term disability coverages if the County elects to sponsor those coverages. *See the TPA fee for Dental Administration. Additional information for a vision or STD program will be needed to provide pricing.*

Dental Preferred Provider Organization ("PPO")

Boon-Chapman will assist the County in the evaluation, procurement, contracting, and implementation of a dental PPO. Working with Aetna, Guardian, Cigna, or Connection Dental, can enhance the current self-funded dental offering. *The fees vary by PPO.*

Transparency Tool

Boon-Chapman offers the services of Healthcare Bluebook, or other similar vendors. Using this service, participants can find the best prices within the existing provider network, ensuring they get the most value for every dollar spent. They can also view quality metrics, allowing the participants to get the highest quality care at the lowest price. *The fee for this service is $1.75 PEPM.*

Telemedicine

Boon-Chapman will assist the County in the evaluation, procurement, contracting, and implementation of TelaDoc, Healthiest You or other similar telemedicine vendors. Participants may request a visit with a doctor 24 hours a day, 365 days a year, by web, phone, or mobile app. *The fee for this type of service (such as TelaDoc) is $2.50 PEPM, plus $40 per visit. More information may be necessary to provide a quote.*

Insured Transplant Carve out plan

Boon-Chapman will assist the County in the evaluation, procurement, contracting, and implementation of an insured transplant carve out plan. *Additional information is required for a charge/fee quote.*

Vision Benefits

Boon-Chapman can assist in the evaluation, procurement, contracting, and implementation of fully insured vision coverage. Additional information is required for a charge/fee quote.

If the County chooses to self-fund the vision benefit, we can assist with plan design and contribution recommendations. *There is no fee for this service.*

Ancillary Products

Boon-Chapman will assist the County in the evaluation, procurement, contracting, and implementation of insured ancillary products, including but not limited to, short term disability, long term disability, life, accidental death and dismemberment, and long term care coverage. *Additional information is required for a charge/fee quote.*

Section 6055/6056 Reporting

Boon-Chapman will assist the County in the evaluation, procurement, contracting, and implementation of a vendor to track and/or provide appropriate tax forms. *There is no additional fee for this service.*

GIS Benefits

We can offer a combined monthly bill with connection to an array of carriers using an online enrollment with GIS Benefits. *There would be no additional fee to the County.* We would be compensated by GIS and/or the carriers.

Enrollment System

Boon-Chapman offers its clients an online enrollment platform to ease the paperwork burden associated with annual enrollment. This system allows County's staff to exclusively maintain ongoing eligibility for all benefits currently managed by Boon-Chapman *without additional charge*. Should the County chose other products (STD, life, dental, vision, etc.) through our GIS partnership, we will provide a complete online enrollment solution, with combined billing for *$1.50 PEPM.*

RFP SUPPLIER RESPONSE TEMPLATE				
INSTRUCTIONS AND ASSUMPTIONS				
Complete the blue-shaded cells and submit responses as the TPA Questionnaire				
RFP #	2019-1001			
RFP Title	ADMINISTRATIVE SERVICES ONLY (ASO) FOR MEDICAL, DENTAL, PPO NETWORK and COBRA/HIPPA SERVICES			
SECTION 1: GENERAL QUESTIONNAIRE (To be answered by all Proposers)				
Describe your Organization				
Business Name:	Boon-Chapman Benefit Administrators, Inc.			
Contact Address:	9401 Ambergten Blvd., Suite 100, Austin, TX 78729			
Contact Person:	Bob Calvisi			
Contact Phone #:	(512) 233-7256			
Contact Email:	bob.calvisi@boonchapman.com			
Year Founded:	1961			
Further Organization Description				
Where is your company headquarters located?	Austin, TX			
Please provide your most recent published financial statement and/or Best Insurance rating. (Please provide financial size category.)	Please Refer to Section 3 Exhibit B			
Will there be an individual account manager dedicated to Upshur County, and if so, where will he/she be located? Please provide biographies of each individual.	We assign dedicated Account Managers and Account Coordinators to each account. It is anticipated that Denise Andrews, Director of Account Management will oversee the County's plan. Please Refer to Section ? Exhibit ?			
Upshur County requires the right to approve any correspondence sent to our employees. Do you agree to the prior approval agreement?	Yes			
Will any of your services be sub-contracted with outside vendors? (if yes, please describe the services and with whom you sub-contract – i.e. ABC Company for ID card printing.)	We utilize Red Card for ID Card Preparation, EOB and Check Printing. We utilize PlutoX for Code Editing and Ceris for Hospital bill auditing.			
Will you be willing to have representatives available at initial employee educational and enrollment meetings as well as future open enrollments, health fairs, and other special requirements?	Yes			
How long has your organization been doing business in the state of Texas?	58 years			
Will your phone unit provide support to the initial and on-going future enrollments by answering members' phone calls about benefits and networks, etc.	Yes.			
Provide three Texas client references (preferably public sector clients).	Contact Name	Contact Title	Contact Phone	Contact E-mail
Galveston County	Kent Etienne	HR Director	409.797.3655	ketienne@galvestontx.gov
Midland County	Mitzi Baker	Treasurer	432.688.4885	TR101@co.midland.tx.us
Fort Bend County	Wyatt Scott	Risk Manager	281.341.4493	wyatt.scott@fortbendcountytx.gov
SECTION 1: SELF-FUNDED MEDICAL QUESTIONNAIRE (To be answered by TPA's and Carriers)				
Plan Administration				
Are customer service functions and claim payment performed in the same location?	Yes, these services will be provided through our New Braunfels, TX services office.			
Contractor will provide COBRA administration and the fee will be included in the submitted rate. The County will provide notification of termination to the Contractor who will then be responsible for all other aspects of the process, including but not limited to the following: employee notification for medical, drug, dental, and vision benefits; certificate of coverage for HIPAA compliance; billing and premium collection for medical, drug and dental benefits; mail identification cards and informational materials to the subscriber home.	We are in agreement with this process.			

Contractor agrees to provide the County with the Summary of Benefits and Coverage Notices prior to open enrollment for the County to distribute to employees.	Yes
Customer Service	
Contractor will develop, print, and distribute a customized, lay language, Summary Plan Document (SPD) booklets to be made available in electronic format or be mailed to the subscriber's home address at the time of initial enrollment and thereafter for new hires or other new subscribers? SPD shall be reviewed and approved by the County. The SPD will be developed and submitted to each subscriber not later than April of each year unless another date has been agreed upon by the County.	We are in agreement with this process.
Eligibility	
Can you accept enrollment, maintenance, and termination data from the County online?	Yes, we can provide the County with access to Selerix enrollment platform.
Is enrollment available with electronic data feed capabilities?	Yes
Network	
Do you currently offer any hospital tiered benefit arrangements (Accountable Care Organizations or EPO) in the East Texas area?	Not at this time, but we are very experienced in direct contracting arrangements and tiered benefit plan design and administrations.
Are you anticipating any material changes in network size (for either hospitals or providers) in the network area serving the County during the next 24 months?	Cigna's provider networks are some of the most robust in the industry. We continuously evaluate the proposed networks for Boon Chapman to ensure that there is broad access and competitive unit costs. At this time, we are not anticipating any expansion or reduction of networks in the near future.
What is the Contractor's standard process and advance notification timeframe to notify the County and its subscribers of network changes?	Members enrolled in the Cigna PPO and Open Access Plus (OAP) plans are encouraged to contact their TPA to confirm the participation of a hospital or health care provider before seeking care. Members can also use myCigna to find providers. In the event of a potential contract termination, we (B-C) will consider entering into a direct contract with the provider.
Describe the Contractor's transition process for handling patients that are currently receiving care in a non-network hospital as well as those currently receiving outpatient services at time of contract implementations.	The TPA (payer) administers transition of care (TOC) benefits. TOC is a coverage determination that, if made available by the TPA, offers members in-network coverage for a specified period (up to 90 days) when using out-of-network health care providers while transitioning care to in-network providers. Cigna administers utilization management in accordance with the participating or nonparticipating status of a provider on the date of service. We refer inquiries about TOC to the TPA.
Are any parts of the Contactor's networks leased?	The proposed networks for Boon Chapman are owned and operated by Cigna.
If yes, identify owner of the network and the geographic service area.	Not applicable.
Is your designated network separate or a subset of your large network?	The Cigna Shared Administration - OAP and Shared Administration - PPO networks are national networks providing access to medical care nationwide – whether on vacation, business travel or away at school.
Claims Payment Processing	
Contractor will furnish Explanation of Benefit (EOB) payment statements to subscribers after a claim has been received and payment issued or rejected. A sample copy of EOB is included.	Yes - Please refer to Section 3 Exhibit c
For those claims that require additional information before processing can continue, is a notice sent to the provider and/or subscriber advising them of this fact?	Yes - EOBs are sent to the provider.
How much of a delay generates such notice?	Notice is sent at time of claim processing.
Describe the process for obtaining medical consultation needed for claims payment determination.	We have a Medical Director on staff who perfors+B64m the initial review. If a specialist review is needed, we have a panel of physicians who we use.
What qualifications do the Contractor's medical consultant(s) possess?	Licensed Medical Doctor
How often do the Contractor's medical consultant(s) meet to review claims?	Three days per week

Please indicate your process for handling subrogation claims	For the majority of our clients, claims are processed for benefits as usual. A trigger diagnosis report is run weekly to identify all claims that may be have third party liability. The claims identified will be logged and a letter will be sent to the member requesting additional information. The member will complete the form and return it to our office. If there is third party liability, a lien is placed. Once the case is ready to settle, our in-house subro team will work with the attorney/insurance to recover the payments the plan has made for the related claims.
Explain the current procedure for identifying and processing claims for Coordination of Benefits.	We follow the industry standard coordination of benefits guidelines. Members will need to complete the verification of other insurance form annually to identify other insurance coverage. Claims are processed based on the information submitted by the member. Should we identify possible other insurance coverage included on a claim or notification from another carrier or administrator then we will request an updated other insurance verification form be completed.
Describe the appeal process of a contested claim.	Claims submitted with incomplete information are denied. The EOB will reflect the reason for denial. If a plan opts to include our High Touch Customer Service (Member Advocacy) program, the Advocate will reach out to the provider 2 times for the necessary information before the claim is denied. A member is notified prior to a claim being denied for additional information from their provider. If information is needed from the member, the advocate will reach out to the member by email or with a call.
Does your claim system check for duplicate charges? What are the criteria used?	Logic is built into the claims system by the Plan Building/Contracts Team. The logic built is based off of the plan document benefits, eligible expenses, limitations and exclusions. Claim edits identify incorrect billing. We follow CMS editing guidelines. The logic built in the claims system will identify multiple items and flags the claim with a pend reason. The analysts review the pend reasons for such things as duplicate payments, other insurance, accident related, maximum benefits, non-covered services and past timely filing.
Does your system check for bundling/ unbundling of claims? What are the criteria used?	Yes, we use PlutoX code editing software. PlutoX Advanced Error Detection examines the whole claim and identifies procedure-to-diagnosis mismatches, unbundling occurrences, use of nonspecific diagnosis codes, global service violations, potential unbilled revenue, and many other problem areas that can adversely affect not just claims processing, but a provider's overall practice. This solution contains millions of edit combinations based on commercial, Medicare, OIG and Medicaid policies. The unique editing, reporting, and work flow capabilities in our Claims Editing deliver significant cost advantages. 'Clinical Editing' as opposed to 'Technical Editing': Edits are specific to the clinical coding aspect of the claim including unbundling edits, ICD/CPT® mismatches, global period violations, complete local medical review policies, correct coding initiatives, provider oversights and regulatory reporting whereas other solutions only edit technical aspects.
Please provide a copy of your Standard Performance Guarantees.	See Section 2 Exhibit C
Medical Management	
Hospital Pre-Certification and Large Case Management	
Briefly describe your case management and utilization review functions. Provide an estimate of savings associated with these programs.	If the Cigna network is used Cigna will provide the UM services in accordance with their standards. PrimeDX uses evidence based clinical criteria provided by InterQual Connect. Historical savings information is not available, however we are now able to provided savings reports on an individual group basis.
Describe the process and criteria for identifying subscribers in need of large case management, including those with large outpatient expenses without having an inpatient stay.	Cases are identified through utilization review, trigger diagnosis report, and account management. We use the SBPA stop loss trigger diagnosis list to identify potential cases.
Centers of Excellence	
Does the Contractor have a network of "Centers of Excellence"? If so, Describe how facilities are selected:	Cigna provides the Centers of Excellence network.
Define experimental treatment and the process for evaluating new treatments.	Cigna needs to respond this process
What is the policy on experimental and catastrophic procedures such as organ or tissue transplants and new technologies?	Cigna needs to respond this process

Describe the selection criteria or prior authorization process to gain access to the centers.	Cigna needs to respond this process
Describe how case management is provided for subscribers who access Centers of Excellence (i.e., are they handled in a unit separate from other catastrophic cases)?	Cigna needs to respond this process
Banking Arrangements	
Are checks issued on the employer's or carrier's stock?	Employer stock
Do you require a minimum balance to be maintained or can the County use a zero balance account?	No
ID Cards	
Are ID cards customizable?	Yes
Please describe ID card distribution.	ID cards are mailed directly to the enrolled member's home address. For dependent coverage we issue two ID cards/ Member also has the option to print a paper version from the B-C Web Portal.
Nurse Line & Patient Engagement	
Is a nurse advisory toll free number available? Is there any associated cost?	This can be provided for $.31 PEPM - it is outsourced to American Health Holdings.
Provide your definition of patient engagement? Explain how your levels of engagement are changing behavior. What percent of your engagement activity is telephonic versus mail based?	We now refer to Disease Management as Health Management as it easier for the member to accept and track to our philosophy of improving the health of the member. Our goal is to improve the participants' clinical condition and reduce unnecessary healthcare costs while improving quality of life. We do this by coordinating services as appropriate across the healthcare continuum, promoting self-care by providing patient education, coaching, and monitoring, and providing monthly email newsletter that contain healthful tips and healthy recipes.
Stop Loss Integration	
Is your system set up to automatically pend stop loss claims, so an audit can be performed prior to issuing the check? What is the turnaround time for this to happen?	Yes, however we must adhere to the network contract terms in order to avoid Prompt Pay penalties
Please describe the stop loss filing process that will be used for the County.	We have a dedicated stop-loss team lead by Frances Hickey, who has over 30 years of claims experience (all with Boon-Chapman). Alerts and reports are run on a weekly basis to identify possible 50% notification reports. Identified claims are flagged to alert the team about possible advance funding request
If pharmacy benefits are provided through a third-party, are you able to integrate medical and pharmacy cost data into one combined summary to provide to the stop loss carrier?	Yes
Audits	
What is the frequency of your internal audits?	We perform daily 2% random audits using Wolcott & Associates
What is the frequency of your external audits?	Daily
Who performs external audits?	Wolcott & Associates
Would you be willing to pay for an outside audit?	It is included in our administration fee.
At what trigger point do you conduct/require hospital claims audit?	We typically audit any charge in excess of $25,000, or if there is a question regarding the billing content.
Reporting / Access to Claims Data	
When are your monthly aggregate reports released?	Aggregate reports are available (1) on the 1st day of the following month for complete monthly report or(2) on-demand with claims paid as of the report date.
Will the County have access to a reporting site with raw Medical and RX claims data?	Yes, the County and its Consulting firm will be provide with access to the Deerwalk Plan Analytics software.
Do you have a dedicated reporting department? If so, please provide names and titles.	Standard reports are prepared and available within 3 business days after month end. Special reporting can be performed by Roslyn James, Data Analyst or by one of our IT specialists.

Section 2

Exhibit A

TPA FEE EXHIBIT

Medical & Dental Administration - Proposed TPA Fees	Cigna Network	Aetna Network	PhyNet
	Cost PEPM	Cost PEPM	Cost PEPM
Medical Claims Administration	$ 20.00	$ 20.00	$ 20.00
Network Access Fee	$ 15.01	$ 16.25	TBD
Pre-Certification / UR	Included	$ 4.25	TBD
Dental Administration	$ 3.00	$ 3.00	$ 3.00
COBRA & HIPAA Administration	$ 2.00	$ 2.00	$ 2.00
Total Administrative Costs	***$ 40.01***	***$ 29.25***	TBD
Rate Guarantee [1]	***24 Months***	***24 Months***	***24 Months***
TPA Fee Abatement Available First Year	***N/A***	***N/A***	***N/A***
Additional Costs			
Large Case Management Fee	$ 2.00	Included in UR	TBD
Plan Management Fee	Included	Included	Included
Initial or Renewal Set up fees	Waived	Waived	Waived
Miscellaneous Printing Costs	At Cost	At Cost	At Cost
Miscellaneous or any other fees not mentioned			
B-C Direct Contract Administration	$ 1.00	$ 1.00	TBD
Fraud & Abuse [2]	25% of Savings	25% of Savings	25% of Savings
Hospital Bill Auditing [2]	25% of Savings	25% of Savings	25% of Savings
Out of Network Negotiations (RBP based) [2]	25% of Savings	25% of Savings	25% of Savings
Surprised Bill Support [2]	10% of Savings	10% of Savings	10% of Savings
Healthcare Bluebook [3]	$ 1.90	$ 1.90	$ 1.90
Nurseline [4]	$ 0.31	$ 0.31	$ 0.31

Notes:

(1) Applies to Boon-Chapman/PrimeDx services only.

(2) These services can be billed through the claims account.

(3) Go Green Incentive Program is charged to claims account

(4) American Health Holdings provides this service.

Section 2

Exhibit B

PROPOSAL DEVIATIONS

DEVIATIONS FROM SPECIFICATIONS

1. Does your organization agree to the Specifications as outlined in the RFP?

   We don't agree to all of them as we have explained below.

2. Describe, in detail, any deviations from the specifications.

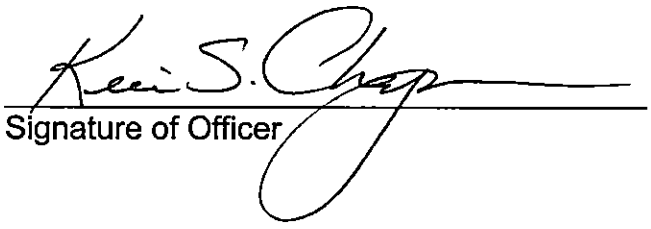
   We don't agree to the terms of Section 4 ("Contractor Insurance Coverage") under the "Contractual Provisions for Consideration" of the RFP. We will agree to a policy limit of $2,000,000 and we won't agree to the County being an additional insured.

   We don't agree to the proposed terms of Section 6 ("Indemnity Clause") under the "Contractual Provisions for Consideration" of the RFP. We aren't willing to be responsible for the County's negligence. We can't manage that risk or insure it. We will agree to be responsible for our own negligence even though the County can't legally provide us the same assurance.

   We have omitted Form 1295 as this form is applicable only if we are awarded the business. We agree to file the form within three business days of being notified of intent to contract.

   We would need the County to approve our use of some subcontractors to comply with the terms of Section 7.A. under the "Contractual Provisions for Consideration" of the RFP.

Boon-Chapman Benefit Administrators, Inc.



Signature of Officer

Section 2

Exhibit C

PERFORMANCE GUARANTEES

EXHIBIT A

ADMINISTRATIVE SERVICES AGREEMENT
BETWEEN UPSHUR COUNTY AND BOON-CHAPMAN

Conditions

The measures below will be performed quarterly beginning with the first calendar quarter of 2020. Boon-Chapman will report the results of these measures to Upshur County within thirty-one (31) days of the end of each quarter thereafter. Performance will be measured based on the cumulative result of each quarter in a calendar year. Any penalties will be based on the on the administrative fees paid during the applicable calendar quarter.

1. Financial Accuracy

Goal: *98.5%.*

Definition: *Total liability minus the sum of overpayments and underpayments divided by total liability.*

Penalty: *2% of administrative fees if financial accuracy is less than 98.5%.*

Measure: A *random audit of at least 2% of all claims performed by Boon-Chapman.*

2. Turnaround Time

Goal: 85% *of all clean claims processed in 10 working days or less from date of receipt.*

Definition: *Clean claims are claims that require no additional information to process.*

Penalty: *2% of administrative fees if the percentage of clean claims processed is less than 85%.*

Measure: *Boon-Chapman turnaround time report.*

Right to Audit

Upshur County reserves the right to audit, inspect and copy all reports and data used by Boon-Chapman to compute performance measures, upon at least two business days advance notice.

Section 2

Exhibit D

RFP REQUIRED SIGNED FORMS

NON-COLLUSION AFFIDAVIT OF PROPOSER

State of Texas §
County of Williamson §

Kevin S. Chapman, being duly sworn, deposes and says that:

1. He/She is Chairman of Boon-Chapman, the offeror submitting the attached Proposal;

2. He/She is full informed respecting the preparation and contents of the attached proposal and any and all appurtenances thereof;

3. Such proposal is genuine and is not a collusive proposal;

4. Neither the said offeror nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with another Proposer, firm or person to submit a collusive proposal in connection with the Contract for which the attached Proposal has been submitted or to refrain from proposing in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached proposal or of any other Proposer, or to fix an overhead, profit or cost element of the proposal price or the proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the County or any other person interested in the proposed contract; and

5. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Kevin S. Chapman
(Name)

Chairman
(Title)

July 11, 2019
(Date)

Subscribed and sworn to me this 11th day of July, 2019.

By: Caitlin Walker

Notary Public in and for Williamson County, Texas

My commission expires July 16, 2023

Caitlin Walker
My Commission Expires
07/06/2023
ID No. 130284413

Project Number/Name or type of services to be provide: RFP No. 3108-19 National Network and/or Local Network Services and Secondary Services(wrap) or Other Services

UPSHUR COUNTY
HOUSE BILL 89 VERIFICATION

I, Kevin S. Chapman (Person name), the undersigned representative of (Company or Business name) Boon-Chapman Benefit Administrators, Inc. (hereafter referred to as company) being an adult over the age of eighteen (18) years of age, do hereby verify that the company named-above, under the provisions of Subtitle F, Title 10,

Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. *"Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *"Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

July 11, 2019
DATE

Kevin S. Chapman
SIGNATURE OF COMPANY REPRESENTATIVE

Project Number/Name or type of services to be provide: RFP No. 2019-1001 Request For Proposal for TPA Services

UPSHUR COUNTY
HOUSE BILL 89 VERIFICATION

I, Kevin S. Chapman (Person name), the undersigned representative of (Company or Business name) Boon-Chapman Benefit Administrators, Inc. (hereafter referred to as company) being an adult over the age of eighteen (18) years of age, do hereby verify that the company named-above, under the provisions of Subtitle F, Title 10,

Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. *"Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *"Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

July 11, 2019
DATE

Kevin S. Chapman
SIGNATURE OF COMPANY REPRESENTATIVE

DEBARMENT STATEMENT:

I certify that the applicant firm is not currently debarred or otherwise declared ineligible by any public agency from bidding to furnish materials, supplies or services. I further certify that no principal, officer or director of the applicant firm has been employed by or associated with any firm which is currently debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services.

I certify that the applicant firm has never been debarred, or otherwise declared ineligible by any public agency from bidding or furnishing materials, supplies or services. I further certify that no principal, officer or director of the applicant firm has ever been employed by or associated with any firm which has ever been debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services.

BY: Kevin S. Chapman (Signature)

Kevin S. Chapman, Chairman Printed Name & Title

Boon-Chapman Benefit Administrators, Inc. Company

9401 Amberglen Blvd., Suite 100, Austin TX 78729 Business Address

July 8, 2019 Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

Kris S. Chy

Signature of vendor doing business with the governmental entity

July 11, 2019

Date

Section 3

Exhibit A

Key Employee Resumes

Boon-Chapman Companies
Key Employee Resumes

1. **Kevin S. Chapman, J.D. GBA, Chairman of Board**
   B.B.A. with Highest Honors, University of Texas, 1978
   J.D., University of Texas with Honors, 1980
   Dallas County Assistant District Attorney, 1981-92
   Chief Felony Prosecutor, Supervised Prosecutors in Three Felony Courts
   Boon-Chapman employee since 1992
   Past Chairman of the Society of Professional Benefit Administrators
   Past president of the Texas Professional Benefit Administrators Association

2. **Nyle Leftwich, President & CEO**
   Texas A&M University, Communications
   Texas A&M University, Business Administration
   Boon-Chapman employee since 2006
   Group benefit experience since 2000

3. **Carrie Mabrito, President of Soluta, Inc.; Chief Operating Officer**
   B.S. of Business, Tarleton State University, 2000
   MBA, Tarleton State University, 2001, 4.0 GPA
   HR Director, Benefit Planners/Fiserv Health
   Boon-Chapman employee since 2009

4. **Stacey Minton, Vice President Account Management**
   Stephen F. Austin State University
   Insurance and employee benefits experience since 1990
   Group 1 Insurance License
   Account Management since 1994
   Boon-Chapman employee since 2007

5. **Teri Swope, Vice President Operations**
   BBA-International Management, University of Texas at San Antonio, 2002
   SVP - Operations, Benefit Planners 1995 – 2007
   SVP - Program Management, Fiserv 2007 – 2010
   Director – Business Development, Boon-Chapman 2011 – 2014
   VP – Operations, CoreSource, 2014 – 2016
   VP – Operations, Boon-Chapman, 2017 - current

6. **Denise Massie, BSN, RN, Director of Medical Management**
   BSN, University of Texas, Austin, Texas 1992
   United States Navy, 1992 – 2004
   Director of Nursing since 2008
   Boon Chapman Employee since 2015

7. **Gary Beach, M.D., Medical Director**
   B. A., University of Austin, 1971
   M.D., Southwestern University of Texas Medical Branch, 1981
   Boon-Chapman, Medical Director
   Austin Regional Clinic, Family Practice

8. **Denise Andrew, Director of Account Management**
   BBA, Sam Houston State University
   Certified Self Funding Specialist
   20 years of health industry experience
   11 years Account Management Experience
   Boon-Chapman employee since 2019

9. **Melissa Knight, Director of Claims**
   15 years of health industry experience
   Boon-Chapman employee since 1999

10. **Scott Lawson, Director of Customer Service**
    MBA, University of North Texas, 2015
    BBA, Texas State University, 2013
    Boon-Chapman Employee since 2015

11. **Kristen Hudgins, Plan Building and Contracts Manager**
    B.B.A – Accounting, Baylor University, 1987
    Boon-Chapman employee since 1991

12. **Paul Maloney, Enrollment & Billing Manager**
    EDI Implementation, 2013 - 2017
    Pharmaceutical Contractor, 2009 - 2013
    13+ Years' Experience in Insurance Industry
    Boon Chapman Employee since 2017

13. **Jason Gomes, Information Systems Manager**
    Bellvue University, 2002, B.S. Computer Information Systems
    Metro Community College, 1998, A.S. Networking
    Electronics, US Airforce, 1990-1996
    Information Technology experience since 1996
    Boon-Chapman employee since 2008
    Professional Certifications Held: CISSP, CCNA, Security+, Network+, Linux+

14. **Josh Rynearson, Director of Development**
    B.A. Government, History - The University of Texas at Austin
    Boon-Chapman employee since 2011,
    Previous roles at Boon-Chapman include: IT Development Manager,
    Pre-processing Manager & Supervisor, Support Operations Manager

15. **Frances Hickey, Self-funded Medical Claim Stop Loss Administrator**
    Petersburg Community College, Petersburg, VA
    Health Benefits Experience Since 1977
    Thirty Years' experience with Boon-Chapman
    Fourteen Years Supervisory Experience
    Manager of Benefits
    Marketing Coordinator

Section 3

Exhibit B

Financial Information

Section 3

Exhibit C

Sample Forms

Section 3

Exhibit C

Sample Forms

BOON-CHAPMAN
Boon-Chapman
PO Box 9201
Austin TX 78766-9201

Forwarding Service Requested

**********ALL FOR AADC 773
PB-DSM-410-ENV 15101 43

THE WOODLANDS TX 77380-3182

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service

Questions? Contact Customer Service at (800) 252-9653

Prepared Date: 3/1/2019
Group #:
Group Name:

Claim#:
Patient:

Policy: MAJOR MEDICAL
Patient#:

Provider: Mahsa Mossadegh
Employee: TERI L. BENNETTE

Dates of Service	Serv Code	Proc Code	Charge Amount	Ineligible Amount	Reason Code	Provider Discount	Covered Amount	Deductible Amount	Co-Pay Amount	Paid At	Normal Benefit	COB ADJ	Payment Amount
02/13-02/13/2019	354	36590	$874.00	$874.00	63	$0.00	$0.00	$0.00	$0.00	0%	$0.00	$0.00	$0.00
Column Totals			$874.00	$874.00		$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00

Patient Responsibility: $874.00 **Other Insurance Payment:** $0.00 **Adjustments:** $0.00

Service Code Description

354 OUTPATIENT SURGEON

Reason Code Description

63 If additional information is submitted within the time allowed by the plan, this charge may be reconsidered.

Additional Information

Please submit medical records for reviewof medical necessity.

Appeal Rights

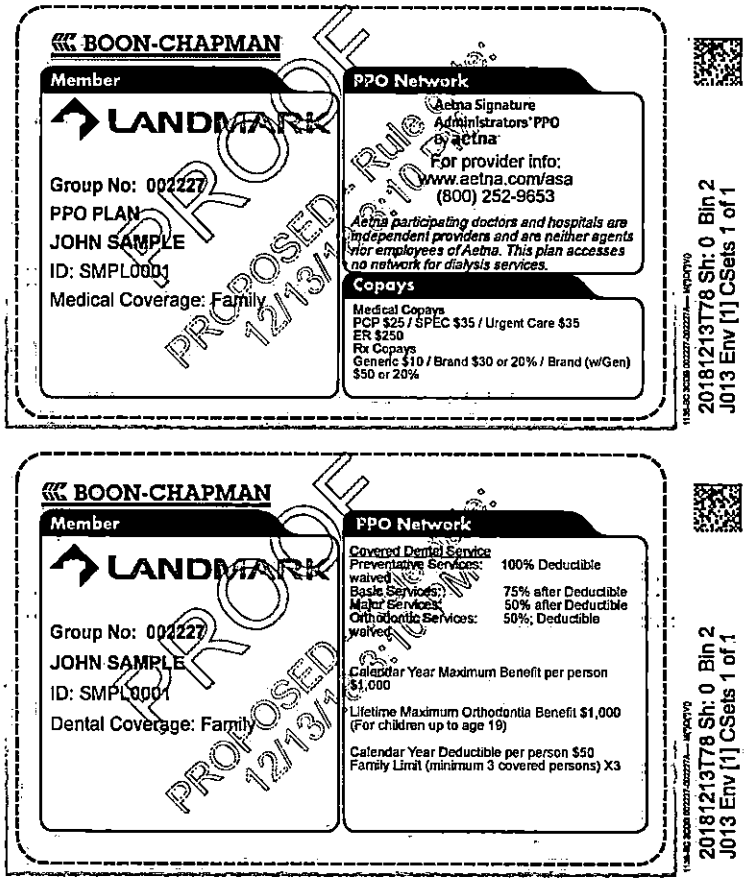
A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address within 61 days: Boon-Chapman, P.O. Box 9201, Austin, TX 78766.

Messages

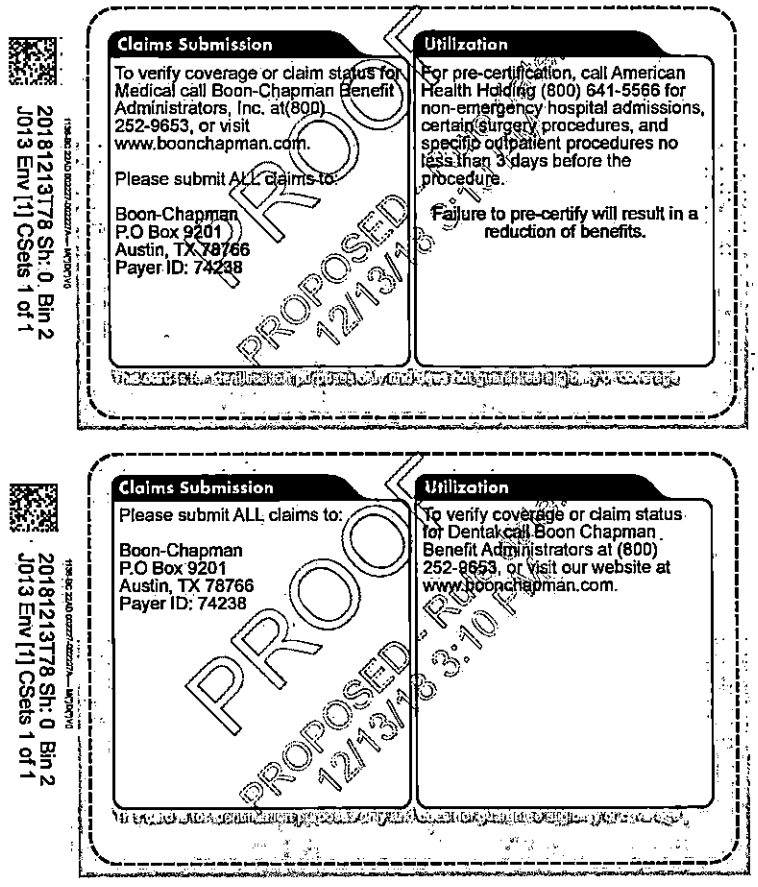
For your convenience to check claim status, eligibility, or to obtain benefit information, please contact our 24-hour automated claims inquiry system at (800) 252-9653. Si usted necesita ayuda en la traducción de idiomaspor favor llame a nuestraoficina al 800-252-9653 y oprima el numero 4. TO FILE YOUR CLAIM ELECTRONICALLY, USE ENVOY OR THN. BOON-CHAPMAN'S PAYER ID NUMBER IS 74236. Diagnosis and treatment codes along with their meanings are available upon request.

We have selected Zelis Payments as our ePayment vendor to assist us in quickly transferring payments and complying with PPACA Section 1104. To sign up for ePayments using ACH or credit card as well as electronic EOB's, please visit www.zelispayments.com, email info@zelispayments.com, or call Membership Services at 877-828-8834.

Starting 7/1/2018 all electronic claims will need to be routed through the clearinghouse Smart Data Solutions. For more information on whether or not this change will affect you or if you're interested in submitting claims electronically, please contact SDS at 855-297-4436 or stream.support@sdata.us


BOON-CHAPMAN
Member
LANDMARK
Group No: 002227
PPO PLAN
JOHN SAMPLE
ID: SMPL0001
Medical Coverage: Family
PPO Network
Aetna Signature Administrators PPO
by aetna
For provider info:
www.aetna.com/asa
(800) 252-9653
Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna. This plan accesses no network for dialysis services.
Copays
Medical Copays
PCP $25 / SPEC $35 / Urgent Care $35
ER $250
Rx Copays
Generic $10 / Brand $30 or 20% / Brand (w/Gen) $50 or 20%
PROOF
PROPOSED - Rule 12/13/18 3:10 PM
20181213T78 Sh: 0 Bin 2
J013 Env [1] CSets 1 of 1

BOON-CHAPMAN
Member
LANDMARK
Group No: 002227
JOHN SAMPLE
ID: SMPL0001
Dental Coverage: Family
PPO Network
Covered Dental Service
Preventative Services: waived 100% Deductible
Basic Services: 75% after Deductible
Major Services: 50% after Deductible
Orthodontic Services: waived 50%; Deductible
Calendar Year Maximum Benefit per person $1,000
Lifetime Maximum Orthodontia Benefit $1,000 (For children up to age 19)
Calendar Year Deductible per person $50
Family Limit (minimum 3 covered persons) X3
PROOF
PROPOSED - Rule 12/13/18 3:10 PM
20181213T78 Sh: 0 Bin 2
J013 Env [1] CSets 1 of 1


Claims Submission
To verify coverage or claim status for Medical call Boon-Chapman Benefit Administrators, Inc. at(800) 252-9653, or visit www.boonchapman.com.
Please submit ALL claims to:
Boon-Chapman
P.O Box 9201
Austin, TX 78766
Payer ID: 74238
Utilization
For pre-certification, call American Health Holding (800) 641-5566 for non-emergency hospital admissions, certain surgery procedures, and specific outpatient procedures no less than 3 days before the procedure.
Failure to pre-certify will result in a reduction of benefits.
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J013 Env [1] CSets 1 of 1

Claims Submission
Please submit ALL claims to:
Boon-Chapman
P.O Box 9201
Austin, TX 78766
Payer ID: 74238
Utilization
To verify coverage or claim status for Dental call Boon Chapman Benefit Administrators at (800) 252-9653, or visit our website at www.boonchapman.com.
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J013 Env [1] CSets 1 of 1

MEDICAL PLAN ENROLLMENT FORM

Employer's Name_____ Employer's # _____

Participant's Name _____ Location _____
(Last, First, Middle Initial)

INSTRUCTIONS

1. Please print or type.
2. If your employer's name and number are not pre-printed at the top, please fill in.
3. Fill in your name at the top.
4. Complete all information in Sections I, II, and III.
5. When you've finished, be sure to sign and date the form, Section IV.

Effective Date: _____

Waiver of Coverage

I certify that I have been offered group insurance coverage but have declined to enroll for Medical coverage. I acknowledge that I may be required to furnish evidence of insurability should I later wish to enroll for this coverage. I declined because of

1. _____ Medical benefits provided by my spouse's employer
2.
2. _____ Other (Describe) _____

_____ _____
Witness Employee Signature

EMPLOYEE INFORMATION

1. Date of Birth ___/___/___ 2. Sex _____ 3. Social Security Number _____

4. Date of Employment ___/___/___ 5. Job Title _____

6. Annual Salary $_____ 7. Hours Worked Per Week _____ 8. Life Volume $ _____

9. Address _____
Street City State Zip

MEDICAL BENEFITS ELECTION

Medical Benefits (check one): ☐ Base Plan ☐ Buy Up Plan ☐ HSA Plan

COVERAGE INFORMATION

Marital Status: Single _____ Married _____ Date of Marriage _____

I want medical benefits provided for:
Employee Only _____
Employee & Spouse _____
Employee & Children _____
Employee & Family _____

I want to provide coverage for the following dependents:

Spouse _____ Soc. Sec. # ___/___/___ Date of Birth ___/___/___ Sex _____

Child _____ Soc. Sec. # ___/___/___ Date of Birth ___/___/___ Sex _____

Child _____ Soc. Sec. # ___/___/___ Date of Birth ___/___/___ Sex _____

Child _____ Soc. Sec. # ___/___/___ Date of Birth ___/___/___ Sex _____

If you have more than 3 dependent children, indicate the total number here: _____, and list their full names, sexes, and dates of birth on the back of this form.

PAYROLL AUTHORIZATION

Your signature completes the enrollment process. It activates the benefits to be provided and the beneficiary designation. It also authorizes the appropriate payroll deduction form your earnings to provide the coverage requested.

Participant's Signature _____ Date _____

BOON-CHAPMAN

P.O. Box 9201 / Austin, TX 78766 / 512-454-2681 / 800-252-9653 / Fax 512-454-8700

1. Employer's Name: _____
2. Employee's Name: _____
3. Employee's Address: _____

3a. Check here if a new address: ☐Yes ☐No

4. Employee's Social Security Number: _____ Group Number: _____
5. Patient's Name: _____ Relationship: _____ Birthdate: _____
6. Was treatment the result of an occupational injury? ☐Yes ☐No
7. Was treatment the result of an accident? ☐Yes ☐No
8. If yes, please state below how, where, and when the accident occurred: _____

_____

9. Is patient covered by any other group medical plan? ☐Yes ☐No
10. If yes, give insured's name, SS#, and plan sponsor's name, address and phone number: _____

_____

11. Make benefits payable to: ☐Me ☐Provider (If you have assigned benefits, we must pay the provider.)

Authorization to Release Information:

I hereby authorize the physician/provider to release any information acquired in the course of my or my dependent's examination or treatment. I understand that such information will be used by Boon-Chapman for the purpose of verifying that the services charged for were provided and that my authorized representative or I will receive a copy of this authorization upon request. This authorization is valid from the date signed for the duration of the claim, unless revoked in writing by me or my legal representative. The information I have provided on this form is true and correct to the best of knowledge. I agree that a photographic copy of this authorization shall be as valid as the original.

_____ _____

Signature of Participant Date

HEALTH BENEFIT PLAN INCIDENT REPORT

Employee: _____

Patient: _____

Group Plan: _____

Social Security #: _____

Phone # and Email: _____

1. Were you or a dependent treated as the result of an injury or accident? Yes_____ No_____
   - If yes, please complete this form and return. If no, please answer questions 2, 3, 4, and 5, sign, date, and return. Please return this questionnaire regardless of your response.

2. Describe the nature of illness/injury (auto accident, slipped and fell; etc.):_____

   _____

   _____

3. Where did it happen? _____
   (Name or Location)

   _____
   (Address)

   _____
   (City) (County) (State) (Zip)

4. When did the illness/injury first occur?_____

5. Did the incident happen at work? Yes_____No_____

6. Do you believe any person (besides you or a member of your family), product, or property hazard caused or contributed to your illness? Yes_____No_____

   A. If yes, state the other party's name, address, and telephone number:

   _____
   (Name)

   _____
   (Address) (Area Code) (Telephone Number)

   _____
   (City) (County) (State) (Zip)

   B. Does this party have insurance coverage? Yes_____No_____

   C. If yes, give the name, address, and telephone number of the insurance company and policy number:

   _____
   (Name) (Policy Number)

   _____
   (Address) (Area Code) (Telephone Number)

   _____
   (City) (County) (State) (Zip)

D. If this was an automobile accident:

1. Name of the owner of the vehicle in which you were riding:_____

2. Address:_____

3. Driver's Insurance Company:

_____
(Name) (Policy Number)

_____
(Address) (Area Code) (Telephone Number)

_____
(City) (County) (State) (Zip)

Does the auto insurance policy include medical pay? Yes_____No_____

- Please attach a copy of the auto insurance policy declarations page.

Have you reported this loss to them? Yes_____No_____

7. Did you report this to the police? Yes_____No_____

If yes, state the name of the police agency and the date you reported the incident. If you have a copy of the police report, please attach a copy.

8. Do you have an attorney? Yes _____No _____

A. If yes, please list the attorney's name, address, and telephone number:

_____
(Name) (Email Address)

_____
(Address) (Area Code) (Telephone Number)

_____
(City) (State) (Zip)

B. Have you filed or do you intend to file a claim against the responsible party? Yes____No____

C. Have you filed or do you intend to file suit? Yes_____No_____

9. Please state the telephone numbers where you may be reached during the day and evening:

Day:_____ Evening:_____
(Area Code) (Telephone Number) (Area Code) (Telephone Number)

10. Please provide any other information you believe would be helpful (attach more paper if needed):

_____

_____

_____

I have completed the above to the best of my knowledge, and I understand that any payment made on my behalf under this group health plan is subject to the subrogation provision.

_____
(Date) (Signature)

Section 3

Exhibit D

Deerwalk Plan Analytics

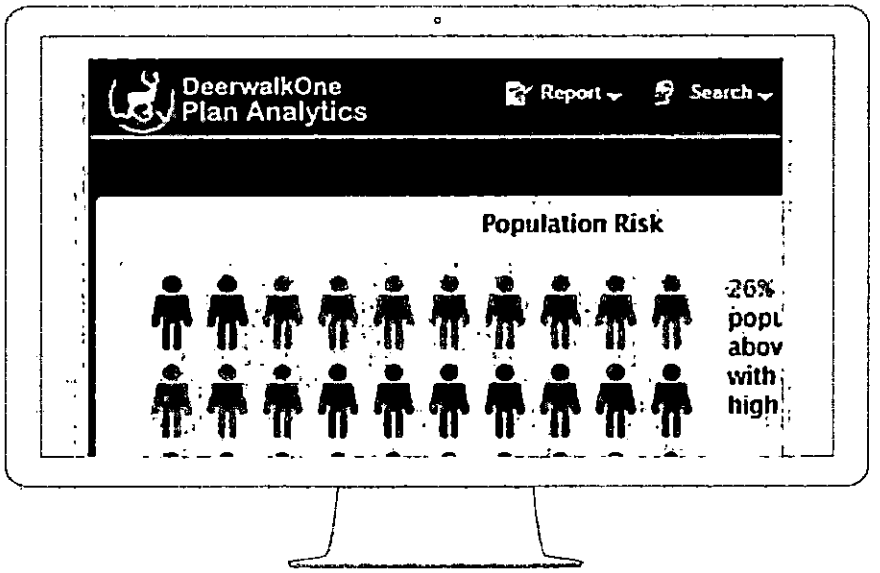
DeerwalkOne Product Suite

Plan Analytics

deerwalk®

Welcome to Plan Analytics!

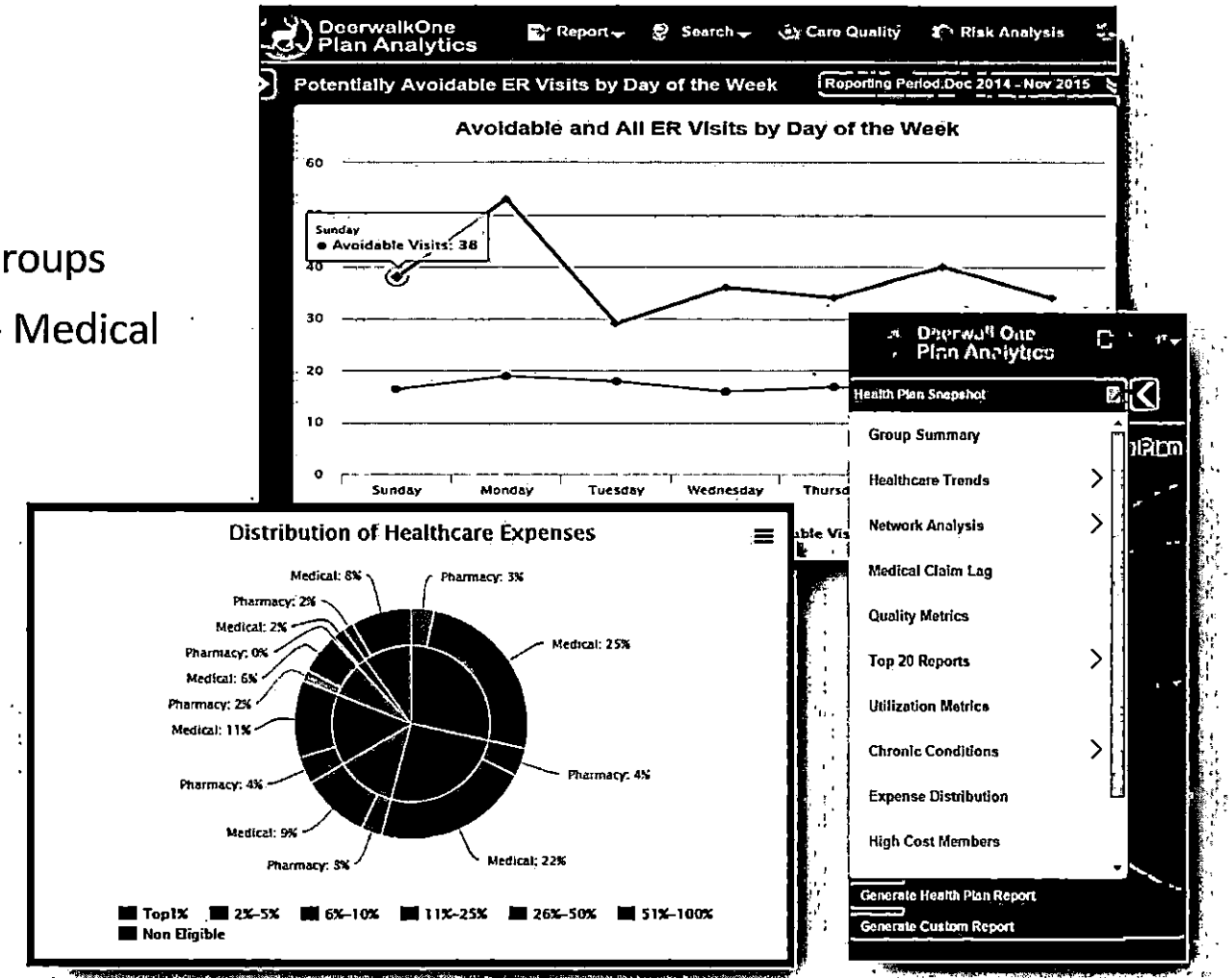
Plan Analytics is an innovative software solution designed to work in the real world of healthcare management. Its proven reporting and analytic solutions support clients who are focused on enhancing the value of health care and bending the cost curve. The integrated database contains both current and historical data making comparisons and trending of results over time possible.



The application enables organizations in the healthcare supply chain to improve the coordination of benefits and care for members by providing insights into the quality of care members are receiving, identification of cost drivers and delineating areas for cost, utilization and quality improvements.

Key Features

- Dashboard
- Financial Analytics
  - Top 20 Diagnosis Groups
  - Healthcare Trends- Medical
  - Utilization Metrics
- Data Search Medical
- Member Search
- Care Quality
- Risk Analysis
- Comparison Module



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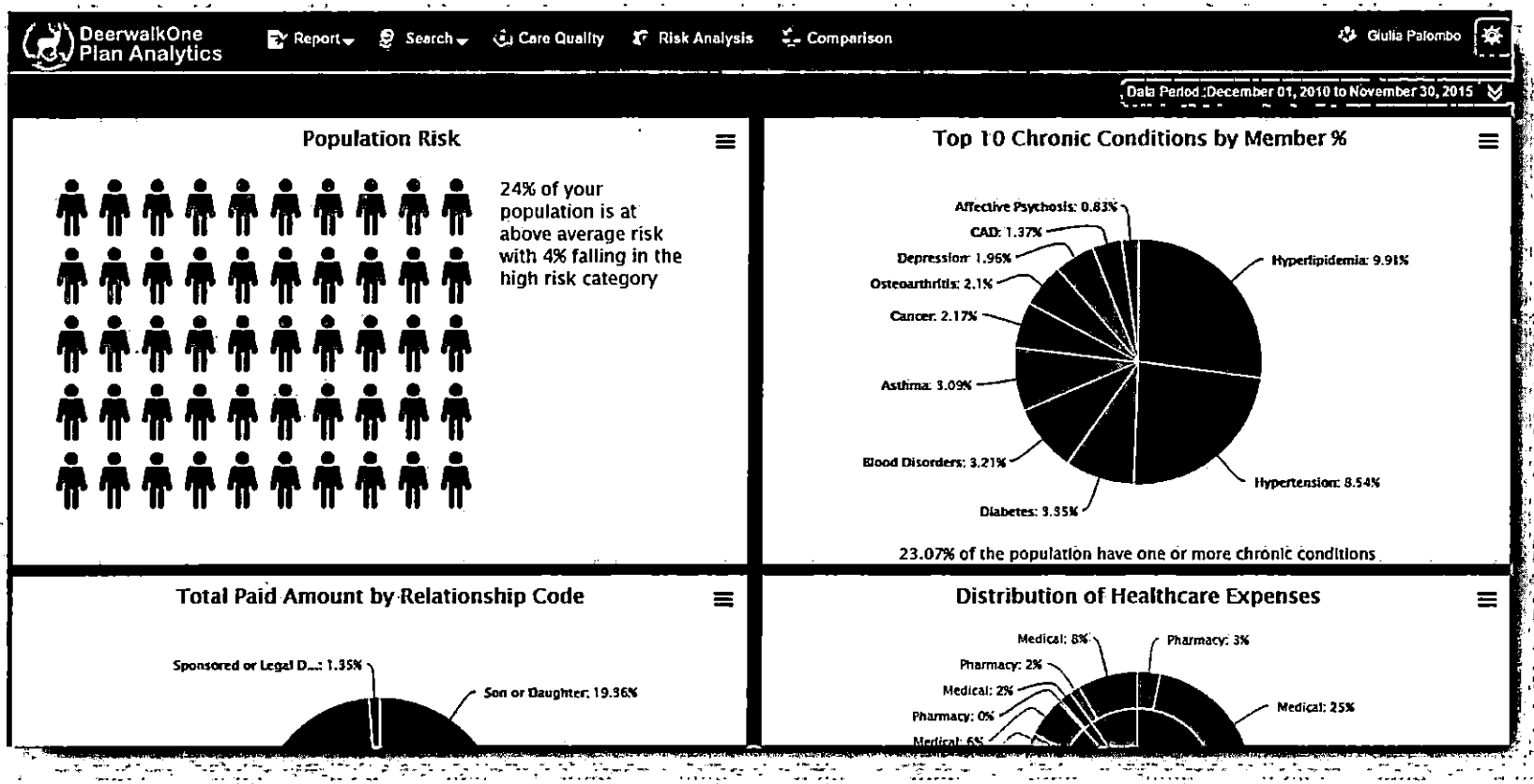
Dashboard

The Dashboard provides instant, actionable high-level summary information and graphics that analyze your populations' health and costs. This is the first screen that a user will see when they log-in to the application, and can be used to identify areas of interest for further reporting and analytics within Plan Analytics' other modules.



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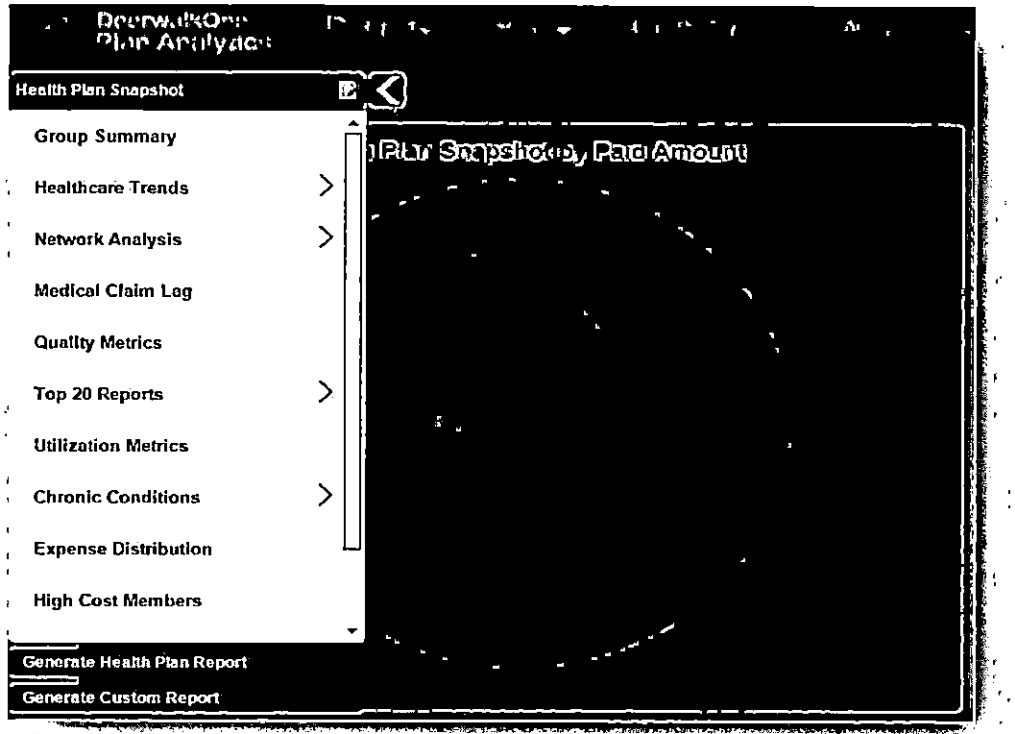
Financial Analytics

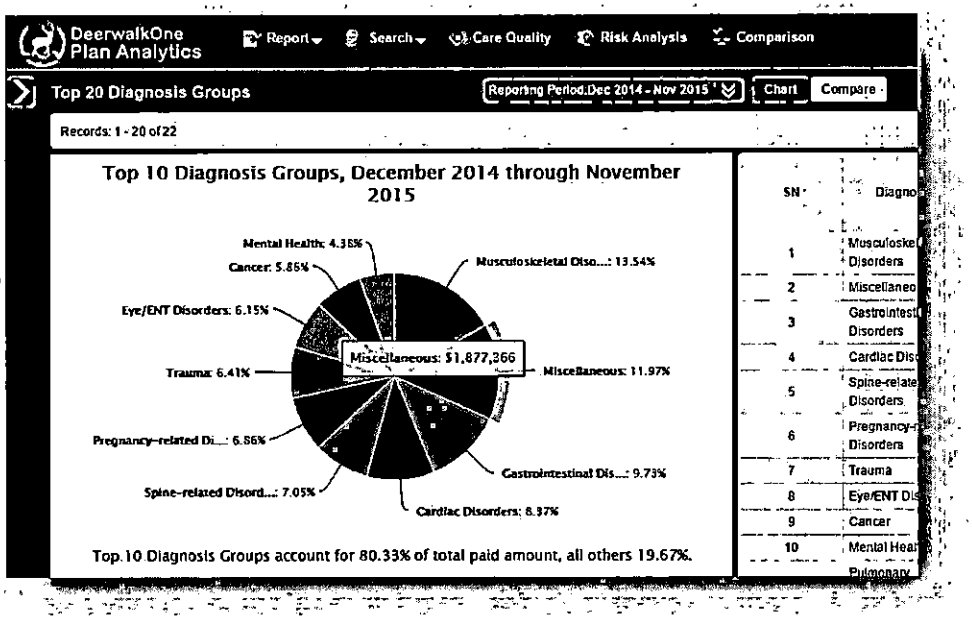
Financial Analytics creates summary analysis for multiple organizational levels within the client population. This module contains a series of industry standard reports on healthcare costs and trends, enabling the user to assess the effectiveness of care management programs, network pricing, wellness programs and the adequacy of network coverage.



These reports identify compliance with evidence-based care standards of the selected population in comparison to national benchmarks. The minimum data types required are Medical Claims, Pharmacy Claims (if there is a Pharmacy Benefit) and Eligibility Data.

Top 20 Diagnosis Groups

The Top 20 Diagnosis Report lists the top 20 diagnosis per reporting group, ranked by their cost in the reporting period as well as PMPM expenses. The main functionality of this report allows users to view diagnostic data on a year to year basis to identify if something new is emerging and how quickly; ultimately to proactively manage diagnoses that may incur high costs in the future.



To quickly identify major underlying health conditions existing in the population, the ICD9s and ICD10's are grouped together into major categories for this report. When the **blue** values under the Total Paid Amount column are drilled down upon, the data search page listing the details for the expenses is displayed, including member list identifying the medical claim expenditures attributing to the highest cost diagnosis' in the reporting group.

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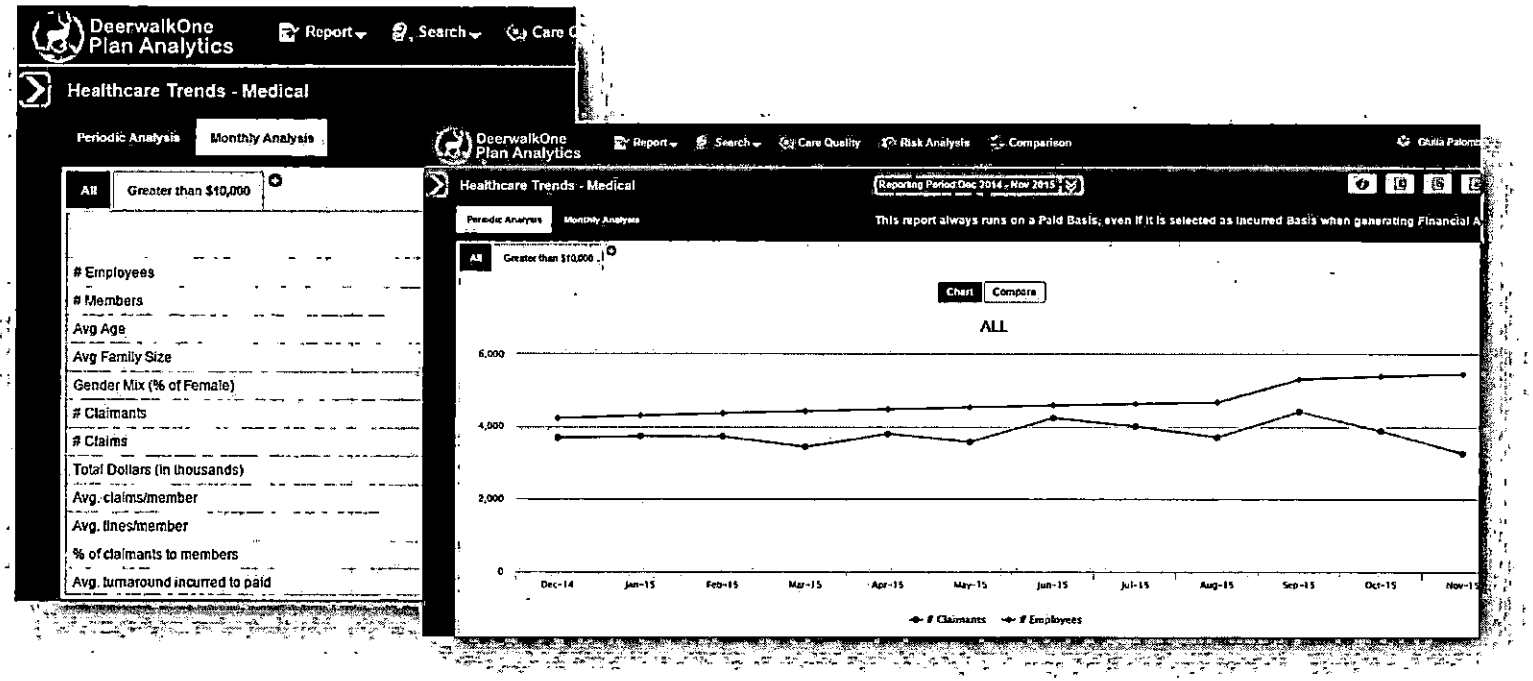
Healthcare Trends: Medical

The Medical Health Care Trends Report provides the DeerwalkOne user a detailed analysis of reporting group population averages. This report compares the number of employees utilizing the current Medical Plan offered by the company to these averages. This report also identifies underlying or emerging costs.



This report shows membership, cost, and utilization over time and can be viewed by period or by month. The user can also set custom dollar cut off thresholds in order to look at this information for high- or low-cost members selectively.

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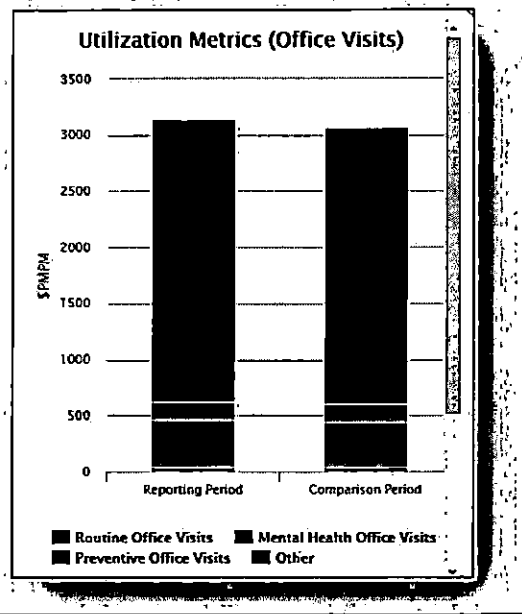
Utilization Metrics

Utilization Metrics measures the specific utilization of key healthcare services, and the volume of members that are utilizing these services. All measurements compare how many services were delivered for every 1000 covered lives.

These reports can be graphed or exported and mentioned previously. Here, and anywhere in the Plan Analytics application, fields in bold and **blue** can be drilled down by clicking in order to bring up the associated raw data.



Analysis of utilization metrics can add insight into changes in the healthcare trend. This report displays results for reporting and comparison periods for 15 key utilization metrics. The majority of these metrics are evaluated on "per 1000" basis, which provides a common basis for comparison of utilization across different time periods despite different changes in overall membership levels.A significant portion of any plan's spending is inpatient costs. This is a function both of admissions and length of each admission. The admissions rate has increased by 4.0% from the comparison period and the average length of stay has decreased by 9.28% . Utilization of the Emergency Room has decreased by 1.38%. From a wellness perspective, your preventative office visits has increased by 6.32%.

Dollar values under Plan Paid Average and Member Paid Average will not be adjusted for per 1000 viewing. Drill down on the blue values in these columns for a more detailed breakdown of the average paid amounts on a facility-by-facility basis.

Utilization Metrics

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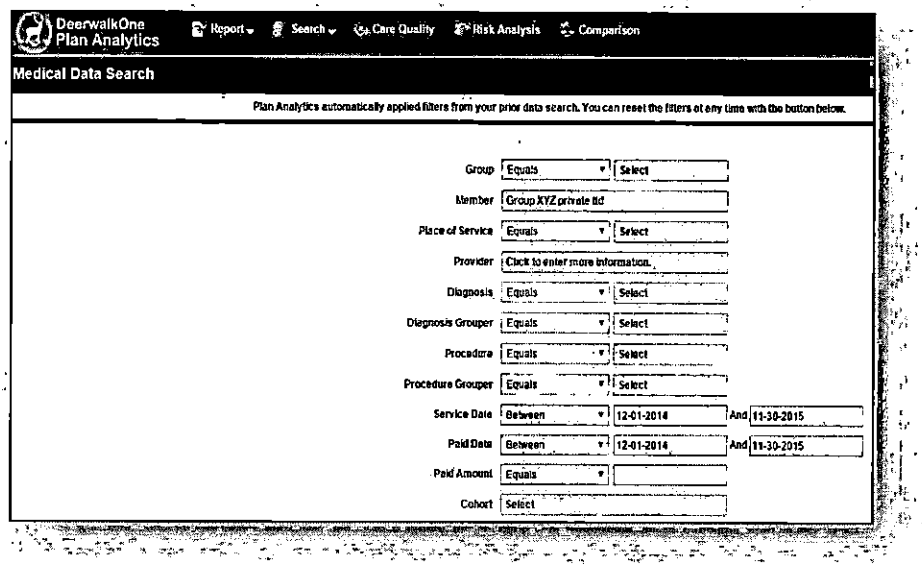
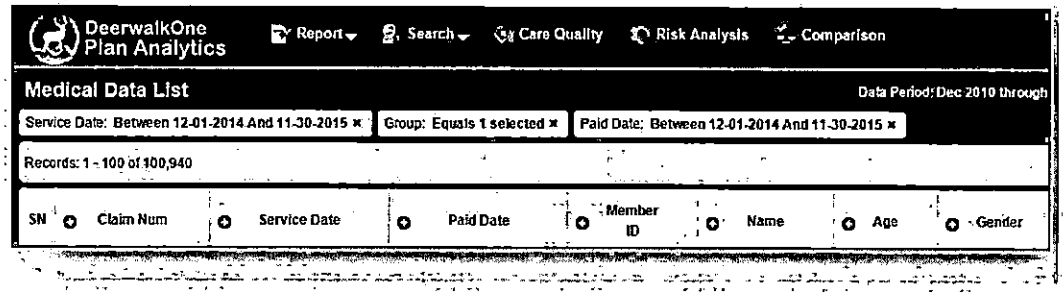
Data Search: Medical

The data search module is designed for detailed looks into the raw data underlining the reports. This screenshot shows Medical, Pharmacy, Lab, Eligibility, Biometric, HRA, Workers Comp, Vision, Dental and Vendor Payment data is available and individual clients may choose to import some or all of these, or can work with Deerwalk to bring in claim types not currently supported.

The SumIt button, shown in the upper right corner of these screenshots, leverages the full-power of Deerwalk's underlying Big Data technology and can be used to summarize data near-instantaneously and run real-time queries on raw data for unmatched flexibility.





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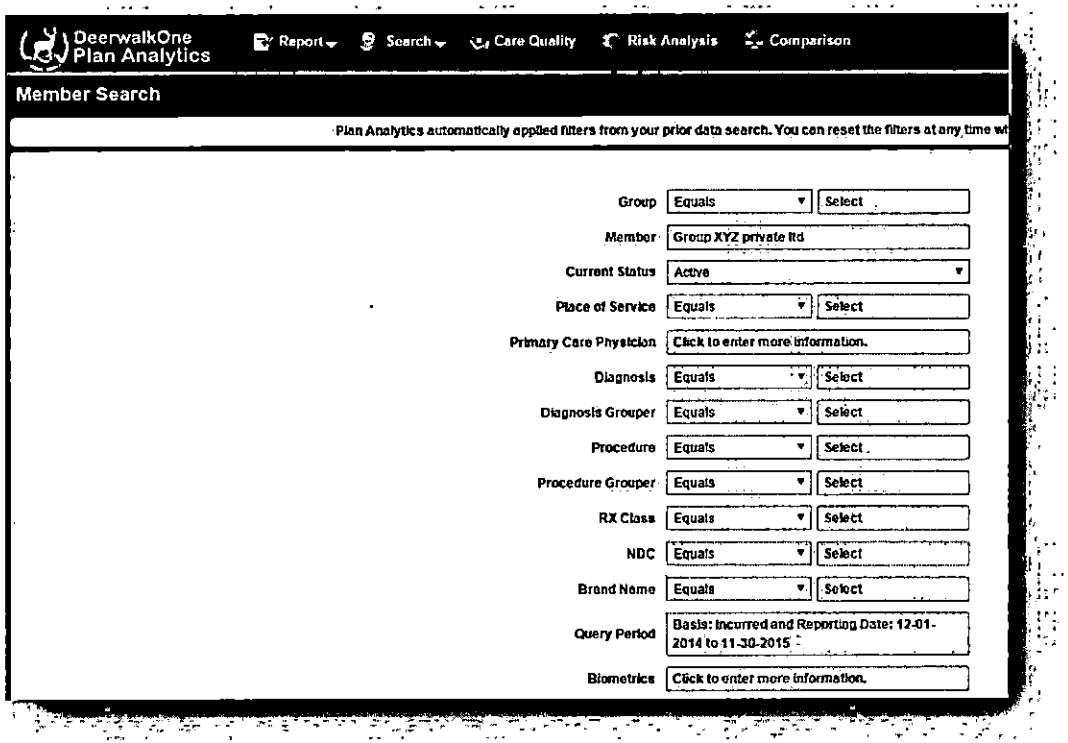
Member Search



The Member Search module is the natural counterpart to Data Search and provides a raw data view that is member- rather than claim-based. It is similarly flexible and also presents users with the option of creating a Cohort, a specific group of members meeting certain conditions, whose membership can be manually altered or set up according to claims-based logic. These Cohorts can then serve as custom populations for reporting throughout Makalu from the moment they are created.

Care Quality

The Care Quality breaks down populations along commonly used, industry-standard Quality Metrics to help manage an overview of your populations utilization and care management. Makalu currently has over 80 such quality metrics available for reporting and Deerwalk's clinical team is constantly working to implement new metrics.

DeerwalkOne Plan Analytics | Report | Search | Care Quality | Risk Analysis | Comparison | Giulia Palombo

Quality Metrics

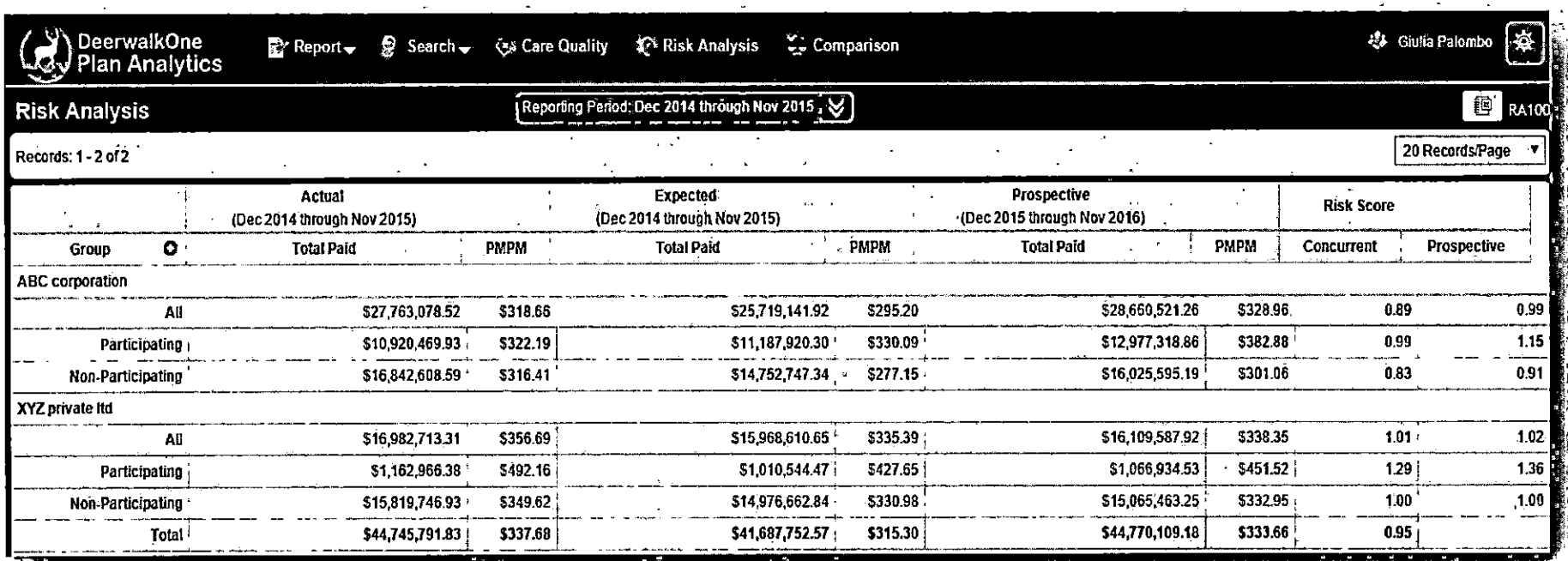
Measurement Period: Dec 2010 through Nov 2015

Group : XYZ private ltd

Category	Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Asthma					
E01	Return to hospital with same asthma diagnosis within 30 days following inpatient discharge	0	0	0	0.00%
E02	Visit to an ED/Urgent care office for asthma in the past 6 months	122	31	91	25.41%
E03	Asthma and a routine provider visit in the last 12 months	122	107	15	87.70%
E04	Children with asthma-related acute visit in the past two months	41	7	34	17.07%
E05	Members with asthma currently taking a prescription medication for asthma	122	67	55	54.92%
E06	Asthma with pneumococcal vaccination	122	2	120	1.64%
E07	Two or more asthma related ER Visits in the last 6 months	122	3	119	2.46%
E08	Asthma related admit in last 12 months	122	1	121	0.82%
E09	Asthma with influenza vaccination in last 12 months	117	20	97	17.09%
E10	Persistent asthma with annual pulmonary function test	122	17	105	13.93%
E11	Received control inhaler (long acting) in last 12 months	122	57	65	46.72%
E12	Received rescue inhaler (short acting) in last 12 months	122	81	41	66.39%
E13	Uses > 1 canister short-acting inhaled beta agonist/month	40	0	40	0.00%
Chronic Obstructive Pulmonary Disease					
C01	Re-admission to hospital with COPD diagnosis within 30 days following a COPD inpatient stay discharge	1	0	1	0.00%
C02	Members with COPD who have had a visit to an ER for COPD related diagnosis in the past 90 days	58	1	57	1.72%

Risk Analysis

Deerwalk leverages MARA risk scores and makes risk score information query-able and viewable from within the program. Our Risk Analysis module, shown below, is the primary point of contact for these risk scores, but can also be viewed on individual members' profiles.



Group	Actual (Dec 2014 through Nov 2015) Total Paid	PMPM	Expected (Dec 2014 through Nov 2015) Total Paid	PMPM	Prospective (Dec 2015 through Nov 2016) Total Paid	PMPM	Risk Score Concurrent	Prospective
ABC corporation								
All	$27,763,078.52	$318.66	$25,719,141.92	$295.20	$28,660,521.26	$328.96	0.89	0.99
Participating	$10,920,469.93	$322.19	$11,187,920.30	$330.09	$12,977,318.86	$382.88	0.99	1.15
Non-Participating	$16,842,608.59	$316.41	$14,752,747.34	$277.15	$16,025,595.19	$301.06	0.83	0.91
XYZ private ltd								
All	$16,982,713.31	$356.69	$15,968,610.65	$335.39	$16,109,587.92	$338.35	1.01	1.02
Participating	$1,162,966.38	$492.16	$1,010,544.47	$427.65	$1,066,934.53	$451.52	1.29	1.36
Non-Participating	$15,819,746.93	$349.62	$14,976,662.84	$330.98	$15,065,463.25	$332.95	1.00	1.00
Total	$44,745,791.83	$337.68	$41,687,752.57	$315.30	$44,770,109.18	$333.66	0.95	

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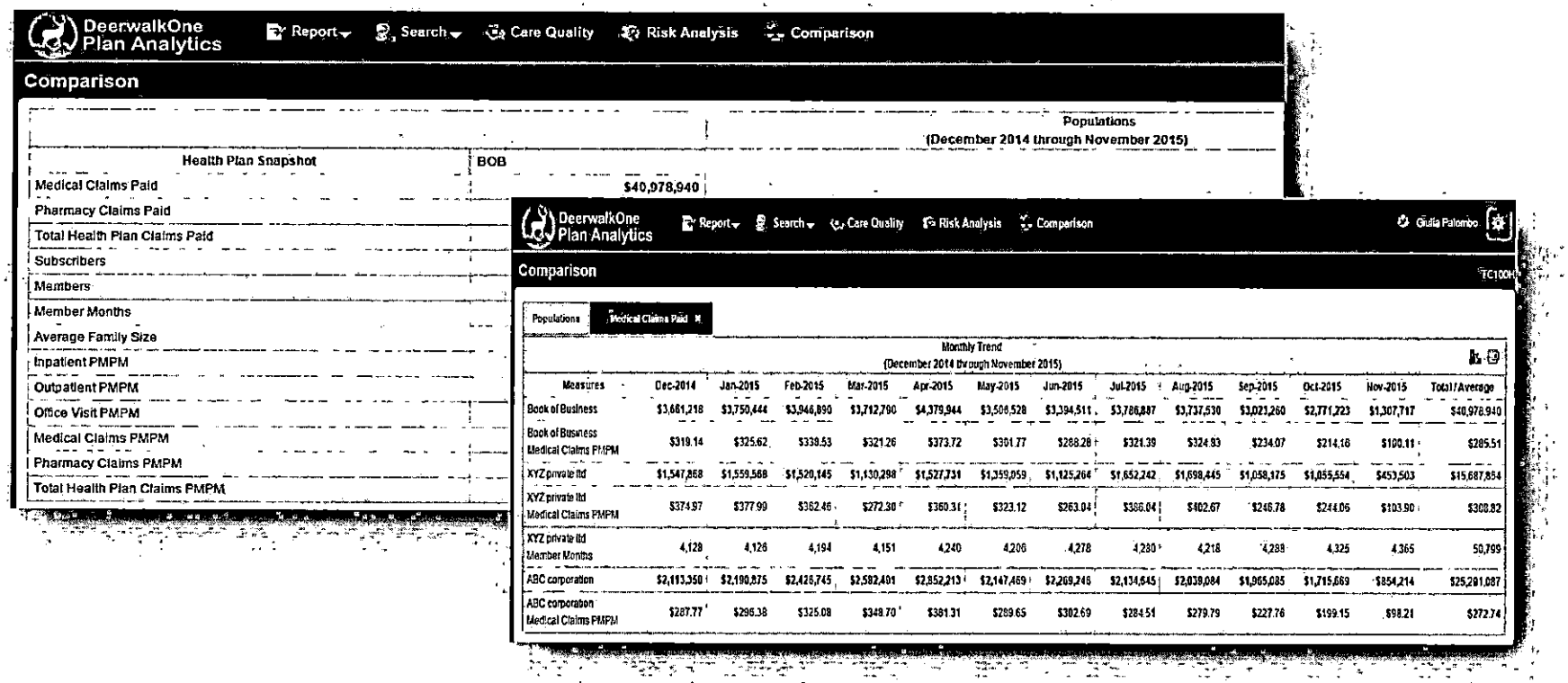
Comparison Module

The Comparison Module allows users to drill down past dollar amounts to the bottom line of value propositions and productivity outcomes within the healthcare landscape. The Comparison Module enables this by creating flexible and customizable reporting options to analyze trends in their healthcare spending and utilization with analysis starting from the aggregate book of business level down to the individual member.



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Section 3

Exhibit E

MARA INFORMATION

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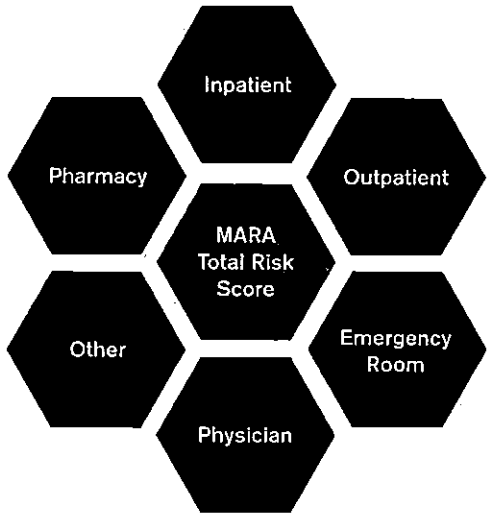
Advanced Risk Technologies



Decision Confidence

Milliman has helped customers manage their businesses in uncertain times for more than 60 years, and the healthcare reform environment is no exception. We are once again leading the industry by adding more value to analytical opportunities with advanced risk adjustment tools. Milliman Advanced Risk Adjusters (MARA) offers a new approach to population health risk assessment with models that perform better, deliver more intelligent scoring, and offer greater clinical transparency. MARA is the engine that can fuel health risk assessment and help customers make confident decisions in today's challenging healthcare arena.

MARA is a risk adjustment system developed with longitudinal data assets that consider disease progression and leverage advanced statistical methods. Highly effective scoring and clinical classification systems enhance analytic capabilities. Whether you are replacing an outdated product or adopting risk adjustment anew, MARA can give you deeper insight for more accurate pricing, loss-ratio improvement, profitability, and expansion of population health management.

MARA is different. The classification of medical codes underlying the MARA models is the only system designed by a collaborative team of physicians and actuaries to estimate medical risk. MARA has a proven track record and is used by more than 100 customers. The medical code classification system that it utilizes has successfully supported medical underwriting decisions for more than 15 years.

MARA is the right choice for risk action decisions that create bottom-line opportunities. Used effectively, a superior risk adjustment technology will separate the winners from the losers. The unique features of MARA are designed to help meet today's challenges:

- **Intelligent scoring** – Greater insight for resource planning by health services categories
- **Proven clinical classification system** – Offers greater detail and is easy to understand
- **Greater transparency and clinical insight** – Explains how conditions are driving individual clinical risk
- **Superior performance** – Unsurpassed predictive capability
- **Platform independent design** – Flexible and easy to operate and integrate in existing environments
- **Decision confidence** – An Analytic Guide to promote successful application of risk scoring
- **Unparalleled expertise** – A Milliman expert is just a mouse click or a phone call away

A PROVEN CLINICAL CLASSIFICATION SYSTEM FOR PREDICTING RISK THAT ALSO SUPPORTS MEDICAL ANALYTICS

Some risk adjustment systems limit the number of condition groups when developing predictive models. While a smaller number of clinical groups can make it easier to build models, such structures may limit clinical analysis, patient stratification, and case management workflow.

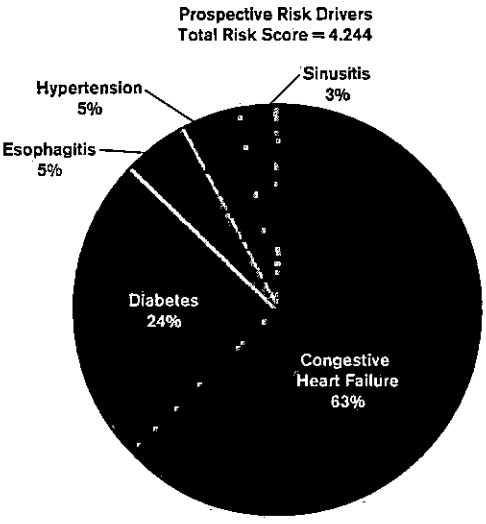
More than 1,000 condition groups with clear clinical labels profile medical problems that drive risk:

- Anemia
- Congestive heart failure
- Diabetes mellitus
- Hypertension
- Osteoarthritis
- Pneumonia
- COPD
- Sinusitis
- Retinal Detachment
- Injury-rotator cuff
- Chest pain
- Back pain
- Spinal stenosis
- Cataracts
- Pregnancy
- Etc.

"MARA's clinical risk drivers are the 'jewel' in helping us understand the effect of medical problems on risk in a way we never understood with other vendors' tools." – PCMH clinical case manager

GREATER CLINICAL TRANSPARENCY FOR MEDICAL MANAGERS

MARA enhances the value of risk assessment by delivering greater transparency than other risk adjustment vendors. Clinical transparency lends more meaning to risk scores and better support to clinical decisions. MARA's clinical risk drivers offer a fresh approach in population health risk analysis. Complex case assessment and care support decisions can be made with more confidence when there is an understanding of the contributions made by medical problems. MARA reveals the percent contributions for each disease and medical condition affecting the clinical portion of risk scores.



ACTIONABLE INSIGHT FOR CARE MANAGEMENT WORKFLOW DECISIONS

With a total risk score of 4.24, the example individual above is sicker than average—heart disease and diabetes account for more than 50% of the expected risk in the prediction period, but other manageable conditions influence risk. MARA provides a transparent view of these clinical risk factors and how they influence expected costs and resources, which can improve risk actions and lead to reduced risks and improved quality. These advanced capabilities make MARA the best choice for clinical risk stratification and clinical workflow decisions.

THE MOST INTELLIGENT SCORING EXPANDS THE VALUE OF RISK ADJUSTMENT

A single risk score that captures a member's relative risk as compared with an average population is simply not enough for complex decisions, nor is it necessarily useful for care management. With healthcare decisions becoming more and more complex, it is time for risk scoring systems to evolve, too. MARA's ability to provide risk scores by key health services categories puts it ahead of the curve.

Customers can depend on MARA for more intelligent scoring. Every MARA model produces category risk scores that explain the expected resource use for key health service components, including inpatient, outpatient, emergency room, physician, drugs, and other services. MARA can help you get a better handle on the utilization of health services, adjust for risk expectations at the resource level, measure and profile efficiency by service category, and set a more accurate budget. This intelligent risk scoring system makes MARA a most valuable asset for managing decisions under healthcare reform.

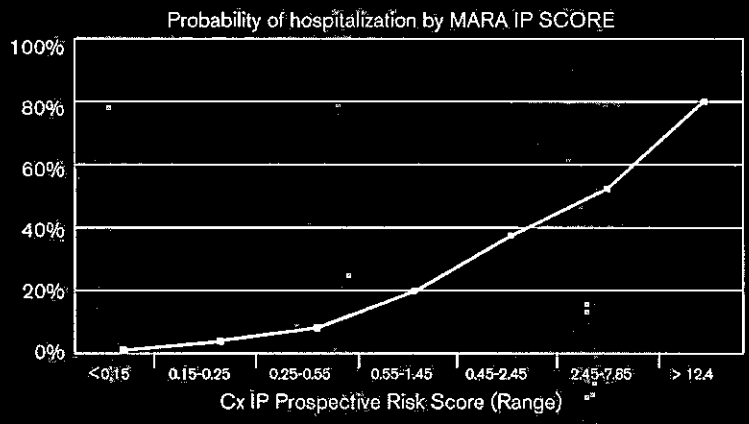
SUPERIOR PERFORMANCE

In today's healthcare reform environment, the importance of predictive accuracy is striking, especially when the use of millions or even billions of healthcare dollars will be based on risk scores. As performance measures and payments are adjusted for illness burden, model accuracy becomes a valuable asset to any healthcare entity considering payment reforms.

The superior performance of new risk adjustment models like MARA has encouraged the industry to move decisively away from demographic-based premium and payment systems. The predictive accuracy of risk adjustment models is typically judged by the R-squared (R^2) statistic or the percentage of variation explained by the model. Other statistics are also important to consider, such as mean average prediction error (MAPE), predictive ratios (PRs), or ratios of the mean predicted to mean actual expenditures for biased subsets of populations, such as a disease cohort, groups of employers, or providers.

MARA'S INPATIENT RISK SCORES AND ADMISSIONS ARE HIGHLY CORRELATED

The prospective inpatient (IP) risk score is not only a strong predictor of overall inpatient costs but also does very well in predicting actual admissions.



The findings of an independent pre-post study of admissions showed a strong correlation between MARA's calculated prospective IP score and the proportion of people with that score who actually had a hospitalization. In other words, the higher the IP score, the greater is the likelihood of actual hospitalization. When there is a need to reduce hospital admissions, an IP risk score can be a powerful stratification variable for medical management workflow.

Recent performance evaluations prove the value of MARA risk adjustment models when compared with well-known competitors. In a client-sponsored model evaluation, MARA outperformed competitor models in critical areas:

- A higher R^2 and lower MAPE
- Superior performance in every level of risk stratification
- IP Score is highly correlated with likelihood of hospital admissions for key disease groups
- Better suited for high-cost case predictions

In a simulation of the 2007 Society of Actuaries study of claims-based risk-adjustment vendors, MARA models also outperformed competitor entries, with higher R^2 and lower MAPE.

TECHNICALLY FRIENDLY, FLEXIBLE SOFTWARE

MARA is quick to install and highly flexible when a tight integration is needed for automated processing and reporting. System-independent and component-based design allows for deployment in diverse technology environments.The user-friendly design of the MARA software means that no additional third-party products are required for operations.

Operating System	MARA Supported
Windows	✓
UNIX	✓
Linux	✓
Integration	
.NET API	✓
Java API	✓
Web Service	✓

Do you want a more comprehensive profile of risk and clinical information? MARA helps you put it all together: Scores, conditions, and clinical risk drivers

- Concurrent and prospective risk
- Transform the IP score to a probability of hospitalization
- Flag conditions on the STAR or AHRQ list of "avoidable" for admission
- Convert scores to dollars

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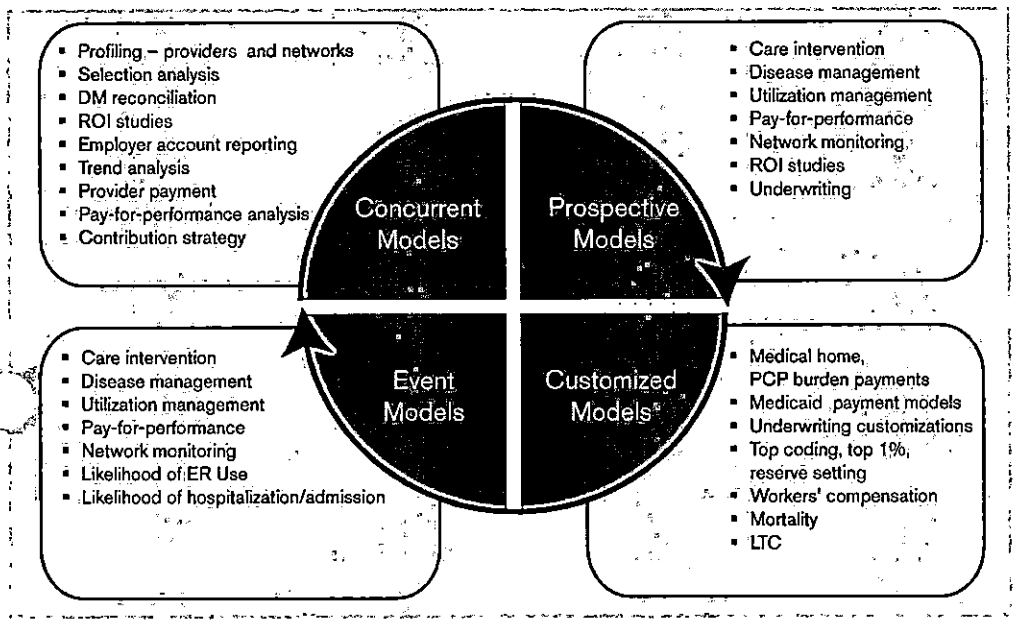
BACKED BY EXPERT ADVICE FOR CONFIDENT APPLICATIONS OF RISK ADJUSTMENT

Risk adjusters and predictive models inform a wide range of healthcare decisions and applications, many of which are shown here. Risk adjusters are optimal only when applied effectively. As a full-service actuarial and consulting firm, Milliman brings a comprehensive understanding of the application of risk adjustment and predictive modeling to complex healthcare applications.

REACHING FULL POTENTIAL

Whether the need is for risk adjustment tools, strategic advice, or customized models, Milliman's knowledgable consultants and actuaries are always available to help design and deliver successful solutions.



Are you looking for comprehensive business intelligence solutions or a care management workflow vendor with MARA inside? Check with your vendors for details, or we can provide you with a list of vendor products that include MARA, such as Milliman's MedInsight® and IntelliScript® products.

Milliman is among the world's largest providers of actuarial and related products and services. The firm has consulting practices in healthcare, property & casualty insurance, life insurance and financial services, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe. For further information, visit **milliman.com**.

For more information about MARA or to schedule a demonstration of the software, email us at **MARA@Milliman.com** or contact your Milliman consultant.

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Section 4

Exhibit A

STANDARD MONTHLY REPORTS

Sample Online, On Demand Reporting

- Name of Report
- Claim Banding by Paid Amounts
- Claim Data by Date
- Claim Data by Employee SSN
- Claim Data by Provider
- Claim Summary by Date
- Claim Summary by Employee SSN
- Claim Summary by Provider
- Cost by Age Report
- Denied Claims by Provider
- Denied Claims by Reason Code
- Denied Claims Report
- Dependent Age Report
- Eligibility Census
- Experience Report and Summary
- General Diagnosis Analysis Report
- Lag Report
- Monthly Check Register Detail
- Monthly Check Register Summary
- Monthly Cost Summary
- Network Discount Analysis Report
- Paid Claims Detail
- Pended Claims
- Place of Service Report
- Shock Claim Report
- Specific Stop Loss Report
- Summary of Benefits Paid
- Summary of Benefits Paid (By Class and Dept.)
- Top Diagnosis Report
- Top Provider Report
- Turnaround Time Report

BOON-CHAPMAN

9/4/2012 7:31:00 PM

Experience Report and Summary

999DMO- DEMO GROUP

Paid Dates 1/1/2012 Thru 8/31/2012

	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	YTD Totals	YTD Averages
Plan Benefits Paid										
By Product										
Medical Claims	$607,109	$451,608	$752,056	$845,597	$521,003	$788,335	$651,507	$1,287,604	$5,904,819	$369,051
Dental Claims	$90,401	$59,204	$76,908	$51,223	$134,320	$93,444	$58,026	$86,847	$650,374	$40,648
Prescription Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Vision Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
By Product *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
By Relationship										
Employee	$389,844	$307,468	$530,235	$417,198	$249,296	$308,154	$356,309	$318,017	$2,876,520	$179,783
Spouse	$213,112	$137,010	$206,433	$377,738	$302,596	$390,252	$233,606	$515,350	$2,376,097	$148,506
Child	$94,554	$66,335	$92,297	$101,883	$103,431	$183,372	$119,618	$541,085	$1,302,576	$81,411
By Relationship *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
By Plan/Product										
High Plan - Medical Claims	$25,970	$51,314	$103,132	$107,107	$31,528	$52,569	$32,164	$93,876	$497,660	$31,104
Low Plan - Medical Claims	$581,139	$400,294	$648,924	$738,490	$489,475	$735,766	$619,343	$1,193,728	$5,407,159	$337,947
High Plan - Dental Claims	$8,319	$6,524	$10,491	$4,013	$17,508	$11,729	$8,323	$9,364	$76,272	$4,767
Low Plan - Dental Claims	$82,082	$52,680	$66,418	$47,210	$116,811	$81,715	$49,703	$77,484	$574,102	$35,881
By Plan/Product *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
By Product/Plan										
Medical Claims - High Plan	$25,970	$51,314	$103,132	$107,107	$31,528	$52,569	$32,164	$93,876	$497,660	$31,104
Medical Claims - Low Plan	$581,139	$400,294	$648,924	$738,490	$489,475	$735,766	$619,343	$1,193,728	$5,407,159	$337,947
Dental Claims - High Plan	$8,319	$6,524	$10,491	$4,013	$17,508	$11,729	$8,323	$9,364	$76,272	$4,767
Dental Claims - Low Plan	$82,082	$52,680	$66,418	$47,210	$116,811	$81,715	$49,703	$77,484	$574,102	$35,881
By Product/Plan *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
By Product/Relationship										
Medical Claims - Employee	$349,723	$281,335	$493,825	$390,716	$201,686	$281,943	$334,167	$288,293	$2,621,687	$327,711
Medical Claims - Spouse	$186,749	$120,347	$182,304	$366,275	$271,637	$374,123	$221,624	$494,671	$2,217,729	$277,216
Medical Claims - Child	$70,637	$49,927	$75,927	$88,606	$47,680	$132,269	$95,717	$504,640	$1,065,403	$133,175
Dental Claims - Employee	$40,122	$26,133	$36,410	$26,482	$47,610	$26,211	$22,142	$29,723	$254,833	$31,854
Dental Claims - Spouse	$26,363	$16,663	$24,129	$11,464	$30,959	$16,129	$11,982	$20,679	$158,368	$19,796
Dental Claims - Child	$23,917	$16,408	$16,370	$13,277	$55,751	$51,103	$23,902	$36,446	$237,173	$29,647
By Product/Relationship *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
By Product/Plan/Relationship										
Medical Claims - High Plan										
Employee	$15,587	$18,164	$88,850	$91,675	$13,073	$24,834	$10,818	$31,178	$294,179	$18,386
Spouse	$8,528	$10,354	$10,610	$11,532	$17,056	$19,541	$17,940	$54,849	$150,409	$9,401
Child	$1,856	$22,796	$3,672	$3,900	$1,398	$8,194	$3,406	$7,849	$53,071	$3,317
Medical Claims - High Plan ***Total***	**$25,970**	**$51,314**	**$103,132**	**$107,107**	**$31,528**	**$52,569**	**$32,164**	**$93,876**	**$497,660**	**$10,368**
Medical Claims - Low Plan										
Employee	$334,136	$263,170	$404,975	$299,041	$188,613	$257,109	$323,349	$257,115	$2,327,508	$145,469
Spouse	$178,222	$109,993	$171,694	$354,742	$254,581	$354,582	$203,684	$439,822	$2,067,320	$129,207
Child	$68,781	$27,131	$72,255	$84,707	$46,281	$124,075	$92,311	$496,790	$1,012,331	$63,271
Medical Claims - Low Plan ***Total***	**$581,139**	**$400,294**	**$648,924**	**$738,490**	**$489,475**	**$735,766**	**$619,343**	**$1,193,728**	**$5,407,159**	**$112,649**
Dental Claims - High Plan										
Employee	$2,949	$2,324	$7,141	$2,331	$5,395	$4,765	$2,852	$1,409	$29,165	$1,823
Spouse	$2,129	$2,316	$1,220	$1,521	$4,218	$1,027	$1,681	$2,543	$16,655	$1,041
Child	$3,242	$1,884	$2,130	$162	$7,896	$5,937	$3,791	$5,411	$30,453	$1,903
Dental Claims - High Plan ***Total***	**$8,319**	**$6,524**	**$10,491**	**$4,013**	**$17,508**	**$11,729**	**$8,323**	**$9,364**	**$76,272**	**$1,589**
Dental Claims - Low Plan										
Employee	$37,173	$23,809	$29,269	$24,151	$42,215	$21,446	$19,290	$28,314	$225,668	$14,104

BOON-CHAPMAN

9/4/2012 7:31:00 PM

Experience Report and Summary

999DMO- DEMO GROUP

Paid Dates 1/1/2012 Thru 8/31/2012

Spouse	$24,234	$14,347	$22,909	$9,943	$26,741	$15,102	$10,302	$18,136	$141,713	$8,857
Child	$20,675	$14,523	$14,240	$13,116	$47,856	$45,166	$20,111	$31,034	$206,721	$12,920
Dental Claims - Low Plan *Total*	**$82,082**	**$52,680**	**$66,418**	**$47,210**	**$116,811**	**$81,715**	**$49,703**	**$77,484**	**$574,102**	**$11,960**
By Product/Plan/Relationship *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
In/Out of Network										
In Network	$591,295	$425,439	$790,277	$648,677	$616,530	$785,755	$616,423	$1,273,213	$5,747,607	$718,451
Not In Network	$106,216	$85,374	$38,687	$248,143	$38,793	$96,024	$93,111	$101,238	$807,586	$100,948
In/Out of Network *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
Claim Count										
Claim Count	2,544	2,616	3,410	3,361	3,354	3,498	3,635	3,480	25,898	3,237
Claim Count *Total*	**2,544**	**2,616**	**3,410**	**3,361**	**3,354**	**3,498**	**3,635**	**3,480**	**25,898**	**3,237**
Claim Count By Product										
Medical Claims	2,170	2,305	3,027	3,140	2,623	2,955	3,242	2,994	22,456	2,807
Dental Claims	374	311	383	221	731	543	393	486	3,442	430
Claim Count By Product *Total*	**2,544**	**2,616**	**3,410**	**3,361**	**3,354**	**3,498**	**3,635**	**3,480**	**25,898**	**3,237**
Claim Performance & Offsets										
Amt. Subject to Co-pay	$121,699	$101,127	$143,660	$166,688	$127,561	$153,764	$109,434	$162,673	$1,086,605	$135,826
Charges Submitted	$2,646,093	$2,071,181	$3,234,845	$2,811,981	$2,698,265	$4,025,375	$3,651,278	$4,805,428	$25,944,447	$3,243,056
COB & Medicare Savings	$38,449	$15,954	$150,450	$86,775	$181,244	$266,089	$38,275	$57,004	$834,240	$104,280
Exclusions & Ineligible	$1,725,402	$1,347,895	$2,006,567	$1,558,105	$1,646,907	$2,626,897	$2,697,562	$3,104,889	$16,714,224	$2,089,278
Major Med. Deductible	$63,033	$95,393	$105,204	$103,593	$87,230	$96,846	$96,474	$106,412	$754,185	$94,273
Paid Claims	$697,511	$510,813	$828,964	$896,819	$655,323	$881,779	$709,534	$1,374,451	$6,555,193	$819,399
Enrollment										
By Dependent Status										
Employee Only	782	770	766	753	739	727	716	721		747
Employee + Spouse	383	385	383	372	361	358	350	349		368
Employee + Child	293	290	287	283	277	267	270	266		279
Family	445	445	446	435	439	432	422	425		436
By Dependent Status *Total*	**1,903**	**1,890**	**1,882**	**1,843**	**1,816**	**1,784**	**1,758**	**1,761**		**1,830**
By Plan										
High Plan	387	383	388	377	375	370	373	369		378
Low Plan	1,516	1,507	1,494	1,466	1,441	1,414	1,385	1,392		1,452
By Plan *Total*	**1,903**	**1,890**	**1,882**	**1,843**	**1,816**	**1,784**	**1,758**	**1,761**		**1,830**
Plan Cost										
Claims										
Claims	$697,511	$510,813	$828,964	$896,819	$655,323	$881,779	$709,534	$1,374,451	$6,555,193	$819,399
Claims *Total*	**$697,511**	**$510,813**	**$828,964**	**$896,819**	**$655,323**	**$881,779**	**$709,534**	**$1,374,451**	**$6,555,193**	**$819,399**
Fees										
Administration Fee	$32,827	$32,603	$32,465	$31,792	$31,326	$30,774	$30,326	$30,377	$252,488	$31,561
Broker Fee	$3,806	$3,780	$3,764	$3,686	$3,632	$3,568	$3,516	$3,522	$29,274	$3,659
Dental Administration Fee	$3,505	$3,482	$3,457	$3,383	$3,335	$3,266	$3,213	$3,195	$26,836	$3,355
PPO Fee	$21,409	$21,263	$21,173	$20,734	$20,430	$20,070	$19,778	$19,811	$164,666	$20,583
Utiliziation Management	$4,567	$4,536	$4,517	$4,423	$4,358	$4,282	$4,219	$4,226	$35,129	$4,391
Fees *Total*	**$66,114**	**$65,663**	**$65,375**	**$64,018**	**$63,081**	**$61,960**	**$61,051**	**$61,132**	**$508,394**	**$63,549**
Premium										
Specific Stop Loss	$71,648	$71,159	$70,857	$69,389	$68,372	$67,168	$66,189	$66,302	$551,083	$68,885
Premium *Total*	**$71,648**	**$71,159**	**$70,857**	**$69,389**	**$68,372**	**$67,168**	**$66,189**	**$66,302**	**$551,083**	**$68,885**
OFFSET										
Reimbursements Stoploss	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Reimbursements Subrogation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

BOON-CHAPMAN

9/4/2012 7:31:00 PM

Experience Report and Summary

999DMO- DEMO GROUP

Paid Dates 1/1/2012 Thru 8/31/2012

OFFSET *Total*	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Plan Cost Total	**$835,272**	**$647,634**	**$965,196**	**$1,030,226**	**$786,777**	**$1,010,906**	**$836,774**	**$1,501,885**	**$7,614,670**	**$951,834**
Average Cost Per Employee										
Average Cost Per Employee										
	$439	$343	$513	$559	$433	$567	$476	$853	$4,182	$523
Average Cost Per Employee *Total*	**$439**	**$343**	**$513**	**$559**	**$433**	**$567**	**$476**	**$853**	**$4,182**	**$523**
Plan Benefits Paid (COBRA)										
COBRA By Product										
Medical Claims	$17,403	$6,540	$8,044	$5,708	$2,267	$67,705	$9,203	$25,665	$142,535	$8,908
Dental Claims	$491	$983	$2,886	$798	$1,532	$1,078	$195	$929	$8,892	$556
Prescription Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Vision Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
COBRA By Product *Total*	**$17,894**	**$7,523**	**$10,930**	**$6,506**	**$3,799**	**$68,783**	**$9,398**	**$26,594**	**$151,426**	**$18,928**
COBRA By Relationship										
Employee	$15,662	$6,762	$10,125	$6,363	$3,385	$68,230	$8,975	$18,490	$137,992	$8,625
Spouse	$2,232	$761	$717	$142	$413	$346	$423	$7,901	$12,937	$809
Child	$0	$0	$88	$0	$0	$207	$0	$202	$497	$45
COBRA By Relationship *Total*	**$17,894**	**$7,523**	**$10,930**	**$6,506**	**$3,799**	**$68,783**	**$9,398**	**$26,594**	**$151,426**	**$18,928**
Enrollment (COBRA)										
COBRA Enrollment										
Employee Only	27	21	15	18	22	21	19	18	161	10
Employee + Spouse	9	9	7	6	7	7	6	5	56	4
Employee + Child	2	2	1	1	1	1	2	2	12	1
Family	3	2	1	1	2	1	0	0	10	1
COBRA Enrollment *Total*	**41**	**34**	**24**	**26**	**32**	**30**	**27**	**25**	**239**	**30**
Plan Benefits Paid (Retirees)										
Retirees By Product										
Medical Claims	$37,483	$1,699	$12,567	$43,792	$23,281	$28,758	$11,842	$27,430	$186,852	$11,678
Dental Claims	$2,022	$1,549	$1,229	$869	$1,404	$2,207	$682	$1,635	$11,597	$725
Prescription Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Vision Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Retirees By Product *Total*	**$39,505**	**$3,248**	**$13,795**	**$44,661**	**$24,685**	**$30,966**	**$12,524**	**$29,065**	**$198,449**	**$24,806**
Retirees By Relationship										
Employee	$19,541	$2,827	$2,316	-$626	$4,560	$8,201	$5,395	$13,495	$55,708	$3,482
Spouse	$19,964	$422	$11,480	$45,287	$20,125	$22,765	$7,129	$15,570	$142,741	$8,921
Child	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Retirees By Relationship *Total*	**$39,505**	**$3,248**	**$13,795**	**$44,661**	**$24,685**	**$30,966**	**$12,524**	**$29,065**	**$198,449**	**$24,806**
Retirees By Medicare/Non Medicare										
Medicare Medical Claims	$9,733	$1,876	$2,505	-$970	$2,132	$4,732	$4,517	$10,116	$34,640	$4,330
Non-Medicare Medical Claims	$27,751	-$177	$10,062	$44,763	$21,149	$24,027	$7,325	$17,314	$152,212	$19,027
Retirees By Medicare/Non Medicare *Total*	**$37,483**	**$1,699**	**$12,567**	**$43,792**	**$23,281**	**$28,758**	**$11,842**	**$27,430**	**$186,852**	**$23,357**
Enrollment (Retirees)										
Retirees Enrollment										
Employee Only	13	12	12	15	14	15	15	17	113	7
Employee + Spouse	19	19	21	23	22	25	25	20	174	11
Employee + Child	0	0	0	0	0	0	0	0	0	0
Family	1	1	1	1	1	1	1	1	8	1
Retirees Enrollment *Total*	**33**	**32**	**34**	**39**	**37**	**41**	**41**	**38**	**295**	**37**

8/23/2012 6:41:40 PM

CHECK REGISTER DETAIL

GROUP: DMO - DEMO GROUP

FOR CHECKS PAID BETWEEN: 7/1/2011 AND 7/31/2011 6:41:00 PM

CHECK DATE	Emp Dept	CHECK NO	POL UND	GRP	INCURRED	CLAIM NBR AND TYPE	Payee Tax ID	EMP SSN	EMP NAME	PAT NAME	PAT RELATION	PAYEE NAME	PAYMENT AMOUNT	TYPE
07/20/2011		30	999	DMO	05/09/2011	211-235426-00-MM	112226275	000000024	LISA PHILLIPS	LISA PHILLIPS	Employee	Rosenberg Dialysis Facility	2,959.20	
07/20/2011		31	999	DMO	05/04/2011	211-235435-00-MM	571145567	000000024	LISA PHILLIPS	JORDAN PHILLIPS	Spouse	Houston Physicians Hospital	3,087.84	
07/20/2011		32	999	DMO	05/01/2011	211-235434-00-MM	620505512	000000017	ERICK PRICE	PRISCILLA PRICE	Spouse	Blount Memorial Hospital	1,974.06	
	Dept Totals For:		3 CHECKS			Wednesday, July 20, 2011							8,021.10	
Daily Totals:			3 CHECKS			Wednesday, July 20, 2011							8,021.10	

Report Totals For: DEMO GROUP | 3 Checks | Total Payment Amt: 8,021.10

Monthly Paid Claims Detail

GROUP: DMO - DEMO GROUP

Report Product: All Products

INCURRED 1/1/2001 THRU 7/31/2011 RECEIVED 1/1/2001 TO 7/31/2011 PAID 7/1/2011 TO 7/31/2011

Claim Type	Claim Number	ST	Date Incurred	Date Recvd	Date Procd	Date Paid	Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
BAKER, BETTY		**000000003**	**ACTIVE**											
BETTY	**Employee**													
DE	21074183000	PD	20100731	20110118	20110720	20110720	528.00	528.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123894700	PD	20110111	20110118	20110720	20110720	134.00	134.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074174500	PD	20101110	20110111	20110720	20110720	500.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123533600	PD	20110316	20110401	20110720	20110720	1,499.50	1,499.50	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123533800	PD	20110322	20110401	20110720	20110720	16,580.75	16,580.75	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123886700	PD	20110105	20110111	20110720	20110720	400.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123886800	PD	20110104	20110111	20110720	20110720	150.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123893200	PD	20110103	20110111	20110720	20110720	192.00	192.00	0.00	0.00	0.00	0.00	0.00	0.00
						8	**19,984.25**	**19,984.25**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
						8	**19,984.25**	**19,984.25**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

	Totals for : BAKER, BETTY		Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Employee	8	19,984.25	19,984.25	0.00	0.00	0.00	0.00	0.00	0.00
	Combined	**8**	**19,984.25**	**19,984.25**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

CARTER, PAUL		**000000008**	**ACTIVE**											
PAUL	**Employee**													
DE	21074184300	PD	20100108	20110118	20110720	20110720	65.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21074184400	PD	20100810	20110118	20110720	20110720	105.00	105.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074176000	PD	20101227	20110111	20110720	20110720	220.00	220.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074176100	PD	20101229	20110111	20110720	20110720	110.00	110.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074176200	PD	20101225	20110111	20110720	20110720	220.00	220.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123535700	PD	20110225	20110401	20110720	20110720	4,093.00	4,093.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123535800	PD	20110225	20110401	20110720	20110720	4,093.00	4,093.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123892500	PD	20110107	20110111	20110720	20110720	53.30	53.30	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123892800	PD	20110107	20110111	20110720	20110720	53.30	53.30	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123892900	PD	20110108	20110111	20110720	20110720	193.00	193.00	0.00	0.00	0.00	0.00	0.00	0.00
						10	**9,205.60**	**9,205.60**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
						10	**9,205.60**	**9,205.60**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

	Totals for : CARTER, PAUL		Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Employee	10	9,205.60	9,205.60	0.00	0.00	0.00	0.00	0.00	0.00
	Combined	**10**	**9,205.60**	**9,205.60**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

CUTLER, SAM		**000000010**	**ACTIVE**											
SAM	**Employee**													
DE	21123896900	PD	20110111	20110118	20110720	20110720	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123897000	PD	20110110	20110118	20110720	20110720	80.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123897400	PD	20110111	20110118	20110720	20110720	130.00	130.00	0.00	0.00	0.00	0.00	0.00	0.00

Monthly Paid Claims Detail

GROUP: DMO - DEMO GROUP

Report Product: All Products

INCURRED 1/1/2001 THRU 7/31/2011 RECEIVED 1/1/2001 TO 7/31/2011 PAID 7/1/2011 TO 7/31/2011

Claim Type	Claim Number	ST	Date Incurred	Date Recvd	Date Procd	Date Paid	Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
MM	21074182400	PD	20101223	20110111	20110720	20110720	95.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123536700	PD	20110304	20110401	20110720	20110720	18.32	18.32	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123536800	PD	20110301	20110331	20110720	20110720	45.00	45.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123887200	PD	20110103	20110111	20110720	20110720	154.00	154.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123887300	PD	20110106	20110111	20110720	20110720	110.00	110.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123887400	PD	20110107	20110111	20110720	20110720	113.00	113.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123892200	PD	20110104	20110111	20110720	20110720	689.00	689.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123892300	PD	20110104	20110111	20110720	20110720	118.00	118.00	0.00	0.00	0.00	0.00	0.00	0.00
						11	**1,632.32**	**1,632.32**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
						11	**1,632.32**	**1,632.32**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

	Totals for : CUTLER, SAM		Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Employee	11	1,632.32	1,632.32	0.00	0.00	0.00	0.00	0.00	0.00
	Combined	**11**	**1,632.32**	**1,632.32**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

DOE, JOHN 000000012 ACTIVE

JOHN	**Employee**													
DE	21074185000	PD	20100719	20110118	20110720	20110720	138.00	138.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21074185100	PD	20100818	20110118	20110720	20110720	104.00	104.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123898400	PD	20110106	20110118	20110720	20110720	94.00	94.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074182500	PD	20101221	20110111	20110720	20110720	120.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074182600	PD	20101010	20110111	20110720	20110720	4,636.00	4,636.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123538000	PD	20110210	20110401	20110720	20110720	4,839.00	4,839.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123538100	PD	20110301	20110331	20110720	20110720	86.50	86.50	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123887900	PD	20110108	20110111	20110720	20110720	190.00	190.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123888000	PD	20110107	20110111	20110720	20110720	3,045.50	3,045.50	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123888100	PD	20110105	20110111	20110720	20110720	175.00	175.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123893000	PD	20110104	20110111	20110720	20110720	89.25	89.25	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123893100	PD	20110107	20110111	20110720	20110720	53.30	53.30	0.00	0.00	0.00	0.00	0.00	0.00
						12	**13,570.55**	**13,570.55**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
JANE	**Spouse**													
DE	21123893700	PD	20110105	20110118	20110720	20110720	316.00	316.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123893900	PD	20110110	20110118	20110720	20110720	99.00	99.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123894000	PD	20110110	20110118	20110720	20110720	170.00	170.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074173900	PD	20101228	20110111	20110720	20110720	365.49	365.49	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074174400	PD	20101229	20110111	20110720	20110720	164.00	164.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123533700	PD	20110324	20110331	20110720	20110720	603.00	603.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123534100	PD	20110323	20110401	20110720	20110720	213.00	213.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123886300	PD	20110107	20110111	20110720	20110720	65.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00
						8	**1,995.49**	**1,995.49**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
						20	**15,566.04**	**15,566.04**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Monthly Paid Claims Detail

GROUP: DMO - DEMO GROUP

Report Product: All Products

INCURRED 1/1/2001 THRU 7/31/2011 RECEIVED 1/1/2001 TO 7/31/2011 PAID 7/1/2011 TO 7/31/2011

Claim Type	Claim Number	ST	Date Incurred	Date Recvd	Date Procd	Date Paid	Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Totals for : DOE, JOHN						Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Employee					12	13,570.55	13,570.55	0.00	0.00	0.00	0.00	0.00	0.00
	Spouse					8	1,995.49	1,995.49	0.00	0.00	0.00	0.00	0.00	0.00
	Combined					**20**	**15,566.04**	**15,566.04**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
WALTERS, DONALD		**000000015**	**ACTIVE**											
DONALD	**Employee**													
DE	21123895000	PD	20110107	20110118	20110720	20110720	360.00	360.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123898900	PD	20110107	20110118	20110720	20110720	156.00	156.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123899000	PD	20110107	20110118	20110720	20110720	301.00	301.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123899100	PD	20110111	20110118	20110720	20110720	161.00	161.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074178500	PD	20101222	20110111	20110720	20110720	1,389.00	1,389.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074178900	PD	20101228	20110111	20110720	20110720	140.00	140.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123539200	PD	20110324	20110331	20110720	20110720	9,971.00	9,971.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123539600	PD	20110303	20110331	20110720	20110720	28.12	28.12	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123888700	PD	20110104	20110111	20110720	20110720	1,143.35	1,143.35	0.00	0.00	0.00	0.00	0.00	0.00
						9	**13,649.47**	**13,649.47**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
DIANE	**Spouse**													
DE	21074183300	PD	20101026	20110118	20110720	20110720	67.00	67.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123894600	PD	20110105	20110118	20110720	20110720	150.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074175300	PD	20101228	20110111	20110720	20110720	223.50	223.50	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074175900	PD	20101216	20110111	20110720	20110720	85.00	85.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123535000	PD	20110324	20110401	20110720	20110720	6,201.73	6,201.73	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123535200	PD	20110324	20110331	20110720	20110720	3,847.65	3,847.65	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123887000	PD	20110107	20110111	20110720	20110720	43.00	43.00	0.00	0.00	0.00	0.00	0.00	0.00
						7	**10,617.88**	**10,617.88**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
						16	**24,267.35**	**24,267.35**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
	Totals for : WALTERS, DONALD						Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Employee					9	13,649.47	13,649.47	0.00	0.00	0.00	0.00	0.00	0.00
	Spouse					7	10,617.88	10,617.88	0.00	0.00	0.00	0.00	0.00	0.00
	Combined					**16**	**24,267.35**	**24,267.35**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
WILLIAMS, DAVID		**000000023**	**ACTIVE**											
DAVID	**Employee**													
DE	21074187400	PD	20100818	20110118	20110720	20110720	1,050.00	1,050.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123902000	PD	20110117	20110118	20110720	20110720	3,000.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123902300	PD	20110111	20110118	20110720	20110720	811.00	811.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180700	PD	20101229	20110111	20110720	20110720	28.00	28.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123542000	PD	20110323	20110401	20110720	20110720	133.00	133.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123542200	PD	20110323	20110331	20110720	20110720	2,843.72	2,843.72	0.00	0.00	0.00	0.00	0.00	0.00

Monthly Paid Claims Detail

GROUP: DMO - DEMO GROUP

Report Product: All Products

INCURRED 1/1/2001 THRU 7/31/2011 RECEIVED 1/1/2001 TO 7/31/2011 PAID 7/1/2011 TO 7/31/2011

Claim Type	Claim Number	ST	Date Incurred	Date Recvd	Date Procd	Date Paid	Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
MM	21123890700	PD	20110107	20110111	20110720	20110720	53.30	53.30	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123890800	PD	20110105	20110111	20110720	20110720	75.00	75.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123891100	PD	20110110	20110111	20110720	20110720	317.00	317.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123891200	PD	20110107	20110111	20110720	20110720	53.30	53.30	0.00	0.00	0.00	0.00	0.00	0.00
						10	**8,364.32**	**8,364.32**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
JANE	**Spouse**													
DE	21074185700	PD	20100827	20110118	20110720	20110720	150.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21074185800	PD	20100101	20110118	20110720	20110720	800.00	800.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123899800	PD	20110107	20110118	20110720	20110720	195.00	195.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180200	PD	20101230	20110111	20110720	20110720	1,071.00	1,071.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180201	PD	20101230	20110111	20110720	20110720	170.00	170.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123538700	PD	20110322	20110331	20110720	20110720	335.00	335.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123539000	PD	20110325	20110401	20110720	20110720	141.60	141.60	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123889600	PD	20110105	20110111	20110720	20110720	84.00	84.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123889700	PD	20110107	20110111	20110720	20110720	581.00	581.00	0.00	0.00	0.00	0.00	0.00	0.00
						9	**3,527.60**	**3,527.60**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
BOB	**Son**													
DE	21074185900	PD	20101222	20110118	20110720	20110720	465.00	465.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123900300	PD	20110110	20110118	20110720	20110720	188.00	188.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21123900400	PD	20110103	20110118	20110720	20110720	196.00	196.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074159300	PD	20101105	20110401	20110720	20110720	480.00	480.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180300	PD	20101228	20110111	20110720	20110720	150.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180400	PD	20101229	20110111	20110720	20110720	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180500	PD	20101230	20110111	20110720	20110720	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123539300	PD	20110318	20110331	20110720	20110720	37,895.90	37,895.90	0.00	0.00	0.00	0.00	0.00	0.00
						8	**39,574.90**	**39,574.90**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
ROB	**Son**													
DE	21074186000	PD	20100712	20110118	20110720	20110720	503.00	503.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21074186200	PD	20101221	20110118	20110720	20110720	177.00	177.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	21074186400	PD	20101228	20110118	20110720	20110720	127.00	127.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180600	PD	20101231	20110111	20110720	20110720	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21074180800	PD	20101124	20110111	20110720	20110720	125.00	125.00	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123539400	PD	20110308	20110331	20110720	20110720	3,464.80	3,464.80	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123539500	PD	20110308	20110331	20110720	20110720	3,346.23	3,346.23	0.00	0.00	0.00	0.00	0.00	0.00
MM	21123890900	PD	20110105	20110111	20110720	20110720	135.00	135.00	0.00	0.00	0.00	0.00	0.00	0.00
						8	**7,978.03**	**7,978.03**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
						35	**59,444.85**	**59,444.85**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

	Totals for : WILLIAMS, DAVID		Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Employee	10	8,364.32	8,364.32	0.00	0.00	0.00	0.00	0.00	0.00

Monthly Paid Claims Detail

GROUP: DMO - DEMO GROUP

Report Product: All Products

INCURRED 1/1/2001 THRU 7/31/2011

RECEIVED 1/1/2001 TO 7/31/2011

PAID 7/1/2011 TO 7/31/2011

Claim Type	Claim Number	ST	Date Incurred	Date Recvd	Date Procd	Date Paid	Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
	Spouse					9	3,527.60	3,527.60	0.00	0.00	0.00	0.00	0.00	0.00
	Children					16	47,552.93	47,552.93	0.00	0.00	0.00	0.00	0.00	0.00
	Combined					**35**	**59,444.85**	**59,444.85**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
	Report Totals:					**872**	**1,832,957.98**	**1,372,123.50**	**14,335.52**	**34,337.40**	**412,161.56**	**3,611.50**	**287.30**	**408,262.76**

Summary Report Totals		Total Charges	Not Covered	Deduct	Co-Insur	Gross Payment	C.O.B. Reimburse	Adjust	Net Payment
Employee	429	688,293.41	545,948.96	8,502.01	13,788.64	120,053.80	3,568.60	287.30	116,197.90
Spouse	266	527,125.60	423,762.60	3,595.75	13,935.04	85,832.21	42.90	0.00	85,789.31
Children	177	617,538.97	402,411.94	2,237.76	6,613.72	206,275.55	0.00	0.00	206,275.55
Combined	**872**	**1,832,957.98**	**1,372,123.50**	**14,335.52**	**34,337.40**	**412,161.56**	**3,611.50**	**287.30**	**408,262.76**

BOON-CHAPMAN

9/4/2012 7:12:52 PM

Pended Claims Report

Underwriter: 999 Group: DMO - DEMO GROUP

Product: MM

CLAIM	EMP SSN	PATIENT NAME	CLAIMS PROCESSOR	RECEIVED DATE	PENDED DATE	NET PAYMENT	PEND CODE	PENDED REASON DESCRIPTION
212-13553300	000000019	ROGERS, MICHELLE	ROSEMA	20120405	20120405	0.00	071	Possible prex
							130	OTHER INS. INDICATED ON CLAIM
							072	Other Insurance Primary

Report Totals	Number of Claims: 1	Net Payment:	0.00

BOON-CHAPMAN

2/13/2013 6:16:07 PM

SPECIFIC STOP-LOSS REPORT

GROUP: DMO- Demo Group

Contract: 999DMOCONV(20110801)

Report Product: MM

Warning Amount: 37500 --- Over Amount: 75000

Incurred 8/1/2010 to 7/31/2012

Paid 8/1/2011 to 7/31/2012

Emp SSN	Emp Name	Patient Name	Relation Desc	Claim Net Paid
000000001	Smith, Jane	Smith, John D	Son	$38,622.99
000000002	Price, Howard	Price, Howard	Employee	$72,060.27
000000003	Jefferson, George	Jefferson, Mary	Spouse	$166,213.04
000000004	Nelson, Steve	Nelson, Stacy	Spouse	$128,928.80
000000005	Doe, John	Doe, Jane	Spouse	$204,045.18
000000006	Ryan, John	Ryan, James D	Son	$44,318.45
Report Totals:				**$654,188.73**

Demo Group

BOON-CHAPMAN

Aggregate Worksheet

Carrier: AETNA SIGNATURE ADMINISTRATORS
Policy Year: 2012
Policy Type: PAID
Incurred: 10/1/2000 - 9/30/2013 Paid: 10/1/2012 - 9/30/2013
Aggregate Factors: Single $905.12
Family $905.12

Month	Single Census	Family Census	Monthly Att Point	TRUE Att Point	Minimum Att Point	Monthly Pd Claims	YTP Pd Claims	Monthly Not Covered	YTD Not Covered	Monthly Spec Claims	YTD Spec Claims	YTD Net Pd Claims	Attach Point	Aggregate Point
10/2012	324	255	$524,064.48	$524,064.48	$524,064.48	$437,529.22	$437,529.22	$7,440.82	$7,440.82	$0.00	$0.00	$430,088.40	$524,064.48	($93,976.08)
11/2012	324	258	$526,779.84	$1,050,844.32	$1,048,128.96	$379,314.71	$816,843.93	$4,040.18	$11,481.00	$0.00	$0.00	$805,362.93	$1,050,844.32	($245,481.39)
12/2012	330	255	$529,495.20	$1,580,339.52	$1,572,193.44	$361,147.99	$1,177,991.92	$0.00	$11,481.00	$0.00	$0.00	$1,166,510.92	$1,580,339.52	($413,828.60)
01/2013	335	256	$534,925.92	$2,115,265.44	$2,096,257.92	$723,295.86	$1,901,287.78	$17,490.17	$28,971.17	$139,603.17	$139,603.17	$1,732,713.44	$2,115,265.44	($382,552.00)
02/2013	337	260	$540,356.64	$2,655,622.08	$2,620,322.40		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$2,655,622.08	($922,908.64)
03/2013	340	261	$543,977.12	$3,199,599.20	$3,144,386.88		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$3,199,599.20	($1,466,885.76)
04/2013	343	262	$547,597.60	$3,747,196.80	$3,668,451.36		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$3,747,196.80	($2,014,483.36)
05/2013	349	264	$554,838.56	$4,302,035.36	$4,192,515.84		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$4,302,035.36	($2,569,321.92)
06/2013	350	264	$555,743.68	$4,857,779.04	$4,716,580.32		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$4,857,779.04	($3,125,065.60)
07/2013	350	264	$555,743.68	$5,413,522.72	$5,240,644.80		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$5,413,522.72	($3,680,809.28)
08/2013	350	264	$555,743.68	$5,969,266.40	$5,764,709.28		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$5,969,266.40	($4,236,552.96)
09/2013	350	264	$555,743.68	$6,525,010.08	$6,288,773.76		$1,901,287.78		$28,971.17	$0.00	$139,603.17	$1,732,713.44	$6,525,010.08	($4,792,296.64)

SUMMARY OF BENEFITS PAID

POLICY UNDERWRITER: NET RECALL

ALL POLICIES - 08/01/2012 THRU 08/31/2012

Group: DEMO GROUP

								(----------Amount Paid ----------)		
	Benefit Description	Prod	Claim Usage	Total Charges	Not Covered	Covered	Deduct	With Co-Ins	At 100%	Total
300	AMBULANCE LAND	MM	5	$7,339.47	$4,119.59	$3,219.88	$0.00	$1,970.48	$756.78	$2,727.26
302	ANESTHESIA INPATIENT	MM	136	$30,113.00	$18,822.14	$11,290.86	$0.00	$1,926.00	$8,883.36	$10,809.36
304	ANESTHESIA OUTPATIENT	MM	233	$42,742.00	$22,833.08	$19,908.92	$1,120.15	$8,074.46	$7,818.79	$15,893.25
306	INPATIENT ASSISTANT SURGEON	MM	12	$43,289.09	$41,646.40	$1,642.69	$0.00	$599.51	$893.29	$1,492.80
308	OUTPATIENT ASSISTANT SURGEON	MM	1	$6,000.00	$6,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
310	CHIRO EXPENSE	MM	138	$7,009.00	$4,002.01	$3,006.99	$1,341.12	$1,332.65	$0.00	$1,332.65
313	SKILLED NURSING PROFESSIONAL FEE	MM	4	$560.00	$560.00	$0.00	$0.00	$0.00	$0.00	$0.00
315	BREAST IMPLANTS	MM	1	$1,652.00	$1,652.00	$0.00	$0.00	$0.00	$0.00	$0.00
316	EMERGENCY ROOM	MM	110	$431,474.87	$279,822.90	$151,651.97	$21,080.30	$79,791.35	$30,742.22	$110,533.57
318	EMERGENCY ROOM PHYSICIAN	MM	99	$41,202.50	$18,927.59	$22,274.91	$5,073.45	$10,132.00	$3,668.08	$13,800.08
323	FEES	MM	8	$504.00	$0.00	$504.00	$0.00	$0.00	$504.00	$504.00
324	HOME HEALTH CARE	MM	6	$1,978.10	$1,492.30	$485.80	$0.00	$0.00	$485.80	$485.80
326	HOSPITAL MISC	MM	34	$1,285,041.26	$889,731.48	$395,309.78	$151.04	$59,123.73	$320,266.10	$379,389.83
330	INPATIENT PROFESSIONAL	MM	179	$47,821.97	$25,357.07	$22,464.90	$862.39	$7,747.96	$11,520.88	$19,268.84
332	INTENSIVE CARE UNIT	MM	51	$262,123.00	$100,565.53	$161,557.47	$415.49	$12,770.72	$145,178.58	$157,949.30
334	INJECTIONS	MM	693	($39,981.10)	$31,710.22	($71,691.32)	$598.25	$3,680.90	($77,544.85)	($73,863.95)
336	LABORATORY INPATIENT	MM	523	$12,988.74	$5,021.08	$7,967.66	$471.80	$942.02	$6,272.37	$7,214.39
338	INPATIENT RADIOLOGY	MM	36	$4,173.78	$2,662.61	$1,511.17	$40.00	$758.43	$451.80	$1,210.23
340	INPATIENT SURGEON	MM	35	$76,947.36	$57,923.65	$19,023.71	$504.75	$7,496.15	$8,874.42	$16,370.57
343	OFFICE VISIT SURGERY	MM	96	$27,526.03	$18,420.16	$9,105.87	$3,171.90	$3,898.35	$1,061.01	$4,959.36
346	DIAGNOSTIC THERAPEUTIC	MM	285	$136,250.99	$66,750.65	$69,500.34	$11,859.01	$36,659.22	($1,427.86)	$35,231.36
347	MISCELLANEOUS SERVICES/SUPPLIES	MM	1574	$3,475.28	($3,580.21)	$7,055.49	$1,286.60	$4,487.07	($934.80)	$3,552.27
348	OUTPATIENT HOSPITAL	MM	134	$383,751.04	$220,511.65	$163,239.39	$7,724.99	$49,925.83	$91,751.07	$141,676.90
349	OFFICE VISIT LABORATORY	MM	326	$13,601.66	$9,195.29	$4,406.37	$2,249.32	$1,386.33	$358.55	$1,744.88
350	LABORATORY OUTPATIENT	MM	1016	$69,669.84	$50,178.68	$19,491.16	$7,343.73	$8,114.39	$1,823.26	$9,937.65
352	OUTPATIENT PHYSICIAN	MM	41	$10,496.89	$6,951.21	$3,545.68	$800.27	$857.70	$1,642.07	$2,499.77
354	OUTPATIENT SURGEON	MM	83	$159,480.30	$120,619.08	$38,861.22	$2,030.30	$19,537.38	$8,770.36	$28,307.74
355	OFFICE VISIT RADIOLOGY	MM	137	$45,480.34	$32,733.80	$12,746.54	$4,870.22	$5,721.60	$469.47	$6,191.07
356	OUTPATIENT RADIOLOGY	MM	183	$62,645.78	$39,985.55	$22,660.23	$3,408.48	$10,752.07	$5,790.85	$16,542.92
358	OFFICE VISIT	MM	453	$66,897.46	$43,665.36	$23,232.10	$5,455.18	$1,859.29	$14,726.59	$16,585.88
362	DURABLE MEDICAL EQUIPMENT	MM	72	$11,885.19	$8,290.49	$3,594.70	$125.60	$2,677.78	$121.92	$2,799.70
364	PHYSICAL THERAPY	MM	258	$25,692.41	$12,554.56	$13,137.85	$1,020.00	$5,697.42	$4,841.64	$10,539.06

SUMMARY OF BENEFITS PAID

POLICY UNDERWRITER: NET RECALL

ALL POLICIES - 08/01/2012 THRU 08/31/2012

Group: DEMO GROUP

366	HOSPITAL ROOM AND BOARD	MM	146	$178,218.88	$95,178.00	$83,040.88	$2,321.00	$16,034.13	$59,270.05	$75,304.18
367	OCCUPATIONAL THERAPY	MM	75	$12,083.25	$12,083.25	$0.00	$0.00	$0.00	$0.00	$0.00
369	ROUTINE MAMMOGRAM	MM	28	$3,621.24	$1,750.86	$1,870.38	$0.00	$1,435.38	$76.15	$1,511.53
371	OUTPATIENT MULTIPLE SURGICAL ADJUSTMENT	MM	2	$1,929.00	$1,688.00	$241.00	$63.44	$0.00	$177.56	$177.56
372	SURGICAL FACILITY	MM	37	$748,850.88	$548,511.70	$200,339.18	$8,868.64	$66,487.17	$104,066.85	$170,554.02
374	SPEECH THERAPY	MM	65	$4,415.00	$4,415.00	$0.00	$0.00	$0.00	$0.00	$0.00
381	WELL CHILD	MM	6	$727.00	$400.91	$326.09	$0.00	$260.87	$0.00	$260.87
382	WELLNESS	MM	273	$28,092.45	$14,279.29	$13,813.16	$0.00	$2,792.31	$10,322.76	$13,115.07
385	IMMUNIZATIONS	MM	179	$7,711.64	$3,057.27	$4,654.37	$0.00	$368.93	$4,193.31	$4,562.24
391	ALLERGY TESTING	MM	88	$988.00	$253.60	$734.40	$174.33	$448.05	$0.00	$448.05
398	NEWBORN NURSERY FACILITY FEE	MM	2	$2,885.00	$1,006.29	$1,878.71	$1,208.25	$536.37	$0.00	$536.37
400	EMERGENCY EXAM / SERVICES	DE	24	$1,345.32	$286.18	$1,059.14	$360.00	$594.28	$0.00	$594.28
401	EXCLUDED PER PLAN GUIDELINES	DE	40	$11,673.00	$11,673.00	$0.00	$0.00	$0.00	$0.00	$0.00
402	FULL MOUTH X-RAY	DE	56	$5,741.00	$632.64	$5,108.36	$1,478.84	$3,085.08	$0.00	$3,085.08
404	PREVENTIVE/DIAGNOSTIC	DE	4	$146.00	$146.00	$0.00	$0.00	$0.00	$0.00	$0.00
406	CLEANING, DENTAL	DE	172	$13,173.00	$952.16	$12,220.84	$0.00	$0.00	$12,220.84	$12,220.84
408	FLUORIDE APPLICATION	DE	18	$582.00	$112.04	$469.96	$0.00	$0.00	$469.96	$469.96
409	FLUORIDE/NOT COVERED	DE	1	$30.00	$30.00	$0.00	$0.00	$0.00	$0.00	$0.00
410	BASIC SERVICES, DENTAL	DE	191	$32,807.06	$6,790.28	$26,016.78	$725.12	$21,497.87	$0.00	$21,497.87
414	ORAL EXAM "ROUTINE"	DE	200	$11,017.01	$956.96	$10,060.05	$0.00	$0.00	$10,060.05	$10,060.05
416	X-RAY BITE WING	DE	135	$7,157.86	$453.98	$6,703.88	$0.00	$0.00	$6,703.88	$6,703.88
418	X-RAY PERIAPICAL (PREVENTIVE)	DE	159	$3,288.94	$236.29	$3,052.65	$1,553.56	$1,274.25	$0.00	$1,274.25
419	FLUORIDE UNDER AGE 19	DE	72	$2,139.00	$277.44	$1,861.56	$0.00	$0.00	$1,861.56	$1,861.56
420	DIAGNOSTIC CASTS	DE	1	$200.00	$65.10	$134.90	$0.00	$67.45	$0.00	$67.45
421	ENDODONTICS	DE	13	$7,481.00	$779.00	$6,702.00	$0.00	$5,696.70	$0.00	$5,696.70
422	MAJOR SERVICES, DENTAL	DE	37	$32,565.00	$16,800.81	$15,764.19	$250.00	$7,757.10	$0.00	$7,757.10
424	PERIODONTAL SERVICES	DE	80	$13,566.00	$2,270.56	$11,295.44	$314.00	$9,334.22	$0.00	$9,334.22
425	PERIODONTIC SURGERY	DE	2	$1,285.00	$1,285.00	$0.00	$0.00	$0.00	$0.00	$0.00
426	SPACE MAINTAINER	DE	1	$300.00	$0.00	$300.00	$0.00	$0.00	$300.00	$300.00
428	ANESTHESIA, GENERAL	MM	3	$385.00	$0.00	$385.00	$385.00	$0.00	$0.00	$0.00
430	ORTHODONTIC	DE	111	$17,396.80	$11,005.06	$6,391.74	$235.00	$3,078.38	$0.00	$3,078.38
431	ORTHO-INELIG/OVER AGE LIMIT	DE	3	$90.00	$90.00	$0.00	$0.00	$0.00	$0.00	$0.00
433	SEALANTS	DE	67	$2,452.06	$2,452.06	$0.00	$0.00	$0.00	$0.00	$0.00
450	ORAL SURGERY	DE	24	$4,504.12	$337.80	$4,166.32	$206.00	$3,366.27	$0.00	$3,366.27
450	ORAL SURGERY	MM	3	$1,080.00	$0.00	$1,080.00	$441.00	$383.40	$0.00	$383.40

SUMMARY OF BENEFITS PAID

POLICY UNDERWRITER: NET RECALL

ALL POLICIES - 08/01/2012 THRU 08/31/2012

Group: DEMO GROUP

452	TMJ DENTAL	DE	2	$1,201.00	$1,201.00	$0.00	$0.00	$0.00	$0.00	$0.00
468	OFFICE VISIT	MM	286	$39,529.36	$25,692.78	$13,836.58	$508.23	$54.00	$13,238.35	$13,292.35
491	ALLERGY INJECTIONS/IMMUNOTHERAPY	MM	126	$2,710.00	$868.52	$1,841.48	$311.85	$1,223.69	$0.00	$1,223.69
500	VISION EXAM	MM	35	$2,527.00	$1,610.23	$916.77	$0.00	$0.00	$916.77	$916.77
502	FRAMES	MM	6	$922.94	$882.94	$40.00	$0.00	$0.00	$40.00	$40.00
503	EYE GLASS LENS	MM	3	$327.00	$282.00	$45.00	$0.00	$0.00	$45.00	$45.00
504	CONTACT LENS	MM	1	$455.04	$435.04	$20.00	$0.00	$0.00	$20.00	$20.00
506	HEARING EXAMINATION	MM	13	$929.00	$255.82	$673.18	$485.00	$124.69	$11.82	$136.51
515	BIFOCAL LENS	MM	3	$243.40	$189.40	$54.00	$0.00	$0.00	$54.00	$54.00
525	URGENT CARE CENTER (NON-URGENT)	MM	-2	($280.00)	($280.00)	$0.00	$0.00	$0.00	$0.00	$0.00
529	IMPLANTS	DE	9	$15,207.00	$15,207.00	$0.00	$0.00	$0.00	$0.00	$0.00
615	INFERTILITY OUTPATIENT	MM	2	$320.32	$320.32	$0.00	$0.00	$0.00	$0.00	$0.00
721	ROUTINE PAP	MM	35	$3,272.94	$1,770.92	$1,502.02	$0.00	$1,201.60	$0.00	$1,201.60
722	ROUTINE PELVIC EXAM	MM	1	$68.90	$68.90	$0.00	$0.00	$0.00	$0.00	$0.00
782	WELLNESS EXCESS	MM	134	$10,650.65	$5,196.33	$5,454.32	$1,830.40	$2,763.83	$169.17	$2,933.00
815	CHEMO/RAD/COBALT PROFESSIONAL FEE	MM	177	$75,128.70	$49,937.74	$25,190.96	$98.27	$194.72	$24,849.29	$25,044.01
864	PROSTATE CANCER SCREENING PROFESSIONAL	MM	7	$913.22	$608.47	$304.75	$0.00	$243.80	$0.00	$243.80
888	NOT COVERED BY PLAN	MM	1611	$17,496.60	$17,496.60	$0.00	$0.00	$0.00	$0.00	$0.00
890	BENEFIT MAXIMUM HAS BEEN EXCEEDED	DE	9	$500.66	$500.66	$0.00	$0.00	$0.00	$0.00	$0.00
890	BENEFIT MAXIMUM HAS BEEN EXCEEDED	MM	3	$646.69	$646.69	$0.00	$0.00	$0.00	$0.00	$0.00
915	DIABETES	MM	6	$1,270.53	$1,205.53	$65.00	$0.00	$52.00	$0.00	$52.00
920	EMERGENCY ROOM LAB	MM	112	$2,019.08	$591.65	$1,427.43	$2.03	$830.21	$378.32	$1,208.53
921	EMERGENCY ROOM X-RAY	MM	40	$5,413.00	$3,070.56	$2,342.44	$323.81	$1,133.52	$588.29	$1,721.81
922	EMERGENCY ROOM SURGERY	MM	13	$5,496.40	$3,141.51	$2,354.89	$728.31	$384.78	$1,145.60	$1,530.38
924	EMERGENCY ROOM DIAGNOSTIC	MM	1	$145.00	$93.21	$51.79	$51.79	$0.00	$0.00	$0.00
932	ORTHOTICS	MM	13	$5,889.01	$3,558.54	$2,330.47	$331.12	$1,599.51	$0.00	$1,599.51
946	DIAGNOSTIC TESTING/MISC THERAPEUTIC	MM	20	$3,607.00	$2,412.76	$1,194.24	$0.00	$955.37	$0.00	$955.37
952	ESRD/HEMODIALYSIS O/P FACILITY FEE	MM	18	$134,494.07	$82,074.23	$52,419.84	$0.00	$3,829.50	$47,632.97	$51,462.47
954	ESRD/HEMODIALYSIS O/P PROFESSIONAL FEE	MM	1	$857.00	$857.00	$0.00	$0.00	$0.00	$0.00	$0.00
976	DIAGNOSTIC TESTING	MM	28	$8,883.68	$8,114.45	$769.23	$50.16	$209.33	$457.37	$666.70
993	BUNDLED CHARGE	MM	95	$4,379.11	$4,379.11	$0.00	$0.00	$0.00	$0.00	$0.00
BAD		MM	-1	($7,387.00)	($7,387.00)	$0.00	$0.00	$0.00	$0.00	$0.00

SUMMARY OF BENEFITS PAID

POLICY UNDERWRITER: NET RECALL

ALL POLICIES - 08/01/2012 THRU 08/31/2012

Group: DEMO GROUP

DXX	DIAGNOSIS NOT COVERED BY PLAN	MM	3	$212.00	$212.00	$0.00	$0.00	$0.00	$0.00	$0.00
NEG	NEGOTIATED DISCOUNT	MM	27	$27,098.01	$0.00	$27,098.01	$0.00	$0.00	$27,098.01	$27,098.01
REF	VISION REFRACTION	MM	11	$521.00	$291.19	$229.81	$102.15	$102.12	$0.00	$102.12
	COBs AND ADJUSTMENTS	DE	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($520.51)
	COBs AND ADJUSTMENTS	MM	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($56,483.41)
			12128	$4,805,428.07	$3,104,888.55	$1,700,539.52	$106,411.64	$507,321.67	$924,133.68	$1,374,451.43

Section 4

Exhibit B

WEB PORTAL INFORMATION

BC ONLINE

WWW.BOONCHAPMAN.COM

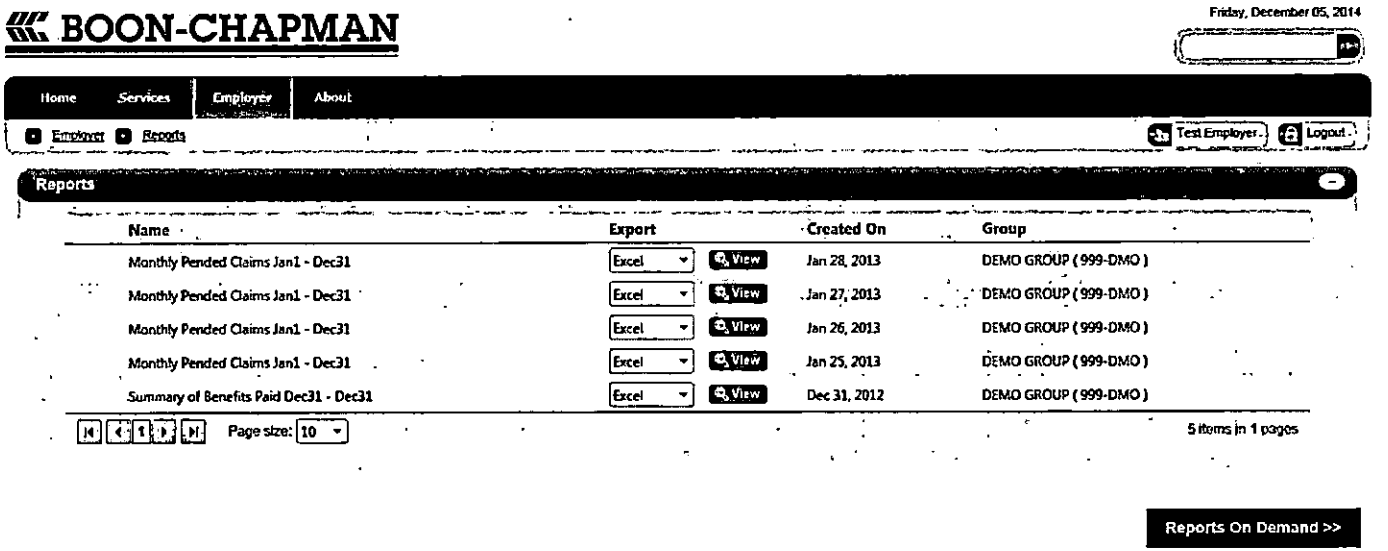
- Self-Service for:
  - Employees
  - Employers
  - Brokers
  - Providers
- Available Online:
  - Reporting
  - Claims Status
  - EOB Reprint
  - Verify Eligibility
  - Accumulator Status
  - Express Requests
  - Important Documents
  - Access Authorizations

BOON-CHAPMAN

Exceptional Service Matters

BC ONLINE

REPORTING – STANDARD REPORTS



- Customized by Group During Implementation
- Auto-Generated on the 1st of Each Month
- Reports Viewable Online

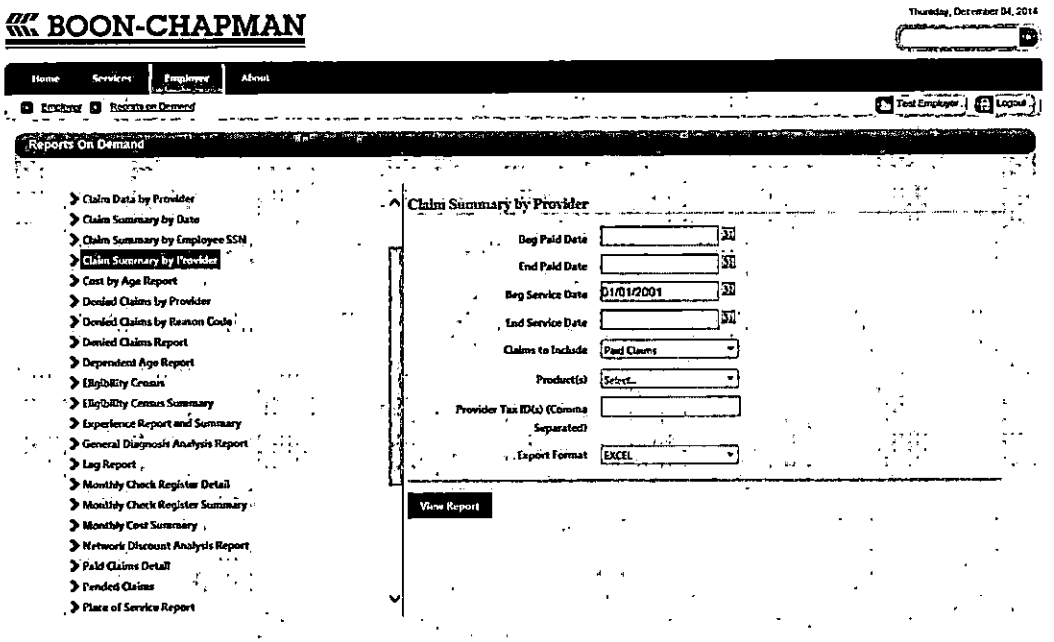
- New Standard Reports Can Be Generated at Any Time
- Download to PDF or Excel from Online Portal

BOON-CHAPMAN
Exceptional Service Matters

BC ONLINE

REPORTING – SELF-SERVICE TOOLS

- Web-Based Reporting Application with SQL Database
- Self-Service Portal with On-Demand Reporting
- User can Enter Parameters + Filters Based on Unique Requirements
- Data Available on the 1st Day of the Month
- Ability to Download PDF or Excel File



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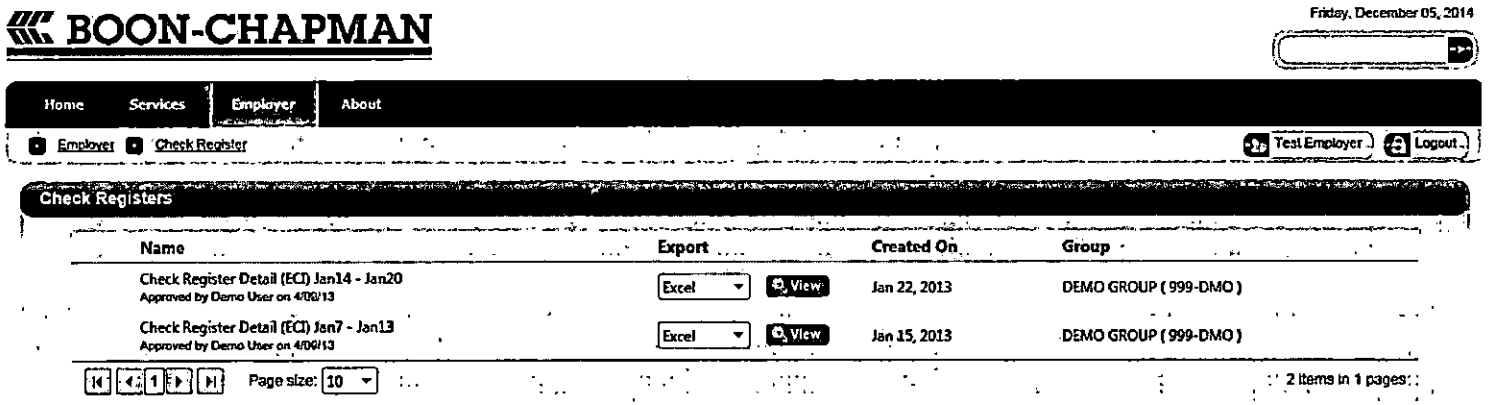
Exceptional Service Matters

BC ONLINE

REPORTING – ACCOUNTING



- Online Check Registers + Bills with Employer-Defined Custom Format
- Online Approval Process for Simple Communication
- Ability to Download PDF or Excel File

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