



Employee Medical Self-Funded Pools Invitation to Negotiate

DATE POSTED: APRIL 15, 2025
TITLE: EMPLOYEE MEDICAL SELF-FUNDED POOLS ITN
NUMBER: ITN 25-01
DUE DATE AND TIME: MAY 9, 2025, at 2:00 P.M. E.D.T.
OPENING DATE AND TIME: MAY 9, 2025, at 2:01 P.M. E.D.T.
LOCATION OF OPENING: 126 S. 7TH AVENUE, WAUCHULA, FL 33873
PURCHASING CONTACT: NICOLE LEAL, AVAIL BENEFITS, LLC., nicole.leal@availbenefits.com

The City of Wauchula, through its employee benefits risk management consultant, Avail Benefits, LLC (“Avail”) solicits your company to submit a Response and negotiate to this Invitation to Negotiate (“ITN”) on the above referenced goods or services. The terms, specifications, and requirements set forth in this ITN are incorporated into your Response. All submittals must be signed by an authorized representative of your company in the space below. All submittals must be submitted and received by the due date and time set forth above. If you do not intend to submit a Response to this ITN, please provide notice of your intent not to respond via email to the Purchasing Contact identified above. If you submit a Response, this page must be completed, signed, and returned as part of your submittal. By submitting a Response, you agree to comply with all terms, conditions, and requirements of this ITN.

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Federal Employer ID Number: _____

Phone Number: _____

Fax: _____

Email: _____

I CERTIFY THAT THIS RESPONSE IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A RESPONSE FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS ITN AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS ITN FOR THE RESPONDENT.

Signature: _____

Print Name: _____

Title: _____

Date: _____

1. INTRODUCTION & GENERAL INFORMATION

The City of Wauchula (the “City”) is inviting Responses from employee medical self-funded pools (**not fully-insured programs at this time**), who are licensed and authorized to operate in the State of Florida to provide health insurance offerings by such pools, for its employees and retirees. The City desires to explore the questions set forth in this ITN to determine how a self-funded pool can best serve the City and its employees and retirees. The City has determined that an invitation to bid or request for proposal would not be practicable as those procurement methods do not provide the City the flexibility to explore options and allow negotiations that are necessary for the City to receive the best value and services offered from self-funded pools, and therefore, an ITN is the best method for the City to address this particular issue. The results of this ITN will then be compared with the City’s renewal of the fully-insured program currently in place. Acentria Public Risk is the current Agent of Record/Contract Effectuator for the City.

The listed below items should be considered when responding to this ITN:

- The City currently provides health insurance to employees and retirees through UnitedHealthcare (fully insured medical plan).
- UnitedHealthcare currently provides one (1) health insurance plan in which City employees and retirees may participate: Choice Plus HSA Plan DU77 with Rx 570. The plan is an Affordable Care Act, Fully Compliant plan.
- Health Savings Accounts (HSAs) are currently being offered to eligible employees and are administered by Optum Bank. There is a cost to the Employee in the amount of \$1.00 per month for the HSA administration. Fee may vary if other account options are chosen.
- City of Wauchula provides employer HSA Contributions in the amount of \$1,600.00 for Employee Only and \$3,200.00 for Employee + Spouse, Employee + Child(ren), and Employee + Family.
- The medical plan has a pooling level of \$100,000.00.
- There are currently 80 City employees and 1 retiree, plus spouses and family members, enrolled in the plan (approximately 133 members on the medical plan).
- The City’s COBRA administrator is currently UnitedHealthcare. The City does not currently have any COBRA participants.
- The City does have a wellness program in place. The City currently receives a \$5,000.00 wellness budget from UnitedHealthcare. Employees and spouses enrolled in the medical plan are eligible to participate in the UnitedHealthcare Rewards program, earning up to \$1000.00.
- The City is very interested in Responses that include employee wellness programs at no additional costs and those options that are offered with additional cost.
- The City desires to receive as close to the same plan benefit structure as current for the 2025-26 plan year from the Respondents. However, the City understands this may not be possible from self-funded pools and is also asking the Respondents to provide **ALL** other plan designs available with pricing (\$ dollar amount difference from your most like plan to current along with % percentage of change).
- The City has given consideration to the prices available to it under the rules of the Department of Management Services, Division of Purchasing, and has determined that inviting Responses through this ITN is in the City’s best interest.
- A summary of the medical benefits available under the plan is attached to this ITN.

The enrollment window for current City employees and retirees is tentatively scheduled for August 18, 2025, through August 22, 2025. The effective date for enrollment will be October 1, 2025.

2. ITN SCHEDULE

The ITN process has two phases. The first is the evaluation phase in which an evaluation committee evaluates the Responses to the ITN (each a “Response”), identifies a competitive range of Responses reasonably susceptible of award, and selects one or more Respondents within that range to commence negotiations.

The second phase is the negotiation phase in which a negotiation team negotiates with the selected Respondent(s). During this phase, the team may request revised replies and/or best and final offers based on the

negotiations. After negotiations, the City intends to post a notice of the ranked Respondents. The #1 ranked Respondent's best and final offer will then be compared to the City's current fully-insured program's renewal.

Event

ITN Posted	April 15, 2025
Deadline to Submit Written Questions	April 28, 2025, at 4:00 p.m. EDT
Responses Due	May 9, 2025, at 2:00 p.m. EDT
Responses Opened	May 9, 2025, at 2:01 p.m. EDT
Insurance Committee Meeting to Score Negotiations	May 27, 2025, at 9:00 a.m. EDT
Insurance Committee Meeting to Select (B&F Presentations, if needed)	May 28-June 4, 2025, at TBD
Ranked Respondents Posted	June 5, 2025, at 9:00 a.m. EDT
Selected Response compared to Fully-Insured Renewal	June 5, 2025, at 4:00 p.m. EDT
Recommendation to City Commission (Tentative)	TBD
	July 14, 2025, at 6:00 p.m. EDT

All dates after the posting date are subject to change at the discretion of the City. Respondents will be notified of any changes by written addenda to the ITN.

3. INFORMATION TO BE INCLUDED IN THE RESPONSE

The Response must include the following information in the following order. **Attachments 8.7 - 8.8** must be completed as best as possible. If sections are unable to be completed, please provide reasoning so that the City does not assume the Response is unresponsive.

3.1 Title Page. Identify the ITN subject, the ITN number, the Respondent's name, address, telephone number and email address, the primary contact person for the Respondent, and the date.

3.2 Table of Contents. Include a clear identification of the material provided by page number.

3.3 Certificate of Compliance. Complete, sign, and return Page 1 of this ITN.

3.4 Eligibility. The Response must include an acknowledgment that the Respondent meets all the following criteria as of the date the Responses are opened. The Response also must include documentation supporting eligibility as indicated below.

3.4.1 Respondent is licensed and authorized to operate in the State of Florida. Provide a copy of the Respondent's current license authorizing it to operate in the State of Florida.

3.5 Experience and Qualifications. The Response must include complete answers to all questions set forth in the Supplemental Questionnaire (**Attachment 8.1**) attached to this ITN.

3.6 Scope of Services. In addition to answering all questions and completing tables (**Attachments 8.7 and 8.8**) in this section, the Response must include complete answers to all questions set forth in the Supplemental Questionnaire, (**Attachment 8.1**) attached to this ITN. The Response must describe in detail each health insurance plan the Respondent proposes for the City. The Respondent is asked to provide Responses as close to current benefits as possible along with ALL other plan designs available with pricing (the dollar (\$) amount difference between your most like plan and the City's current plan, along with % percentage of change).

3.6.1 Identification of Differences. Respondent must complete the Current Plan Benefits Comparison Table (**Attachments 8.7**) and must identify all differences between the plan currently provided through UnitedHealthcare and the plan described in the Response.

3.7 Pricing. In addition to answering all questions in this section, the Response must include complete answers to

all questions set forth in the Supplemental Questionnaire (**Attachment 8.1**) attached to this ITN. The Response must include the following pricing information:

3.7.1 The price of each plan the Respondent is willing to provide for City employees and retirees. Respondent must complete the Proposed Plan Rate Table (**Attachments 8.8**) if quoting.

3.7.2 Pricing should not include any commission or service fees to the City's Agent of Record/Contract Effectuator.

3.8 Certification of Compliance with Debarment Regulations. The Response must include the completed and signed Debarment Certification Statement attached to this ITN (**Attachment 8.9**).

3.9 Statement of Drug Free Workplace. A statement regarding whether the Respondent has a drug-free workplace program and a certification that the Respondent's drug-free workplace program meets all of the requirements of Section 287.087, Florida Statutes.

4. ADDENDA, WRITTEN QUESTIONS, AND SUBMISSION OF RESPONSES

4.1 Addenda.

4.1.1 The City reserves the right to modify this ITN at any time after it is posted. Modifications shall be made by written addenda only. Written addenda shall be sent via email by Avail, on behalf of the City, to each entity that has been solicited to respond to this ITN and has not provided notice of its intent not to respond. Written addenda shall also be posted on the City's website at www.cityofwauchula.gov and Demand Star at www.demandstar.com. If necessary, the deadlines set forth in Section 2 shall be extended to permit sufficient time to respond to any addenda.

4.1.2 Notwithstanding the procedure for issuing written addenda set forth in Section 4.1.1, Respondent remains solely responsible for determining whether any written addenda have been issued prior to submitting the Response.

4.2 Written Questions.

4.2.1 Respondents may submit written questions seeking clarification of ITN specifications or requirements. Questions must be submitted prior to the deadline set forth in Section 2. Questions submitted after this deadline and/or questions seeking anything other than clarification of ITN specifications or requirements will not be considered.

4.2.2 All questions must be submitted via email to: Nicole Leal, nicole.leal@availbenefits.com. Questions submitted in any other format or to any other address will not be considered.

4.2.3 Avail, on behalf of the City, will respond to written questions seeking clarification of ITN specifications and requirements by the date set forth in Section 2. Avail will respond only via written addenda to the ITN in accordance with the procedure set forth in Section 4.1. Respondents shall not rely on responses or information provided in any other manner.

4.3 Submission of Responses.

4.3.1 Responses must be submitted and received by the date and time set forth in Section 2. Responses received after the date and time set forth in Section 2 will be rejected as non-responsive.

4.3.2 Responses must be submitted in a sealed envelope or box via registered mail or hand delivery to:

City of Wauchula
ATTN: Stephanie Camacho, City Clerk
126 S. 7th Avenue
Wauchula, FL 33873

- 4.3.3** The exterior of the sealed envelope or box must identify the ITN name, the ITN number, and the name of the Respondent.
- 4.3.4** The sealed envelope or box must contain copies of the Response in both paper and electronic format as follows.
- 4.3.4.1 Paper Copies.** Eleven (11) paper copies of the Response shall be submitted. Paper copies shall be on 8.5-inch by 11-inch paper, bound and tabbed. One (1) paper copy shall be clearly marked as the “Original Response.”
- 4.3.4.2 Electronic Copy.** One (1) electronic copy of the Response shall be submitted. The electronic copy shall be in .pdf or .xls (where required) format on a thumb drive. All attachments required for the Respondent to complete must be submitted in the requested electronic format listed in Section 8 (.pdf or .xls)
- 4.3.5** All copies of the Response must be identical. In the event of any discrepancies between any copies of the Response, the paper copy marked as the “Original Response” shall control.
- 4.3.6** Responses must be complete when submitted. No additional documentation will be allowed or considered after the Response is submitted. Responses shall be opened at the date and time set forth in Section 2.

5. EVALUATION OF RESPONSES

Phase One:

- 5.1 Committee Established by City.** Responses shall be evaluated and scored by a Committee established by the City. Avail will assist the Committee in an advisory capacity only.
- 5.2 Initial Analysis.** After the Responses are opened, Avail will initially analyze the Responses and prepare an analysis for the Committee.
- 5.3 Committee Meeting.** After Avail prepares the analysis, the Committee shall meet to discuss the Responses. The Committee shall meet to evaluate and score the Responses based on the evaluation criteria below. Avail will be present at the Committee meeting to assist and advise the Committee.
- 5.4 Scoring.** The Committee shall score each Response based on the following criteria:

<u>Category</u>	<u>Maximum Points</u>
Experience and Qualifications	20
Scope of Services	40
Price	40
Total	100

- 5.5 Identification of Competitive Range of Responses.** After all Responses are scored, the Committee shall identify a competitive range of Responses reasonably susceptible of award. The Committee has the sole discretion to determine what constitutes a competitive range.

Phase Two: After the Evaluation Committee has identified the short-list of Responses, Phase Two will proceed as follows:

5.6 Employee Benefits Negotiating Team. A negotiating team will negotiate with the Respondent(s) whose Response is within the short-list of competitive Responses reasonably susceptible of award.

5.7 Non-Competitive Response Not Negotiable. The team will not negotiate with Respondents who submitted Responses that did not make the short-list.

5.8 Effect of Phase One Evaluation or Selection for Negotiation. No presumption of preference or merit in the negotiation process or contract award shall arise from the scores awarded during the evaluation phase and such scores shall not carry over to the negotiation phase. The negotiation team is not bound by the Phase One scoring and will have full authority to reassess any evaluation phase determinations and may consider all information that comes to its attention during the negotiations. Selection for negotiation shall not constitute an award or the acceptance of an offer, and the Respondent acquires no rights as a result of having been selected for negotiation.

5.9 Negotiations. The negotiating team may negotiate sequentially or concurrently (or a combination of both) and may at any time during the negotiation phase eliminate a respondent from further consideration. The team may conclude negotiations at any time and proceed to make a recommendation to the City Manager who will make a recommendation to the City Commission.

Respondents may provide additional information during the negotiation phase. The City reserves the right to negotiate different terms and related price adjustments if the City determines that such changes would provide the best value to the City.

The negotiation team may address proposed alternative terms during negotiations, but it is under no obligation to accept proposed alternative terms or deliverables.

5.10 Selection Criteria. The City intends to award the contract(s) which provide the best value and meet the objectives of this ITN as set forth above. The criteria the negotiating team will use to determine which Response provides the best value during the negotiation phase are:

5.10.1 The extent to which the services proposed by the Respondent meet the needs of the City, its employees and retirees.

5.10.2 The Respondent's experience and performance record of providing the proposed services.

5.10.3 The pricing offered by the Respondent.

5.10.4 The Respondent's ability to meet the goals of this ITN through the proposed services.

5.11 Conduct of Negotiations. Negotiations may be conducted in-person or by electronic means. Respondents who submit Responses on the short-list of Responses shall provide advance written notice to the negotiating team if they believe any portion of a negotiation meeting is exempt from public records laws and ordinances because it covers proprietary or trade secret information.

5.12 Rights of Employee Benefits Negotiating Team. The negotiating team may:

5.12.1 Schedule additional negotiating sessions with any or all Respondents.

5.12.2 Require any or all Respondents to provide additional, revised, or final written responses addressing specified topics.

5.12.3 Require any or all Respondents to provide written best and final offer(s).

5.12.4 Require any or all Respondents to address services, prices, or conditions offered by any other Respondent.

5.12.5 Pursue a contract with one (1) or more Respondents for the services encompassed by this ITN, any addenda thereto, and any request for additional, revised, or final written replies or request for best and final offers.

5.12.6 Arrive at an agreement with any Respondent(s), finalize principal contract terms with such Respondent and terminate negotiations with any or all other Respondents, regardless of the status of or scheduled negotiations with such other Respondents.

5.12.7 Decline to conduct further negotiations with any Respondent.

5.12.8 Re-open negotiations with any Respondent.

5.12.9 Take any additional administrative steps deemed necessary in determining the contract award, including additional fact-finding, evaluation, or negotiation where necessary and consistent with the terms of this solicitation.

5.12.10 The City, through the negotiating team, has sole discretion in deciding whether and when to take any of the foregoing actions, the scope and manner of such actions, the Respondent(s) affected, and whether to provide concurrent public notice of such decision.

5.13 **Selection.** After negotiations are concluded, the negotiating team will recommend the Respondent(s) whose Response offers the best value to the City and its members to be compared to the current fully-insured program's renewal. Recommendations shall be made based on the majority vote of the negotiating team, taking into account the selection criteria above.

5.14 **Notice of Ranked Respondents.** Notice of ranked Respondents shall be posted when the negotiating team forwards its recommendation(s) to the City Manager. If the team elects not to recommend that any Response be compared to the current fully-insured program's renewal, notice of intent not to compare and award shall be posted.

5.15 **City Commission Action.** After the time for protests has elapsed, the City Manager shall recommend to the City Commission. The City Commission shall vote on whether to accept the City Manager's recommendation(s). If the City Commission rejects a recommendation, the City Commission may negotiate further any term, condition, specification (including price), and other requirement with the recommended Respondent(s).

6. GENERAL TERMS AND CONDITIONS

6.1 Rejection of Responses. The City reserves the right to reject any and all Responses.

6.2 Waiver of Technicalities and Irregularities. The City reserves the right to waive any irregularities, technicalities, or formalities in any Response.

6.3 Irrevocability of Response. A Response may not be withdrawn without the written consent of the City Manager.

6.4 Applicable Law. Respondents will comply with all applicable Federal, State and Local laws, statutes, regulations, and ordinances, including but not limited to City of Wauchula policies, procedures, ordinances, and regulations. This ITN and any contract awarded under it is governed and interpreted by the laws of the State of Florida. Venue

for any action shall lie in the Circuit Court in and for Hardee County, Florida.

- 6.5 No Reliance on Other Information.** Respondents shall rely solely on this ITN, its attachments, and any written addenda thereto. Information obtained from any other source is not binding and shall not be relied upon.
- 6.6 Public Records Law.** Response openings will be public on the date and time they are opened. The public opening will acknowledge receipt of the Responses only. The information contained in Responses will not become public record until thirty (30) days after the date of opening or until the posting of a recommendation for award, whichever occurs first. Thereafter, Responses and all information contained therein will be open for inspection in accordance with Florida public records laws. To the extent a Respondent asserts that any portion of its Response is exempt from disclosure under Florida's public records laws, the Respondent, in its Response, must identify the information it asserts is exempt from disclosure and the specific statutory basis for the exemption. The City retains the sole right to determine, subject to applicable laws and regulations, whether the information identified by the Respondent is exempt from disclosure. The City shall not be liable to the Respondent for releasing any information in response to a public record request regardless of whether the information is exempt from disclosure.
- 6.7 Public Entity Crimes.** Pursuant to Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list. By submitting a Response, a Respondent certifies compliance with Section 287.133, Florida Statutes, and with all other applicable laws and regulations regarding public entity crimes.
- 6.8 Conflict of Interest.** This ITN is subject to the provisions of Chapter 112, Florida Statutes, which among other things sets forth restrictions on the ability of City employees acting in a private capacity to do business with the City. Respondents must disclose the name of any employees who are also employed by the City.
- 6.9 Cone of Silence.** Respondents and their lobbyists are prohibited from having any communication concerning this ITN with any Commissioner, Commissioner candidate, City Manager, City Manager candidate, and/or City employee beginning at the time this ITN is posted and continuing until the contract is awarded approved by the Commission. The City shall reject as non-responsive any Response submitted by a Respondent who violates this provision.
- 6.10 No Gratuities.** Respondents and their lobbyists are prohibited from providing or offering to provide any gratuity, favor, or other item of value for the purpose of influencing the decision regarding this ITN. The City shall reject as non-responsive any Response submitted by a Respondent who violates this provision.
- 6.11 Non-Discrimination.** Respondent shall not discriminate against any employee or applicant for employment because of race, sex, religion, color, age, disability, national origin, or any other class protected under state or federal law. Respondent shall fully comply with all applicable Americans with Disabilities Act laws and regulations.
- 6.12 Deviations from ITN.** The awarded Firm shall clearly indicate, as applicable, all areas in which the services proposed do not fully comply with the requirements of this Invitation to Negotiate. The decision as to whether an item fully complies with the stated requirements rests solely with the City.
- 6.13 Vendor Registration.** If awarded the contract, the Respondent must complete any required vendor registration process prior to execution of the contract.
- 6.14 Protest of Award.** Any Respondent who desires to protest the Committee's scoring decision shall file a

notice of protest, in writing, within 72 hours after the notice of ranked Respondents, and shall file a formal written protest within 10 calendar days after the date the notice of protest was filed. Saturdays, Sundays, state holidays or days during which the City is closed shall be excluded from the computation of the 72-hour notice of protest period. Protests are governed by and must comply with all applicable provisions of the City of Wauchula Purchasing Policy. Notices of protest and formal written protests shall be filed at 126 S. 7th Avenue, Wauchula, FL 33873. Failure to timely file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

7. TERMS OF CONTRACT AWARDED UNDER THIS ITN

Respondents agree that the following contract terms shall be included in any contract awarded under this ITN, unless these terms are modified or waived by the City at its sole discretion. All references to a “contractor” in this Section refer to the Respondent who is awarded the contract under this ITN. The City reserves the right to include additional terms in the contract.

7.1 Cancellation. The contract may be cancelled by the City for any reason upon thirty (30) days advance written notice.

7.2 Indemnification. To the extent permitted by law, contractor shall defend, indemnify, and hold harmless the City, its officers and employees from any and all claims, liabilities, damages, losses, including but not limited to reasonable attorney’s fees, arising from the actual or alleged negligence, recklessness, intentional misconduct, and/or any other act or omission of contractor, its employees, officers, or agents, committed in connection with contractor’s performance of the contract.

7.3 Insurance. Without limiting its liability, the contractor shall be required to procure and maintain during the life of the contract, at its own expense, insurance of the types and in the minimum amounts stated below as will protect the contractor and the City from claims which may arise out of or result from the performance of the contract.

7.3.1 Workers’ Compensation Insurance covering all employees in compliance with applicable state and federal laws. Such insurance must include Employer’s Liability Coverage with a minimum limit of \$1,000,000 for each accident.

7.3.2 Comprehensive General Liability Insurance with minimum limits of \$1,000,000 per occurrence, Combined Single Limit for Bodily Injury Liability and Property Damage Liability. Such insurance shall include Premises and/or Operations Coverage; Independent Contractors and Products and/or Completed Operations Coverage; Broad Form Property Damage Coverage; and Contractual Liability Endorsement.

7.3.3 Business Vehicular Liability Insurance with minimum limits of \$1,000,000 per occurrence, Combined Single Limit for Bodily Injury Liability and Property Damage Liability. Such insurance shall include Owned Vehicles Coverage, Hired and Non-Owned Vehicles Coverage and Employees Non-Ownership Coverage.

7.3.4 Professional Liability (Errors and Omissions) Coverage with minimum limits of \$1,000,000 per occurrence with respect to negligent acts, errors, or omissions in connection with the professional services to be provided and any deductible not to exceed \$50,000 each claim.

7.3.5 The City shall be listed as an Additional Insured on the Comprehensive General Liability policy. In the event such a policy expires prior to the termination of the contract, a renewal certificate shall be issued 30 days prior to said expiration date. The policy shall provide a 30-day notification clause in the event of cancellation or modification to the policy.

7.3.6 Unless otherwise specified, it shall be the responsibility of the contractor to ensure that all subcontractors

comply with the same insurance requirements herein. All certificates of insurance must be on file with and approved by the City before the commencement of performance under the contract. Waivers of subrogation shall also be provided upon approval of the applicable insurers.

7.3.7 The contractor shall “flow down” the requirements of this provision to all subcontractors.

7.3.8 The limits of insurance required above must be retained throughout the term of the contract. The contractor must notify the City immediately if any of the required coverage limits are reduced due to claim activity or for any other reason.

7.3.9 Policies shall be written on an “occurrence” basis.

7.4 Designated Contact. Contractor shall appoint a person to act as the primary contact with the City. The person appointed as primary contact shall be readily available during normal business hours and have sufficient knowledge to communicate with the City regarding the terms of the contract and the insurance provided to City employees and retirees.

7.5 Ownership of Records. All records created for or provided to the City in connection with the contract shall become and remain the sole property of the City. Upon termination of the contract, the contractor shall deliver to the City all documents, including reports and all other data and material prepared or obtained by the contractor, in connection with the project.

7.6 Storage and Access to Records. All records of contractor and any subcontractor of contractor created or maintained in connection with the contract shall be made available, upon request by the City, for inspection and copying. Contractor shall maintain auditable records concerning the contract adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting principles, and the City reserves the right to determine record-keeping method in the event of non-conformity. These records shall be maintained for five (5) years after final payment has been made.

8. LIST OF ATTACHMENTS

- 8.1** Supplemental Questionnaire (printed and electronic Responses (.pdf or .xls) to be completed by the Respondent)
- 8.2** Detailed Benefit Summary UnitedHealthcare, Choice Plus HSA Plan DU77 with Rx 570
- 8.3** UHC Rewards Payout Structure
- 8.4** Census Report (All active and retired employees including sex, zip, date of birth, employment status and coverage level)
- 8.5** Premium vs Claims Reports
 - 8.5.1** Premium vs Claims 10/01/2021 – 09/30/2022 *UHC can only go back 34 months of service and 36 months of paid*
 - 8.5.2** Premium vs Claims 01/01/2022 – 09/30/2022
 - 8.5.3** Premium vs Claims 10/01/2022 – 09/30/2023
 - 8.5.4** Premium vs Claims 10/01/2023 – 09/30/2024
 - 8.5.5** Premium vs Claims 10/01/2024 – 11/30/2024
 - 8.5.6** Premium vs Claims 12/01/2022 – 11/30/2024
- 8.6** Current Plan Monthly Rate Contribution Table – 3 Year History
- 8.7** Current Plan Benefits Comparison Table (printed and electronic Responses (.xls) to be completed by the Respondent)
- 8.8** Proposed Plan Rate Table (printed and electronic Responses (.xls) to be completed by the Respondent)
- 8.9** Certification of Compliance with Debarment Regulations

The following reports were requested from UnitedHealthcare but not received:

- High Cost Claims by Claimant with diagnosis, claim amount, date of service, and if ongoing
- Top 25 Drugs by Prescription to include Drug name, NDC, Dosage, and Tiering Structure

- Top 25 Providers
 - Inpatient to include Provider name, 9-Digit TIN, NPI, zip code, claims amount, and number of visits
 - Outpatient to include Provider name, 9-Digit TIN, NPI, zip code, claims amount, and number of visits

UnitedHealthcare gave the response: “We cannot release due to size.”

City of Wauchula Employee Medical Self-Funded Pools Invitation to Negotiate Supplemental Questionnaire










1. Experience and Qualifications:
 - 1.1. Provide a minimum of two (2) Florida city municipality groups that are currently your clients: (preferably of similar demographics to City of Wauchula)
 - 1.1.1. Name, Address, Phone number and Contact person
 - 1.1.2. Number of members insured in each group
 - 1.1.3. Length of time as a client
2. Scope of Services:
 - 2.1. Complete the provided Benefit Comparison Table for the closest medical plan being quoted.
 - 2.1.1. Identify and detail any differences from current plan design – Attachment 8.7.
 - 2.1.2. If your company offers other plan designs, please include a detailed benefit description separately.
 - 2.2. Network discounts and strength:
 - 2.2.1. Discuss your network discounts that relate to this group.
 - 2.2.2. Describe your network strengths that relate to this group.
 - 2.2.3. What is your new provider outreach and contracting process?
 - 2.3. Identify if the Deductible and Out of Pocket Maximum(s) being quoted for each line are embedded or non-embedded.
 - 2.4. Describe and list any “Loss Control” mechanisms that your plans have included to help the City of Wauchula prevent misuse and abuse of benefits (examples: prior authorizations for medical procedures or medications, step therapy for medications, etc.).
 - 2.5. Describe the direct service team that the City of Wauchula and Agent of Record/Contract Effectuator will work with for daily service activities and functions.
 - 2.6. Loss history and utilization reporting (list all reports available):
 - 2.6.1. How often are reports provided?
 - 2.6.1.1. What are typical claims reporting lag timeframes?
 - 2.6.1.2. Are typical reports based on paid claims or incurred claims?
 - 2.6.2. Describe details provided in the reports (examples: standard monitoring, pharmacy utilization, high-cost claims, medical loss ratio and wellness utilization)?
 - 2.7. Employee health and wellness programs:
 - 2.7.1. Describe health and wellness programs included at no additional costs.
 - 2.7.2. Describe health and wellness programs available with additional costs.

- 2.7.3. Describe the ability for stated health and wellness programs to target specific conditions. Please list targeted conditions (diabetes, heart disease, etc.) and communication methods used in initiatives (letters, phone, email, social media, etc.).
- 2.7.4. Is there a wellness fund included? If so, how much?
- 2.8. Weight loss programs:
 - 2.8.1. The group is interested in receiving information and cost to include targeted weight loss programs such as covered prescriptions and procedures.
- 2.9. Member Health Spending Accounts
 - 2.9.1. Describe any relationship your company might have with companies that offer Health Savings Accounts.
 - 2.9.2. If any, does the company integrate insurer claims into member account management or any other integrated benefits?
 - 2.9.3. List any fees that the City of Wauchula or its members will incur for utilization of such accounts.
- 2.10. COBRA
 - 2.10.1. Describe if your company offers COBRA administration. Please list all lines administered and the cost of each line of business being administered.
 - 2.10.2. Does your company provide COBRA administration to lines administered outside of your company?
- 2.11. Employee Assistance Program (EAP)
 - 2.11.1. Describe if your company offers Employee Assistance Programs and if they are offered at an additional cost.
- 2.12. Benefits Administration System
 - 2.12.1. Does your company provide a Benefits Administration System? If so, provide name of system and describe its functionalities. Is there an additional cost?
- 3. Pricing:
 - 3.1. Complete the Proposed Plan Rate Table for the closest medical plan being quoted – **Attachment 8.8.**
 - 3.2. Identify any pooling point and associated costs with each plan (when applicable) being quoted.
 - 3.3. Describe any available profit-sharing programs being offered.
 - 3.4. Describe renewal rating process to be utilized.
 - 3.5. Describe timeline of renewal calculation and renewal offer.
 - 3.6. Describe methodology utilized in renewal calculation (please describe variances (if any) from first year renewal calculations and subsequent annual renewal calculations).
 - 3.7. Describe any rate guarantees or rate caps available.
 - 3.8. The City of Wauchula is currently offering a Health Savings Account contribution to employees. Is there a maximum allowed employer contribution to these type accounts that could cause a premium re-rating issue (Example: Funding a Health Savings Account to more than 50% of EE only deductible)?

- 3.9. Please list the past 5 years of annual pool rates.
- 3.10. Acentria Public Risk has an agreement with the City of Wauchula to act as their Agent of Record/Contract Effectuator. Please advise if you will include commissions in your pricing if the City of Wauchula chooses to do so. However, for purposes of this ITN, all pricing should exclude commissions.

Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan		Choice Plus
	Network coverage only You can usually save money when you receive care for covered health care services from network providers.	<input type="checkbox"/>
	Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	<input checked="" type="checkbox"/>
	Primary care physician (PCP) required With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.	<input type="checkbox"/>
	Referrals required You'll need referrals from your PCP before seeing a specialist or getting certain health care services.	<input type="checkbox"/>
	Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.	<input checked="" type="checkbox"/>
	Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.	<input checked="" type="checkbox"/>
	Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.	<input checked="" type="checkbox"/>
	Freestanding centers You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.	<input type="checkbox"/>
	Health savings account (HSA) With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.	<input checked="" type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Choice Plus works. Attachment 8.2

Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Single Coverage	\$2,500	\$5,000
Family Coverage	\$5,000	\$10,000

No one in the family is eligible for benefits until the family coverage deductible is met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
Preventive Care Services			
Preventive Care Services		No copay	40% *
<p>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible. An Out-of-Network deductible does not apply for Child Health Supervision Services.</p> <p>Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.</p>			
Office Services - Sickness & Injury			
Primary Care Physician		10% *	40% *
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.</p> <p>Telehealth is covered at the same cost share as in the office.</p>			
Specialist		10% *	40% *
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.</p> <p>Telehealth is covered at the same cost share as in the office.</p>			
Urgent Care Center Services		10% *	10% *

*After the Annual Medical Deductible has been met.

*Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Designated Network

Network

Out-of-Network

Virtual Care Services

No copay

40% *

Network Benefits are available only when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only. You can find a 24/7 Virtual Visit Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups.

Emergency Care

Ambulance Services - Emergency Medical Condition Ambulance

Air Ambulance

10% *

10% *

Ground Ambulance

10% *

10% *

Transportation costs of a newborn to the nearest appropriate facility for treatment are covered for both Air Ambulance and Ground Ambulance.

Ambulance Services - Non-Emergency Medical Condition Ambulance¹

Air Ambulance

10% *

10% *

Ground Ambulance

10% *

10% *

Transportation costs of a newborn to the nearest appropriate facility for treatment are covered for both Air Ambulance and Ground Ambulance.

Dental Services - Accident Only

10% *

10% *

Emergency Health Care Services - Outpatient¹

10% *

10% *

Inpatient Care

Congenital Heart Disease (CHD) Surgeries¹

10% *

40% *

Habilitative Services - Inpatient¹

The amount you pay is based on where the covered health care service is provided.

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.

Hospital - Inpatient Stay¹

10% *

40% *

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services¹

10% *

40% *

Limited to 60 days per year.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Outpatient Care			
Habilitative Services - Outpatient		10% *	40% *
<i>Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment.</i>			
<i>Visit limits for physical, occupational and speech therapies do not apply for Autism Spectrum Disorder up to the age of eighteen (18).</i>			
Home Health Care ¹		10% *	40% *
<i>Limited to 60 visits per year.</i>			
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>			
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	No copay *	40% *	40% *
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹		10% *	40% *
Major Diagnostic and Imaging - Outpatient ¹	10% *	40% *	40% *
<i>You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.</i>			
Physician Fees for Surgical and Medical Services		10% *	10% *
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment		10% *	40% *
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of speech therapy per year.</i>			
<i>Limited to 26 visits of manipulative treatments per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			
<i>Visit limits for physical, occupational and speech therapies do not apply for Autism Spectrum Disorder up to the age of eighteen (18).</i>			
Scopic Procedures - Outpatient Diagnostic and Therapeutic		10% *	40% *
<i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>			
Surgery - Outpatient ¹		10% *	40% *

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Designated Network

Network

Out-of-Network

Therapeutic Treatments - Outpatient¹

10% *

40% *

Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.

Supplies and Services

Diabetes Self-Management Items¹

The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.

Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care¹

The amount you pay is based on where the covered health care service is provided.

Durable Medical Equipment (DME), Orthotics and Supplies¹

10% *

40% *

Limited to a single purchase of a type of DME or orthotic every 3 years.

Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.

Enteral Nutrition

10% *

40% *

Hearing Aids

10% *

40% *

Limited to \$2,500 per year.

Limited to a single purchase per hearing impaired ear every 3 years.

Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.

Ostomy Supplies

10% *

40% *

Limited to \$2,500 per year.

Pharmaceutical Products - Outpatient

10% *

40% *

This includes medications given at a doctor's office, or in a covered person's home.

Prosthetic Devices¹

10% *

40% *

Limited to a single purchase of each type of prosthetic device every 3 years.

Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.

Urinary Catheters

10% *

40% *

Pregnancy

Pregnancy - Maternity Services¹

The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Mental Health Care & Substance Related and Addictive Disorder Services			
Inpatient ¹		10% *	10% *
Intensive Behavioral Therapy (e.g. ABA) ¹		10% *	40% *
Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment ¹		10% *	40% *
Outpatient Office Visits		10% *	40% *
Other Services			
Bones or Joints of the Jaw and Facial Region ¹		10% *	40% *
Cellular and Gene Therapy ¹		The amount you pay is based on where the covered health care service is provided.	
For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.			
Cleft Lip/Cleft Palate Treatment ¹		10% *	40% *
Clinical Trials ¹		The amount you pay is based on where the covered health care service is provided.	
Dental Services - Anesthesia and Hospitalization ¹		10% *	40% *
Fertility Preservation for Iatrogenic Infertility ¹		10% *	40% *
Limited to \$20,000 per Covered Person per lifetime.			
Limited to \$5,000 for Prescription Drug Products per Covered Person.			
Limited to 1 cycle of fertility preservation for Iatrogenic Infertility per lifetime.			
This Benefit limit will be the same as, and combined with, those stated under Preimplantation Genetic Testing (PGT) and Related Services.			
Gender Dysphoria ¹		The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.	
Limits for voice modification therapy and/or voice lessons will be the same as, and combined with, outpatient speech therapy limits as described under Habilitative Services and Rehabilitation Services Outpatient Therapy and Manipulative Treatment.			
Hospice Care ¹		10% *	40% *
Osteoporosis Treatment ¹		10% *	40% *
Preimplantation Genetic Testing (PGT) and Related Services ¹		10% *	40% *
Benefit limits for related services will be the same as, and combined with, those stated under Fertility Preservation for Iatrogenic Infertility. This limit does not include Preimplantation Genetic Testing (PGT) for the specific genetic disorder. This limit includes Benefits for ovarian stimulation medications provided under the Outpatient Prescription Drug Rider.			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Reconstructive Procedures¹

Designated Network

Network

Out-of-Network

The amount you pay is based on where the covered health care service is provided.

Transplantation Services¹

The amount you pay is based on where the covered health care service is provided.

Network Benefits must be received from a Designated Provider.

^{*}After the Annual Medical Deductible has been met.
¹Prior Authorization Required. Refer to COC/SBN.

Pharmacy Plan Details	
Pharmacy Network	National
Prescription Drug List	Advantage

In Network and Out of Network

Annual Pharmacy Deductible	
Individual	See the Annual Medical Deductible section
Family	See the Annual Medical Deductible section

Annual Deductible - Network and Out-of-Network

The Pharmacy Deductible is the amount you pay for pharmacy expenses per year before you begin to receive Pharmacy Benefits.

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	\$10*	\$10*	\$25*
Tier 2 \$\$	\$35*	\$35*	\$87.50*
Tier 3 \$\$\$	\$70*	\$70*	\$175*

* After the Annual Pharmacy Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2 or Tier 3.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For an out-of-network Pharmacy, you may have to pay the difference between the out-of-network reimbursement rate and the pharmacy's usual and customary charge.

Here's an example of how the plan's costs come into play.



* Your coinsurance may vary by service. This example is for illustrative purposes only.

More ways to help manage your health plan and stay in the loop.



Search the network to find doctors.

You can go to providers in and out of our network — but when you stay in network, you'll likely pay less for care. To get started:

- Go to welcometouhc.com > **Benefits** > **Find a Doctor or Facility**.
- Choose **Search for a health plan**.
- Choose **Choice Plus** to view providers in the health plan's network.



Manage your meds.

Look up your prescriptions using the Prescription Drug List (PDL). It places medications in tiers that represent what you'll pay, which may make it easier for you and your doctor to find options to help you save money.

- Go to welcometouhc.com > **Benefits** > **Pharmacy Benefits**.
- Select **Advantage** to view the medications that are covered under your plan.



Access your plan online.

With myuhc.com®, you've got a personalized health hub to help you find a doctor, manage your claims, estimate costs and more.



Get on-the-go access.

When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.

Good stuff
that's good
to know.

I dig it!

Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult/Child)
- Glasses
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing
- Routine Eye Care (Adult/Child)
- Routine Foot Care
- Weight Loss Programs

Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at an In-Network Retail Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The In-Network Retail Pharmacy Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from an In-Network Mail Order Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Retail Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at myuhc.com or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at myuhc.com or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how In-Network Mail Order Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy.

Other important information about your benefits.

Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product.
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury, except as required by state mandate.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Certain Prescription Drug Products for tobacco cessation.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives available.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.
- Certain compounded drugs.
- Diagnostic kits and products, including associated services.
- Drugs available over-the-counter.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Durable Medical Equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- Experimental or Investigational or Unproven Services and medications.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Medications used for cosmetic or convenience purposes.
- Prescription Drug Products dispensed outside the United States, except as required for Emergency Medical Condition treatment.
- Prescription Drug Products when prescribed to treat infertility. This exclusion does not apply to Prescription Drug Products prescribed to treat Iatrogenic Infertility and Preimplantation Genetic Testing (PGT) as described in the Certificate.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.

Attachment 8.2

UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توضيح: خدمات الترجمة متاحة للأشخاص الذين يتحدثون اللغة العربية (**Arabic**)، دون مقابل. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك. يمكنك أيضًا الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumaczenia. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વગરના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

UHC Rewards payout structure

	Action	Description	
One-time activities	Complete health survey	Learn how your health journey is going and offers to help improve your well being	\$25
	Get a biometric screening*	Complete annual bloodwork and measurements	\$75
	Go paperless	Switch to paperless communications	\$5
	Flu shot*	Get an annual flu shot	\$30
	Annual checkup*	Complete an annual checkup to support health and prevent illness	\$50
	24/7 Virtual Visit*	Talk to a provider by video for common urgent care needs	\$30
	Get a cervical screening*	Regular screening tests can help find changes in the cervix that can be treated before they become cancer	\$75
	Get a breast screening*	A mammogram can usually find breast changes that could be cancer years before symptoms develop	\$75
Tracker base	Get a cost estimate	A cost estimate informs you of the expected cost for an upcoming visit or service	\$40
	Connect a tracker	Automatically track activities	\$65
	Daily activity – goal 1	Track 15 active minutes or 5K steps per day	\$0.75
	Daily activity – goal 2	Track 30 active minutes or 10K steps per day	\$1.25
	Fitness challenge – weekly goal	Complete the daily activity goals 5 out of 7 days (Sunday to Saturday)	\$5
	Sleep tracking	Track sleep for 14 days	\$10
	Sleep challenge – weekly goal	Track 7 hours of sleep for 5 out 7 nights (Sunday to Saturday)	\$5
Maximum annual incentive			\$1,000



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*Claims based

Relationship	Benefit	Sex	DOB	Marital Status	Class	Zip	Coverage Level
Employee	Medical	M	4/6/1992	Married	Active Member	33834	Employee + Spouse
Spouse	Medical	F	9/20/1996	Married	Active Member	33834	Employee + Spouse
Employee	Medical	F	3/17/1976		Active Member	33873-2531	Employee
Employee	Medical	F	11/14/1961	Single	Active Member	33873	Employee
Employee	Medical	F	9/29/1993	Single	Active Member	33873	Employee
Employee	Medical	M	5/4/2000	Single	Active Member	33873	Employee
Employee	Medical	M	12/3/1971	Married	Active Member	33825	Employee + Spouse
Spouse	Medical	F	12/18/1971	Married	Active Member	33825	Employee + Spouse
Employee	Medical	M	10/23/2003		Active Member	33873-8455	Employee
Employee	Medical	M	11/6/1964	Married	Active Member	33890	Employee + Family
Spouse	Medical	F	6/28/1969	Married	Active Member	33890	Employee + Family
Child	Medical	F	8/4/2000	Married	Active Member	33890	Employee + Family
Employee	Medical	F	10/26/1971	Married	Active Member	33890	Employee + Family
Spouse	Medical	M	6/11/1968	Married	Active Member	33890	Employee + Family
Child	Medical	M	6/14/2003	Married	Active Member	33890	Employee + Family
Employee	Medical	M	11/5/1973		Active Member	33852-9078	Employee
Employee	Medical	M	12/9/1985	Married	Active Member	33890-4767	Employee + Family
Spouse	Medical	F	3/17/1984	Married	Active Member	33890-4767	Employee + Family
Child	Medical	F	12/17/2007	Married	Active Member	33890-4767	Employee + Family
Child	Medical	M	8/8/2009	Married	Active Member	33890-4767	Employee + Family
Employee	Medical	F	11/30/1984	Married	Active Member	33834	Employee + Family
Spouse	Medical	M	9/26/1986	Married	Active Member	33834	Employee + Family
Child	Medical	M	12/17/2013	Married	Active Member	33834	Employee + Family
Child	Medical	F	5/27/2016	Married	Active Member	33834	Employee + Family
Employee	Medical	F	2/17/1984	Married	Active Member	33841	Employee
Employee	Medical	M	11/13/2002	Single	Active Member	33834	Employee
Employee	Medical	M	3/24/1964	Married	Active Member	33873	Employee
Employee	Medical	M	5/22/1970	Married	Active Member	33852-9615	Employee
Employee	Medical	M	10/26/2001		Active Member	33890-2700	Employee
Employee	Medical	M	9/18/1969	Married	Active Member	33875	Employee + Family
Spouse	Medical	F	3/22/1971	Married	Active Member	33875	Employee + Family
Child	Medical	F	8/24/1999	Married	Active Member	33875	Employee + Family
Child	Medical	F	7/1/2010	Married	Active Member	33875	Employee + Family
Employee	Medical	M	8/22/1989	Single	Active Member	33873	Employee
Employee	Medical	F	12/2/1994	Married	Active Member	33873	Employee + Spouse
Spouse	Medical	M	6/7/1987	Married	Active Member	33873	Employee + Spouse
Employee	Medical	F	8/20/1981	Single	Active Member	33873	Employee + Child(ren)
Child	Medical	F	4/29/2014	Single	Active Member	33873	Employee + Child(ren)
Employee	Medical	M	10/20/1974	Divorced	Active Member	33872-2359	Employee + Child(ren)
Child	Medical	M	6/15/2002	Divorced	Active Member	33872-2359	Employee + Child(ren)
Child	Medical	F	12/23/2004	Divorced	Active Member	33872-2359	Employee + Child(ren)
Child	Medical	F	1/18/2002	Divorced	Active Member	33872-2359	Employee + Child(ren)
Employee	Medical	M	4/30/1998		Active Member	33873-2027	Employee
Employee	Medical	F	5/20/1972	Married	Active Member	33834	Employee
Employee	Medical	M	11/19/1969	Single	Active Member	33834-0344	Employee + Child(ren)
Child	Medical	M	6/8/2005	Single	Active Member	33834-0344	Employee + Child(ren)
Child	Medical	M	5/8/2007	Single	Active Member	33834-0344	Employee + Child(ren)
Employee	Medical	M	10/14/1970	Married	Active Member	33873	Employee + Child(ren)

Child	Medical	F	9/11/2017	Married	Active Member	33873	Employee + Child(ren)
Employee	Medical	F	12/26/2000	Married	Active Member	33873-3233	Employee
Employee	Medical	M	4/16/1989	Single	Active Member	33834	Employee
Employee	Medical	M	8/14/1972	Single	Active Member	33834	Employee
Employee	Medical	M	7/12/1970	Married	Active Member	33873	Employee
Employee	Medical	M	10/1/1963	Married	Active Member	33873-8638	Employee
Employee	Medical	M	4/26/2006		Active Member	33873-9409	Decline
Employee	Medical	M	2/15/1962	Divorced	Retiree	33834-2058	Employee
Employee	Medical	M	7/15/1968		Active Member	33825-8696	Employee
Employee	Medical	M	7/24/1991		Active Member	33954-3847	Employee
Employee	Medical	M	2/26/1969	Married	Active Member	33890-1276	Employee
Employee	Medical	F	12/28/1992	Married	Active Member	33873	Employee
Employee	Medical	M	6/7/2005	Single	Active Member	33872-2805	Decline
Employee	Medical	M	7/14/1989	Married	Active Member	33873-2547	Employee
Employee	Medical	F	10/12/1989		Active Member	33873-2547	Employee + Child(ren)
Child	Medical	M	1/4/2024		Active Member	33873-2547	Employee + Child(ren)
Employee	Medical	M	11/15/2001		Active Member	33825-8386	Employee
Employee	Medical	M	5/27/2005		Active Member	33870-2615	Employee
Employee	Medical	M	3/23/1984	Single	Active Member	33873-7000	Employee + Child(ren)
Child	Medical	F	12/2/2006	Single	Active Member	33873-7000	Employee + Child(ren)
Child	Medical	F	1/25/2006	Single	Active Member	33873-7000	Employee + Child(ren)
Child	Medical	F	1/25/2008	Single	Active Member	33873-7000	Employee + Child(ren)
Child	Medical	F	1/25/2008	Single	Active Member	33873-7000	Employee + Child(ren)
Child	Medical	M	5/28/2015	Single	Active Member	33873-7000	Employee + Child(ren)
Employee	Medical	M	1/31/2002	Single	Active Member	33873	Employee
Employee	Medical	M	9/5/1989	Married	Active Member	33873-2533	Employee + Family
Spouse	Medical	F	2/14/1990	Married	Active Member	33873-2533	Employee + Family
Child	Medical	F	12/18/2017	Married	Active Member	33873-2533	Employee + Family
Child	Medical	M	3/26/2014	Married	Active Member	33873-2533	Employee + Family
Employee	Medical	F	11/20/2004		Active Member	33890-3842	Employee
Employee	Medical	M	10/24/1968	Married	Active Member	33841	Employee + Spouse
Spouse	Medical	F	7/27/1990	Married	Active Member	33841	Employee + Spouse
Employee	Medical	F	5/20/1979	Married	Active Member	33825-9604	Employee + Child(ren)
Child	Medical	F	2/10/2003	Married	Active Member	33825-9604	Employee + Child(ren)
Child	Medical	M	11/16/2007	Married	Active Member	33825-9604	Employee + Child(ren)
Employee	Medical	M	4/10/2005		Active Member	33873-1429	Employee
Employee	Medical	M	1/26/1963	Single	Active Member	33873	Employee
Employee	Medical	M	11/19/1976	Married	Active Member	33873	Employee
Employee	Medical	M	2/28/1968	Married	Active Member	33873	Employee + Spouse
Spouse	Medical	F	2/25/1966	Married	Active Member	33873	Employee + Spouse
Employee	Medical	F	12/29/1977	Married	Active Member	33873	Employee + Family
Spouse	Medical	M	10/16/1975	Married	Active Member	33873	Employee + Family
Child	Medical	F	9/12/2011	Married	Active Member	33873	Employee + Family
Child	Medical	M	3/29/2010	Married	Active Member	33873	Employee + Family
Employee	Medical	M	3/17/1967	Single	Active Member	33873	Employee + Child(ren)
Child	Medical	F	11/3/2004	Single	Active Member	33873	Employee + Child(ren)
Employee	Medical	M	3/27/1993	Married	Active Member	33873	Employee + Family
Spouse	Medical	F	1/28/1995	Married	Active Member	33873	Employee + Family
Child	Medical	F	1/8/2020	Married	Active Member	33873	Employee + Family

Employee	Medical	M	5/19/2006		Active Member	33890-4760	Employee
Employee	Medical	M	7/5/1969	Single	Active Member	33873	Employee
Employee	Medical	F	8/17/1961	Married	Active Member	33834	Employee
Employee	Medical	M	7/4/1964	Married	Active Member	33890	Employee + Spouse
Spouse	Medical	F	6/28/1963	Married	Active Member	33890	Employee + Spouse
Employee	Medical	M	1/16/1968	Married	Active Member	33873	Employee
Employee	Medical	M	5/10/2003		Active Member	33872-1207	Decline
Employee	Medical	F	6/12/1987	Married	Active Member	33834-9712	Employee + Child(ren)
Child	Medical	M	6/2/2018	Married	Active Member	33834-9712	Employee + Child(ren)
Employee	Medical	F	10/21/1977	Married	Active Member	33873	Employee + Spouse
Spouse	Medical	M	8/13/1985	Married	Active Member	33873	Employee + Spouse
Employee	Medical	M	9/18/1996	Married	Active Member	33890	Employee + Spouse
Spouse	Medical	F	7/24/1995	Married	Active Member	33890	Employee + Spouse
Employee	Medical	M	1/13/1970	Married	Active Member	33852	Employee + Spouse
Spouse	Medical	F	8/20/1976	Married	Active Member	33852	Employee + Spouse
Employee	Medical	M	12/13/1961	Married	Active Member	33873	Employee + Spouse
Spouse	Medical	F	4/22/1963	Married	Active Member	33873	Employee + Spouse
Employee	Medical	M	1/5/1974	Married	Active Member	33873	Employee
Employee	Medical	F	11/14/1996		Active Member	33870-1504	Employee
Employee	Medical	F	3/9/1989	Single	Active Member	33853	Employee
Employee	Medical	F	9/1/1960	Married	Active Member	33865-3305	Employee + Spouse
Spouse	Medical	M	8/30/1960	Married	Active Member	33865-3305	Employee + Spouse
Employee	Medical	F	2/9/1987	Married	Active Member	33834-9802	Employee
Employee	Medical	M	8/18/1988		Active Member	33834-6826	Employee
Employee	Medical	M	7/1/1969	Married	Active Member	34266	Employee
Employee	Medical	F	9/6/1981	Married	Active Member	33873-3528	Employee
Employee	Medical	M	3/23/1987		Active Member	33870-6764	Employee + Child(ren)
Child	Medical	F	5/9/2013		Active Member	33870-6764	Employee + Child(ren)
Employee	Medical	M	7/30/2004		Active Member	33873-3351	Employee
Employee	Medical	M	2/14/2005		Active Member	33834-8986	Decline
Employee	Medical	M	11/22/1993		Active Member	33873-8757	Employee
Employee	Medical	F	9/3/1994	Married	Active Member	33873-2615	Employee + Family
Spouse	Medical	M	8/9/1990	Married	Active Member	33873-2615	Employee + Family
Child	Medical	F	4/17/2015	Married	Active Member	33873-2615	Employee + Family
Child	Medical	F	6/13/2024	Married	Active Member	33873-2615	Employee + Family
Employee	Medical	F	10/13/1975	Married	Active Member	33890-9413	Employee

Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Report Filter:
({-Policy Number} = 000922063) And ({Book Year/Month} = 2022-11, 2022-10, 2022-09, 2022-08, 2022-07, 2022-06, 2022-05, 2022-04, 2022-03, 2022-02, 2022-01, 2021-12, 2021-11, 2021-10) And ({Bill/Service Year/Month} = 2022-09, 2022-08, 2022-07, 2022-06, 2022-05, 2022-04, 2022-03, 2022-02, 2022-01, 2021-12, 2021-11, 2021-10) And ({Benefit Type Category} ({ID Field}) = 9 or 10) And ({Funding Arrangement Category} <> Administrative Services Only)

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2021-10	149	74	\$69,716	\$467.89	\$6,127	\$3,288	\$3,592	\$13,007	18.7%	\$87.29	
2021-11	150	75	\$70,286	\$468.58	\$19,142	\$3,311	\$4,691	\$27,144	38.6%	\$180.96	
2021-12	147	72	\$68,574	\$466.49	\$8,715	\$3,244	\$3,249	\$15,208	22.2%	\$103.46	
2022-01	151	74	\$70,848	\$469.19	\$8,679	\$3,437	\$4,310	\$16,426	23.2%	\$108.78	
2022-02	151	74	\$70,848	\$469.19	\$73,106	\$3,437	\$3,081	\$79,625	112.4%	\$527.32	
2022-03	147	72	\$69,706	\$474.19	\$5,117	\$3,346	\$6,157	\$14,620	21.0%	\$99.46	
2022-04	146	71	\$69,136	\$473.53	\$19,856	\$3,323	\$4,208	\$27,387	39.6%	\$187.59	
2022-05	146	71	\$69,136	\$473.53	\$16,822	\$3,323	\$3,361	\$23,506	34.0%	\$161.00	
2022-06	145	71	\$63,732	\$439.53	\$91,817	\$3,300	\$5,564	\$100,681	158.0%	\$694.35	
2022-07	148	73	\$70,602	\$477.04	\$34,466	\$3,368	\$4,017	\$41,851	59.3%	\$282.78	
2022-08	146	71	\$69,460	\$475.75	\$50,184	\$3,323	\$4,387	\$57,895	83.3%	\$396.54	
2022-09	147	72	\$70,031	\$476.40	\$166,751	\$3,346	\$5,912	\$176,009	251.3%	\$1,197.34	\$334.66

Total by Experience Period

Current Period	1,773	870	\$832,074		\$500,782	\$40,046	\$52,531	\$593,359	71.3%	\$334.66	
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Average Membership/PMPM Premium and Payments by Experience Period

Current Period	148	73	\$469.30		\$282.45	\$22.59	\$29.63	\$334.66			
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Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Report Filter:
({-Policy Number} = 000922063) And ({Book Year/Month} = 2024-12, 2024-11, 2024-10, 2024-09, 2024-08, 2024-07, 2024-06, 2024-05, 2024-04, 2024-03, 2024-02, 2024-01, 2023-12, 2023-11, 2023-10, 2023-09, 2023-08, 2023-07, 2023-06, 2023-05, 2023-04, 2023-03, 2023-02, 2023-01, 2022-12, 2022-11, 2022-10, 2022-09, 2022-08, 2022-07, 2022-06, 2022-05, 2022-04, 2022-03, 2022-02, 2022-01) And ({Bill/Service Year/Month} = 2022-09, 2022-08, 2022-07, 2022-06, 2022-05, 2022-04, 2022-03, 2022-02, 2022-01) And ({Benefit Type Category} {ID Field}) = 9 or 10) And ({Funding Arrangement Category} <> Administrative Services Only)

Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Please Note:
For markets moving to service fees, premiums are shown with service fees included. For markets continuing to pay commissions, premium still includes commissions.

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2022-01	151	74	\$70,848	\$469.19	\$8,625	\$3,437	\$4,304	\$16,366	23.1%	\$108.39	
2022-02	151	74	\$70,848	\$469.19	\$72,273	\$3,437	\$3,076	\$78,785	111.2%	\$521.76	
2022-03	147	72	\$69,706	\$474.19	\$5,053	\$3,346	\$6,144	\$14,542	20.9%	\$98.93	
2022-04	146	71	\$69,136	\$473.53	\$19,408	\$3,323	\$4,197	\$26,928	38.9%	\$184.44	
2022-05	146	71	\$69,136	\$473.53	\$16,620	\$3,323	\$3,350	\$23,292	33.7%	\$159.54	
2022-06	145	71	\$63,732	\$439.53	\$89,842	\$3,300	\$5,540	\$98,682	154.8%	\$680.56	
2022-07	148	73	\$70,602	\$477.04	\$38,732	\$3,368	\$3,995	\$46,095	65.3%	\$311.45	
2022-08	146	71	\$69,460	\$475.75	\$47,534	\$3,323	\$4,353	\$55,210	79.5%	\$378.15	
2022-09	147	72	\$70,031	\$476.40	\$148,076	\$3,346	\$5,827	\$157,248	224.5%	\$1,069.72	

Total by Experience Period											
Current Period	1,327	649	\$623,497		\$446,161	\$30,203	\$40,785	\$517,149	82.9%	\$389.71	
Prior Period	0	0	\$0		\$0	\$0	\$0	\$0	0.0%	\$0.00	

Average Membership/PMPM Premium and Payments by Experience Period											
Current Period	147	72	\$469.85		\$336.22	\$22.76	\$30.73	\$389.71			

The following grid shows detail of the main Summary Grid. If you have not requested to Add More Details to this Report, this grid will be a duplicate of the main Summary Grid. If you have requested to Add More Details to this Report, this grid will represent a detail breakout of the main Summary Grid.

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2022-01	151	74	\$70,848	\$469.19	\$8,625	\$3,437	\$4,304	\$16,366	23.1%	\$108.39	
2022-02	151	74	\$70,848	\$469.19	\$72,273	\$3,437	\$3,076	\$78,785	111.2%	\$521.76	
2022-03	147	72	\$69,706	\$474.19	\$5,053	\$3,346	\$6,144	\$14,542	20.9%	\$98.93	
2022-04	146	71	\$69,136	\$473.53	\$19,408	\$3,323	\$4,197	\$26,928	38.9%	\$184.44	
2022-05	146	71	\$69,136	\$473.53	\$16,620	\$3,323	\$3,350	\$23,292	33.7%	\$159.54	
2022-06	145	71	\$63,732	\$439.53	\$89,842	\$3,300	\$5,540	\$98,682	154.8%	\$680.56	
2022-07	148	73	\$70,602	\$477.04	\$38,732	\$3,368	\$3,995	\$46,095	65.3%	\$311.45	
2022-08	146	71	\$69,460	\$475.75	\$47,534	\$3,323	\$4,353	\$55,210	79.5%	\$378.15	
2022-09	147	72	\$70,031	\$476.40	\$148,076	\$3,346	\$5,827	\$157,248	224.5%	\$1,069.72	

Total by Experience Period											
Current Period	1,327	649	\$623,497		\$446,161	\$30,203	\$40,785	\$517,149	82.9%	\$389.71	
Prior Period	0	0	\$0		\$0	\$0	\$0	\$0	0.0%	\$0.00	

Average Membership/PMPM Premium and Payments by Experience Period											
Current Period	147	72	\$469.85		\$336.22	\$22.76	\$30.73	\$389.71			

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Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Report Filter:
({-Policy Number} = 000922063) And ({Book Year/Month} = 2024-12, 2024-11, 2024-10, 2024-09, 2024-08, 2024-07, 2024-06, 2024-05, 2024-04, 2024-03, 2024-02, 2024-01, 2023-12, 2023-11, 2023-10, 2023-09, 2023-08, 2023-07, 2023-06, 2023-05, 2023-04, 2023-03, 2023-02, 2023-01, 2022-12, 2022-11, 2022-10) And ({Bill/Service Year/Month} = 2023-09, 2023-08, 2023-07, 2023-06, 2023-05, 2023-04, 2023-03, 2023-02, 2023-01, 2022-12, 2022-11, 2022-10) And ({Benefit Type Category} ({ID Field}) = 9 or 10) And ({Funding Arrangement Category} <> Administrative Services Only)

Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Please Note:
For markets moving to service fees, premiums are shown with service fees included. For markets continuing to pay commissions, premium still includes commissions.

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2022-10	147	72	\$75,564	\$514.04	\$9,332	\$3,346	\$1,381	\$14,058	18.6%	\$95.64	
2022-11	151	74	\$78,050	\$516.88	\$14,565	\$3,437	\$3,581	\$21,584	27.7%	\$142.94	
2022-12	151	74	\$78,050	\$516.88	\$18,299	\$3,437	\$5,219	\$26,955	34.5%	\$178.51	
2023-01	151	74	\$78,050	\$516.88	\$22,743	\$3,598	\$7,703	\$34,044	43.6%	\$225.46	
2023-02	151	74	\$78,050	\$516.88	\$64,319	\$3,598	\$6,182	\$74,099	94.9%	\$490.73	
2023-03	151	74	\$73,050	\$483.77	\$76,169	\$3,598	\$6,611	\$86,379	118.2%	\$572.04	
2023-04	149	73	\$76,648	\$514.41	\$37,599	\$3,551	\$11,322	\$52,471	68.5%	\$352.16	
2023-05	135	70	\$70,666	\$523.45	\$93,183	\$3,217	\$5,049	\$101,448	143.6%	\$751.47	
2023-06	138	71	\$72,740	\$527.10	\$16,426	\$3,289	\$4,733	\$24,448	33.6%	\$177.16	
2023-07	130	67	\$68,500	\$526.93	\$70,511	\$3,098	\$7,966	\$81,575	119.1%	\$627.50	
2023-08	129	66	\$67,885	\$526.24	\$52,062	\$3,074	\$5,440	\$60,575	89.2%	\$469.58	
2023-09	130	70	\$69,126	\$531.74	\$76,110	\$3,098	\$12,422	\$91,630	132.6%	\$704.85	\$390.70

Total by Experience Period

Current Period	1,713	859	\$886,376		\$551,318	\$40,340	\$77,609	\$669,267	75.5%	\$390.70
Prior Period	0	0	\$0		\$0	\$0	\$0	\$0	0.0%	\$0.00

Average Membership/PMPM Premium and Payments by Experience Period

Current Period	143	72	\$517.44		\$321.84	\$23.55	\$45.31	\$390.70
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2022-11	151	74	\$78,050	\$516.88	\$14,565	\$3,437	\$3,581	\$21,584	27.7%	\$142.94	
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2023-01	151	74	\$78,050	\$516.88	\$22,743	\$3,598	\$7,703	\$34,044	43.6%	\$225.46	
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2023-03	151	74	\$73,050	\$483.77	\$76,169	\$3,598	\$6,611	\$86,379	118.2%	\$572.04	
2023-04	149	73	\$76,648	\$514.41	\$37,599	\$3,551	\$11,322	\$52,471	68.5%	\$352.16	
2023-05	135	70	\$70,666	\$523.45	\$93,183	\$3,217	\$5,049	\$101,448	143.6%	\$751.47	
2023-06	138	71	\$72,740	\$527.10	\$16,426	\$3,289	\$4,733	\$24,448	33.6%	\$177.16	
2023-07	130	67	\$68,500	\$526.93	\$70,511	\$3,098	\$7,966	\$81,575	119.1%	\$627.50	
2023-08	129	66	\$67,885	\$526.24	\$52,062	\$3,074	\$5,440	\$60,575	89.2%	\$469.58	
2023-09	130	70	\$69,126	\$531.74	\$76,110	\$3,098	\$12,422	\$91,630	132.6%	\$704.85	\$390.70

Total by Experience Period

Current Period	1,713	859	\$886,376		\$551,318	\$40,340	\$77,609	\$669,267	75.5%	\$390.70
Prior Period	0	0	\$0		\$0	\$0	\$0	\$0	0.0%	\$0.00

Average Membership/PMPM Premium and Payments by Experience Period

Current Period	143	72	\$517.44		\$321.84	\$23.55	\$45.31	\$390.70
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Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Report Filter:
({-Policy Number} = 000922063) And ({Book Year/Month} = 2024-12, 2024-11, 2024-10, 2024-09, 2024-08, 2024-07, 2024-06, 2024-05, 2024-04, 2024-03, 2024-02, 2024-01, 2023-12, 2023-11, 2023-10) And ({Bill/Service Year/Month} = 2024-09, 2024-08, 2024-07, 2024-06, 2024-05, 2024-04, 2024-03, 2024-02, 2024-01, 2023-12, 2023-11, 2023-10) And ({Benefit Type Category} ({ID Field}) = 9 or 10) And ({Funding Arrangement Category} <> Administrative Services Only)

Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Please Note:
For markets moving to service fees, premiums are shown with service fees included. For markets continuing to pay commissions, premium still includes commissions.

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2023-10	132	71	\$73,770	\$558.86	\$50,158	\$3,146	\$3,335	\$56,638	76.8%	\$429.08	
2023-11	131	70	\$73,125	\$558.21	\$9,122	\$3,122	\$2,787	\$15,030	20.6%	\$114.74	
2023-12	131	70	\$73,125	\$558.21	\$26,506	\$3,122	\$2,275	\$31,903	43.6%	\$243.53	
2024-01	128	69	\$72,814	\$568.86	\$84,324	\$3,361	\$3,194	\$90,879	124.8%	\$709.99	
2024-02	130	71	\$74,103	\$570.02	\$5,356	\$3,440	\$8,328	\$17,124	23.1%	\$131.73	
2024-03	135	73	\$76,670	\$567.93	\$44,524	\$3,519	\$11,101	\$59,144	77.1%	\$438.11	
2024-04	134	72	\$76,026	\$567.36	\$94,482	\$3,493	\$11,962	\$109,936	144.6%	\$820.42	
2024-05	137	74	\$77,805	\$567.92	\$42,032	\$3,571	\$14,636	\$60,240	77.4%	\$439.71	
2024-06	129	71	\$73,280	\$568.06	\$166,454	\$3,388	\$6,067	\$175,909	240.0%	\$1,363.63	
2024-07	131	72	\$74,414	\$568.05	\$5,036	\$3,440	\$14,814	\$23,291	31.3%	\$177.79	
2024-08	129	71	\$72,947	\$565.48	\$7,609	\$3,388	\$16,516	\$27,512	37.7%	\$213.27	
2024-09	127	70	\$66,480	\$523.47	\$105,088	\$3,335	\$19,765	\$128,189	192.8%	\$1,009.36	\$505.59

Total by Experience Period

Current Period	1,574	854	\$884,560		\$640,691	\$40,323	\$114,781	\$795,795	90.0%	\$505.59
Prior Period	0	0	\$0		\$0	\$0	\$0	\$0	0.0%	\$0.00

Average Membership/PMPM Premium and Payments by Experience Period

Current Period	131	71	\$561.98		\$407.05	\$25.62	\$72.92	\$505.59
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2023-10	132	71	\$73,770	\$558.86	\$50,158	\$3,146	\$3,335	\$56,638	76.8%	\$429.08	
2023-11	131	70	\$73,125	\$558.21	\$9,122	\$3,122	\$2,787	\$15,030	20.6%	\$114.74	
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2024-03	135	73	\$76,670	\$567.93	\$44,524	\$3,519	\$11,101	\$59,144	77.1%	\$438.11	
2024-04	134	72	\$76,026	\$567.36	\$94,482	\$3,493	\$11,962	\$109,936	144.6%	\$820.42	
2024-05	137	74	\$77,805	\$567.92	\$42,032	\$3,571	\$14,636	\$60,240	77.4%	\$439.71	
2024-06	129	71	\$73,280	\$568.06	\$166,454	\$3,388	\$6,067	\$175,909	240.0%	\$1,363.63	
2024-07	131	72	\$74,414	\$568.05	\$5,036	\$3,440	\$14,814	\$23,291	31.3%	\$177.79	
2024-08	129	71	\$72,947	\$565.48	\$7,609	\$3,388	\$16,516	\$27,512	37.7%	\$213.27	
2024-09	127	70	\$66,480	\$523.47	\$105,088	\$3,335	\$19,765	\$128,189	192.8%	\$1,009.36	\$505.59

Total by Experience Period

Current Period	1,574	854	\$884,560		\$640,691	\$40,323	\$114,781	\$795,795	90.0%	\$505.59
Prior Period	0	0	\$0		\$0	\$0	\$0	\$0	0.0%	\$0.00

Average Membership/PMPM Premium and Payments by Experience Period

Current Period	131	71	\$561.98		\$407.05	\$25.62	\$72.92	\$505.59
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Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Report Filter:
({-Policy Number} = 000922063) And ({Book Year/Month} = 2025-01, 2024-12, 2024-11, 2024-10) And ({Bill/Service Year/Month} = 2024-11, 2024-10) And ({Benefit Type Category} ({ID Field}) = 9 or 10) And ({Funding Arrangement Category} <> Administrative Services Only)

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2024-10	123	69	\$83,248	\$676.81	\$8,411	\$3,283	\$7,219	\$18,912	22.7%	\$153.76	
2024-11	124	73	\$31,839	\$256.76	\$14,948	\$3,309	\$8,705	\$26,961	84.7%	\$217.43	

Total by Experience Period

Current Period	247	142	\$115,087		\$23,358	\$6,591	\$15,923	\$45,873	39.9%	\$185.72	
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Average Membership/PMPM Premium and Payments by Experience Period

Current Period	124	71	\$465.94		\$94.57	\$26.69	\$64.47	\$185.72			
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Premium vs Claims Incurred Including IBNR - Underwriting - Basic

Report Filter:

((Funding Arrangement Category} ({ID Field}) <> 2) And ({-Policy Number} = 000922063) And ({Benefit Type Category} ({ID Field}) = 9 or 10) And (ApplyComparison("#0 between (select PRR_END_MTH_ID from REPORTING_PERIOD_LU where RPT_SET='COVID-19') and (select LD_MTH_ID from REPORTING_PERIOD_LU where RPT_SET = 'COVID-19')",{Bill/Service Year/Month} (ID)))

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio (Gross)	Total Payments PMPM	12 Month Rolling Average PMPM
2022-12	151	74	\$78,050	\$516.88	\$18,299	\$3,437	\$5,219	\$26,955	34.5%	\$178.51	
2023-01	151	74	\$78,050	\$516.88	\$22,743	\$3,598	\$7,703	\$34,044	43.6%	\$225.46	
2023-02	151	74	\$78,050	\$516.88	\$64,319	\$3,598	\$6,182	\$74,099	94.9%	\$490.73	
2023-03	151	74	\$73,050	\$483.77	\$76,169	\$3,598	\$6,611	\$86,379	118.2%	\$572.04	
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2023-05	135	70	\$70,666	\$523.45	\$93,182	\$3,217	\$5,049	\$101,447	143.6%	\$751.46	
2023-06	138	71	\$72,740	\$527.10	\$16,426	\$3,289	\$4,733	\$24,448	33.6%	\$177.16	
2023-07	130	67	\$68,500	\$526.93	\$70,508	\$3,098	\$7,966	\$81,572	119.1%	\$627.48	
2023-08	129	66	\$67,885	\$526.24	\$52,060	\$3,074	\$5,439	\$60,573	89.2%	\$469.56	
2023-09	130	70	\$69,126	\$531.74	\$76,109	\$3,098	\$12,420	\$91,627	132.6%	\$704.83	
2023-10	132	71	\$73,770	\$558.86	\$50,151	\$3,146	\$3,335	\$56,632	76.8%	\$429.03	
2023-11	131	70	\$73,125	\$558.21	\$9,120	\$3,122	\$2,786	\$15,028	20.6%	\$114.72	\$420.31
2023-12	131	70	\$73,125	\$558.21	\$26,888	\$3,122	\$2,274	\$32,283	44.1%	\$246.44	\$428.59
2024-01	128	69	\$72,814	\$568.86	\$84,022	\$3,361	\$3,193	\$90,577	124.4%	\$707.63	\$469.20
2024-02	130	71	\$74,103	\$570.02	\$5,339	\$3,440	\$8,325	\$17,105	23.1%	\$131.57	\$439.99
2024-03	135	73	\$76,670	\$567.93	\$44,464	\$3,519	\$11,097	\$59,080	77.1%	\$437.63	\$427.31
2024-04	134	72	\$76,026	\$567.36	\$93,874	\$3,493	\$11,957	\$109,324	143.8%	\$815.85	\$467.27
2024-05	137	74	\$77,805	\$567.92	\$41,883	\$3,571	\$14,630	\$60,085	77.2%	\$438.57	\$440.59
2024-06	129	71	\$73,280	\$568.06	\$165,000	\$3,388	\$6,062	\$174,449	238.1%	\$1,352.32	\$538.28
2024-07	131	72	\$74,414	\$568.05	\$4,984	\$3,440	\$14,799	\$23,224	31.2%	\$177.28	\$500.94
2024-08	129	71	\$72,947	\$565.48	\$7,522	\$3,388	\$16,500	\$27,409	37.6%	\$212.48	\$479.91
2024-09	127	70	\$66,480	\$523.47	\$103,475	\$3,335	\$19,716	\$126,526	190.3%	\$996.27	\$503.00
2024-10	123	69	\$83,248	\$676.81	\$8,411	\$3,283	\$7,219	\$18,912	22.7%	\$153.76	\$481.79
2024-11	124	73	\$31,839	\$256.76	\$14,948	\$3,309	\$8,705	\$26,961	84.7%	\$217.43	\$491.61

Total by Experience Period

Current Period	1,558	855	\$852,751		\$600,809	\$40,647	\$124,477	\$765,933	89.8%	\$491.61
Prior Period	1,678	854	\$879,658		\$586,686	\$39,825	\$78,765	\$705,276	80.2%	\$420.31

Average Membership/PMPM Premium and Payments by Experience Period

Current Period	130	71	\$547.34		\$385.63	\$26.09	\$79.90	\$491.61
Prior Period	140	71	\$524.23		\$349.63	\$23.73	\$46.94	\$420.31

% Change

Current Period vs	(7.2%)	0.1%	4.4%		10.3%	9.9%	70.2%	17.0%
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Current Plan Monthly Rate Contribution Shares by Employer and Employee

2022-23 Total Premium		Employer Share	Employee Share
EE Only	\$615.93	\$615.93	\$0.00
EE/Spouse	\$1,401.91	\$1,244.71	\$157.20
EE/Child(ren)	\$1,083.82	\$990.24	\$93.58
EE/Family	\$1,837.80	\$1,593.43	\$244.37

2023-24 Total Premium		Employer Share	Employee Share
EE Only	\$644.53	\$644.53	\$0.00
EE/Spouse	\$1,467.01	\$1,302.51	\$164.50
EE/Child(ren)	\$1,134.15	\$1,036.23	\$97.92
EE/Family	\$1,923.14	\$1,667.42	\$255.72

2024-25 Total Premium		Employer Share	Employee Share
EE Only	\$745.66	\$745.66	\$0.00
EE/Spouse	\$1,697.19	\$1,506.88	\$190.31
EE/Child(ren)	\$1,312.10	\$1,198.81	\$113.29
EE/Family	\$2,224.89	\$1,929.04	\$295.85

Respondent Name:

(NOTE: Data is expressed as the amount the member pays)

Plan Name		Current	Proposed
UnitedHealthcare Choice Plus - DU77 w/ H.S.A			
Financial Features			
Deductible			
	In-Network Single Coverage	\$2,500	
	In-Network Family Coverage	\$5,000	
	Out-of-Network Single Coverage	\$5,000	
	Out-of-Network Family Coverage	\$10,000	
Coinsurance			
	In-Network Member Coinsurance	10%	
	Out-of-Network Member Coinsurance	40%	
Out-of-Pocket Limit			
	In-Network Single Coverage	\$5,000	
	In-Network Family Coverage	\$10,000	
	Out-of-Network Single Coverage	\$10,000	
	Out-of-Network Family Coverage	\$20,000	
Preventive Care Services		*Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings	
Preventive Care			
	In-Network	No copay; Deductible waived	
	Out-of-Network	Deductible + 40%	
Office Services - Sickness & Injury			
Primary Care Physician			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Specialist			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Urgent Care			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 10%	
Virtual Care Services		*Benefits are available only when services are delivered through a Designated Virtual Network Provider.	
	In-Network	Deductible + 0%	
	Out-of-Network	Deductible + 40%	
Emergency Care			
Emergency Ambulance (Air & Ground)			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 10%	
Non-Emergency Ambulance (Air & Ground)			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 10%	
Accidental Dental			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 10%	
Emergency Room			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 10%	

Inpatient Care			
Congenital Heart Disease Surgeries			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Hospital Inpatient Stays			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Inpatient Habilitative Services			
	In-Network	*Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitative Services. The amount you pay is based on where the covered health care service is provided.	
	Out-of-Network		The amount you pay is based on where the covered health care service is provided.
Skilled Nursing Facility & Inpatient Rehabilitation Facility Services			
	In-Network	*Limited to 60 days per year Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Outpatient Care			
Habilitative Services			
	In-Network	*Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment. Visit limits for physical, occupational and speech therapies do not apply to Autism Spectrum Disorder up to the age of 18.	
	Out-of-Network		Deductible + 40%
Home Health Care			
	In-Network	*Limited to 60 visits per year. One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.	
	Out-of-Network		Deductible + 40%
Lab Testing			
	Designated Network	Deductible + 0%	
	In-Network	Deductible + 40%	
	Out-of-Network	Deductible + 40%	
X-Ray and Other Diagnostic Testing			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Major Diagnostic and Imaging			
	Designated Network	Deductible + 10%	
	In-Network	Deductible + 40%	
	Out-of-Network	Deductible + 40%	
Physician Fees for Surgical and Medical Services			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 10%	

Rehabilitation Services		*Visit limits for physical, occupational and speech therapies do not apply to Autism Spectrum Disorder up to the age of 18.	
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
	Cognitive Rehabilitation Therapy	20 visits per year	
	Cardiac Rehabilitation Therapy	36 visits per year	
	Speech Therapy	20 visits per year	
	Pulmonary Rehabilitation Therapy	20 visits per year	
	Physical Therapy	20 visits per year	
	Post-Cochlear Implant Aural Therapy	30 visits per year	
	Occupational Therapy	20 visits per year	
	Manipulative Treatments	26 visits per year	
Scopic Procedures		*Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.	
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Surgery			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Therapeutic Treatments		*Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.	
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
<u>Supplies and Services</u>			
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care			
	In-Network	The amount you pay is based on where the covered health care service is provided.	
	Out-of-Network	The amount you pay is based on where the covered health care service is provided.	
Diabetes Self-Management Items			
	In-Network	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME),Orthotics and Supplies or in the Prescription Drug Benefits Section.	
	Out-of-Network	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME),Orthotics and Supplies or in the Prescription Drug Benefits Section.	
Durable Medical Equipment, Orthotics and Supplies		*Limited to a single purchase of a type of DME or orthotic every three years. *Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.	
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Enteral Nutrition			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	

		*Limited to \$2,500 per year. Benefits are further limited to a single purchase per hearing impaired ear every three years. Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.	
Hearing Aids	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
		*Limited to \$2,500 per year	
Ostomy Supplies	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
		*This includes medications given at a doctor's office, or in a covered person's home.	
Pharmaceutical Products	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
		*Limited to a single purchase of each type of prosthetic device every three years. Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.	
Prosthetic Devices	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Urinary Catheters	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
<u>Pregnancy</u> Maternity Services			
	In-Network	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the hospital is the same as the mother's length of stay.	
	Out-of-Network	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the hospital is the same as the mother's length of stay.	
<u>Mental Health Care & Substance Related and Addictive Disorder Services</u>			
Inpatient	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 10%	
Intensive Behavioral Therapy (e.g. ABA)	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment			
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Outpatient Office Visits	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
<u>Other Services</u>			
Bones or Joints of the Jaw and Facial Region	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	

Cellular or Gene Therapy	In-Network	*Cellular or Gene Therapy services must be received from a Designated Provider The amount you pay is based on where the covered health care service is provided. The amount you pay is based on where the covered health care service is provided.	
	Out-of-Network		
Cleft Lip/Cleft Palate Treatment	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Clinical Trials	In-Network	The amount you pay is based on where the covered health care service is provided.	
	Out-of-Network	The amount you pay is based on where the covered health care service is provided.	
Dental Services - Anesthesia and Hospitalization	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Fertility Preservation for Latrogenic Infertility	*Limited to \$20,000 per Covered Person per lifetime. *Limited to \$5,000 for Prescription Drug Products per Covered Person. *Limited to 1 cycle of fertility preservation for latrogenic infertility per lifetime. *This Benefit limit will be the same as, and combined with, those stated under Preimplantation Genetic Testing (PGT) and Related Services.		
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Gender Dysphoria	*Limits for voice modification therapy and/or voice lessons will be the same as, and combined with, outpatient speech therapy limits as described under Habilitative Services and Rehabilitative Services Outpatient Therapy and Manipulative Treatment.		
	In-Network	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.	
	Out-of-Network	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.	
Hospice Care	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Osteoporosis Treatment	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	
Preimplantation Genetic Testing (PGT) and Related Services	*Benefit limits for related services will be the same as, and combined with, those stated under Fertility Preservation for latrogenic Infertility. This limit does not include Preimplantation Genetic Testing (PGT) for the specific genetic disorder. This limit includes Benefits for ovarian stimulation medications provided under the Outpatient Prescription Drug Rider.		
	In-Network	Deductible + 10%	
	Out-of-Network	Deductible + 40%	

Reconstructive Procedures			The amount you pay is based on where the covered health care service is provided.	
	In-Network			
	Out-of-Network	The amount you pay is based on where the covered health care service is provided.		
Transplantation Services			*Network Benefits must be received from a Designated Provider.	
	In-Network	The amount you pay is based on where the covered health care service is provided.		
	Out-of-Network	The amount you pay is based on where the covered health care service is provided.		
Pharmacy Plan Details			*Advantage Prescription Drug List - Rx 570	
In-Network Retail (Up to a 31-day supply)				
	Tier 1	Deductible + \$10		
	Tier 2	Deductible + \$35		
	Tier 3	Deductible + \$70		
Out-of-Network Retail (Up to a 31-day supply)				
	Tier 1	Deductible + \$10		
	Tier 2	Deductible + \$35		
	Tier 3	Deductible + \$70		
Mail Order (Up to a 90-day supply)				
	Tier 1	Deductible + \$25		
	Tier 2	Deductible + \$87.50		
	Tier 3	Deductible + \$175		

Signature of Respondent

Date

Respondent Name:

Plan(s) Name Proposed:

Network Name of Proposed Plan(s):

Tier

EE Only

EE/Spouse

EE/Child

EE/Family

Signature of Respondent

Date



**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____

Name and Title of Authorized Representative

Signature of Authorized Representative



INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.