

**REQUEST FOR PROPOSALS FOR**

**CONVENTIONALLY INSURED EMPLOYEE**

**GROUP HEALTH, HMO, PRESCRIPTION DRUG,**

**DENTAL AND DENTAL PPO COVERAGE**

**AND**

**EMPLOYEE GROUP**

**HEALTH, PRESCRIPTION DRUG, AND DENTAL**

**PROGRAM ADMINISTRATIVE SERVICES**

**AND**

**SPECIFIC STOP/LOSS INSURANCE COVERAGE**

**FOR**

**LUCAS COUNTY EMPLOYEES AND THEIR FAMILIES**

**ONE GOVERNMENT CENTER**

**SUITE 800**

**TOLEDO, OHIO 43604**

**SEPTEMBER, 2009**

## LEGAL NOTICE

The Board of Lucas County Commissioners will be receiving proposals for conventionally insured Employee Group Life, Health, HMO, Prescription Drug, Dental and Dental Preferred Provider Organization coverage for employees. Lucas County will also receive proposals for Administrative Services, and Specific & Aggregate Stop-Loss Reinsurance for the self-insured Lucas County Health, HMO, Prescription Drug, Dental and Dental PPO programs. Written specifications are available through the county website at: [www.co.lucas.oh.us](http://www.co.lucas.oh.us) under Employee Benefits/Wellness/Request for Proposals, beginning Monday, September 7, 2009.

Proposals must be completed and returned no later than 2:00 p.m. on Monday, October 19, 2009. Completed materials must be stamped for time and date placed in the bid box in the reception area of the offices of the Lucas County Commissioners, One government Center, Suite 800, Toledo, Ohio 43604. All proposal materials will be opened at that time. All coverage is effective March 1, 2010. Questions may be directed to Jim Wells, Consultant, at (419) 471-7451.

The right is reserved to reject any and all proposals.

By order of the Board of County Commissioners, Lucas County, Ohio

Pete Gerken President  
Tina Skeldon Wozniak, Commissioner  
Ben Konop, Commissioner

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## SECTION I: INTRODUCTION

Lucas County currently makes available group term life, health, dental, HMO, and prescription drug coverage for more than 3600 employees. Eligibility requirements are defined by the Lucas County Employee Benefits Eligibility Rules. Respondents should note the initial eligibility, maintenance of eligibility and spouse eligibility criteria. Since 1982 the Board of Commissioners of Lucas County has closely monitored an upward trend in health care costs and has periodically requested proposals from the insurance, HMO, Pharmacy Benefit management (PBM) and administrative services industry to recommend innovative solutions to the problem without reducing benefits. As a result of this periodic request for proposal process the County has contracted with, at various times, insurance companies, HMOs, preferred provider organizations (PPOs), pharmacy benefit managers (PBM) and third party administrators (TPAs).

This request for proposals is intended to solicit quotations from qualified insurance companies for group health, HMO, prescription drug, dental and dental PPO conventional insurance quotations as well as administrative services and reinsurance quotations for the health, prescription drug and dental portions of the benefits plan for program years 2010 and 2011. (Program years begin March 1 each year for all benefits.)

Lucas County currently provides employees their choice of one HMO plan (Paramount) or one of two health plans (the Lucas County Plan) through a PPO network (FrontPath or Physicians Health Collaborative), their choice of either a traditional dental indemnity plan or a dental plan through a PPO network of dentists (MetLife) and one prescription drug plan.

There is no employee payroll deduction required to participate in any of these plans. The lone exception is for employees who enroll in a health care plan for family coverage who wish to have their spouse enrolled as primary with Lucas County. Spouses are required to enroll as primary through any health care plans or retiree health care plans available through their employer (other than Medicare) for which they are eligible as required by the Eligibility Rules

The HMO and Physicians Health Collaborative (PHC) plans require a \$10 co-payment for primary care physician office visits, a \$15 co-payment for specialists and a \$100 co-payment for emergency room usage. The plan requires a 20% co-payment for medical services with an annual out of pocket maximum of \$1,000 per individual and \$2,000 per family. Physician office and emergency room co-payments are not included in the out of pocket maximums. There is no deductible.

The health plan through the PPO (Lucas County Plan) also requires a \$10 co-payment for primary care physician office visits, a \$15 co-payment for specialists and a \$100 co-payment for emergency room usage. The PPO plan requires a 20% co-payment for medical services with an annual out of pocket maximum of \$1,500 per individual and \$3,000 per family if services are provided within the FrontPath network of participating providers. The USA MCO network serves as the PPO wrap network. Elective medical services obtained from non-network medical providers require a 40% co-payment without any annual out of pocket maximum. Urgent Care and emergency room co-payments do not apply to the annual out of pocket maximums but physician office visit co-payments do. There is no deductible.

The traditional dental plan has no annual deductible and pays 100% up to the UCR for preventative dentistry services. For restorative services the plan requires a \$25 per person annual deductible (\$75 per family) and pays 80% up to the UCR. The maximum benefit payable by the plan is \$1,000 per covered person per plan year. There is no orthodontia coverage.

The Dental PPO plan (MetLife) requires all services be provided by a participating network provider in order for services to be paid at the highest level. There is no annual deductible and the plan pays up to 100% of the UCR for preventative dentistry services. For

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restorative services the plan requires a \$25 per person annual deductible (\$75 per family) and pays 80% up to the UCR. The maximum benefit payable by the plan is \$1,500 per covered person per plan year. Participating providers in the dental PPO plan have agreed to accept the UCR payment as payment in full without balance billing. Additionally, the dental PPO plan will pay 80% of an approved orthodontia treatment plan, up to a total plan maximum benefit of \$1,000 per member, per lifetime. The PPO plan uses the MetLife network of dental providers. Conventionally insured quotations for the dental PPO option for up to three years are being requested at this time.

The prescription drug program is administered through Total Script. Effective April 1, 2004 the retail portion of the plan has no annual deductible and requires a 20% co-payment for each generic medication up to \$8 per script for up to a 30-day supply (Tier I). A co-payment of \$25 per script is required for preferred brand name medications for up to a 30-day supply (Tier II). A 20% co-payment is required for any brand name medication dispensed for which there is an AB generic equivalent manufactured (including DAWs) for up to a 30 day supply and for any brand name medication introduced to the market after April 1, 2004 for 36 months (Tier III). If a non-network pharmacy is used a reimbursement is provided at a reduced benefit level. Injectable insulin and oral contraceptives are covered. Disposable syringes and needles are also covered but only when prescribed with insulin. Insulin and Human Organ Transplant drugs are considered generic for purposes of determining the co-payment. A mail order option is available with the above co-payment schedule but with a 90-day supply (Tier III medications are limited to a 30 day supply). Enrollees are eligible for an annual \$350 out of pocket maximum for Tier II brand name medications and \$500 for Tier III medications if they enroll in and complete the Lucas County Expanded Prescription Drug Use Review Program with a participating pharmacist. This program is available at no charge for any enrollee. The Total Script formulary applies. Respondents must demonstrate the ability to administer the prescription drug use review program negotiated benefit.

Lucas County currently is under contract with the Health Care Payer's Coalition (HCPC) to provide administrative services for the Lucas County Plan and the dental indemnity plan. The Dental PPO program is conventionally insured through MetLife. Health Care Services, Inc. is under contract to HCPC to provide medical management and case management services. A specific stop/loss policy is provided through HM Life. The specific attachment point is \$400,000 including the self-insured health and prescription drug plans.

Coordination of benefit provisions apply to all the above benefits. The above is only a brief summary. Copies of the actual plan documents are included elsewhere in this web site.

Plan enrollment as of September, 2009 is described below.

	<u>Single</u>	<u>Family</u>	<u>Total</u>
Paramount (HMO)	465	1081	1546
Lucas County Plan (PPO PHC)	7	15	22
Lucas County Plan (PPO Fpath)	613	1346	1959
Lucas County Dental Plan	887	1956	2843
Lucas Count Dental PPO	174	575	749
Lucas County Drug Plan	1078	2448	3526
Life Insurance	3618		3618

Open enrollment meetings are held each year in January. Employees are encouraged to attend and make their selections for the next program year. Selections are binding for the entire program year. Program years begin March 1 each year for all programs. Selected vendors are required to be present during open enrollment meetings.

No confidential or proprietary information is being required of any respondent to this request for proposals. Any information provided as part of any proposal will be considered confidential subject to applicable public information laws. Respondent is responsible to clearly

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indicate any portions of their proposal the respondent considers to be proprietary, confidential or trade secret.

A schedule of the services currently being provided to the County and their respective fees is included elsewhere in this web site.

Quotes for Vision coverage are not being requested as part of this RFP process.

All proposals should clearly delineate the respondent's ability to comply with all prevailing State and Federal laws including, but not limited to, Ohio's prompt pay laws and the Health Insurance Portability and Accountability Act. Selected vendors will be required to receive, process and comprehend the County's 834 file reporting format for updating enrollment weekly.

Should the County elect to return to self insurance for some or all employees the County is interested in receiving proposals from qualified claims administrators to receive and adjudicate health insurance claims, provide accurate and timely utilization reports and arrange for specific stop/loss insurance policies that limit the County's financial liability for medical **and** prescription drug claims to a 15/12 specific level of not more that \$400,000 per person per year. This figure is for the Lucas County Plan level of benefits with a \$10 PCP, \$15 specialist office visit rider and additional wellness provisions including (but not limited to) annual physicals, mammograms, pap tests (including lab charges), PSA tests and well child state mandated benefits added. Stop/loss attachment points for lesser amounts will be considered. The stop loss attachment point does not include dental claims. The County's stop loss liability for dental claims is limited to the \$1,000 annual maximum allowed in the dental plan of benefits. The County may or may not continue to purchase stop/loss insurance.

Data reporting is considered to be a very important service and the County does not wish to be placed in a position of incomplete or insufficient data regarding the plan's performance. **As such, all proposal respondents are advised to carefully read and be in compliance with the proposal requirements and timelines set forth in this request for proposals. Respondents are also advised that submission of a proposal is understood to mean that they are aware of these data requirements, are in complete agreement with them, are capable of compliance, are willing to completely comply, and acknowledge that these requirements take precedence over any subsequent contract language and/or interpretation the respondent may wish or attempt to impose to restrict the provision of data.**

The self insurance claims experience provided in this RFP represent net dollars billed to the County and paid after provider discounts, cost management and coordination of benefit savings have been realized though they may not include discounts retained by insurance carriers for conventionally insured products. Insurance companies and HMOs report on a different basis and may not reveal the actual paid amounts. Proposal materials submitted should highlight expected paid claims and all provider discounts, if any, and c.o.b. savings anticipated. Any provider discounts should be expressed as guaranteed dollars or as a guaranteed percentage of paid claims but with a documentable estimate of what the total claims cost prior to discounting will be.

Respondents must document that the actual amount billed to the County for self-insured health, dental and Rx services is the actual amount reimbursed to medical providers for the services. The County requires electronic support documentation for all invoices submitted for claims. Please see Section III, paragraph 17 for the required claims invoice format.

The County is interested in receiving proposals for conventionally insuring all lines of coverage (Health, HMO, Dental, and Prescription Drug). **Therefore, proposals are welcome from any interested parties wishing to address all or only certain lines of coverage or portions of the services proposed as defined below.** Interested parties are welcome to quote on any or all lines of coverage. Administrative services agents should be prepared to provide

stop/loss insurance to be inclusive of any line of coverage they intend to recommend be retained in the ASO format. The County retains the right to conventionally insure any and all lines of coverage. The County retains the right to negotiate directly with any carrier.

Respondents interested in submitting a conventional quote for the Lucas County Plan should complete and return form #4 for the current level of coverage and for current benefits through a PPO network and #4A for HMO coverage. Forms may be amended as needed to accommodate the concept, entity, and/or product being proposed.

**CLAIMS ADMINISTRATION.**

The County may wish to purchase claims administration services for self-insured hospital, physician, other medical, dental and prescription drug coverage. The chosen administrator must be licensed in the State of Ohio, demonstrate the expertise to provide all facets of service commonly associated with claims processing including, but not limited to: receiving and adjudicating claims from medical providers and employees, validating enrollment in the plan, determining medical necessity, validating legitimate expenditures, authorizing payments, cutting and mailing the actual checks, and providing routine monthly and quarterly reports according to the informational requirements specified in Section III (General Plan Provisions), as well as any reporting required by federal, state, and/or locale statutes applicable to funding arrangements of this type. A monthly diskette detailing all claims activity for all self-insured plans must be submitted to the County for electronic auditing purposes in addition to a paper invoice. Please see Section III, paragraph #17.

Proposals from third party administrators that are recommending a network of preferred providers must include a letter from that network indicating that their administrative capabilities have been audited by that network and that the full value of the network negotiated contracts with the medical providers of that network will be realized by the County.

The chosen claims administrator will be required to submit a level one SAS-70 report describing its procedures and safeguards or the equivalent. Additionally, the chosen claims administrator will be responsible for all facets of operationalization including the initial enrollment of all employees and dissemination of all personalized identification cards by March 1, 2009. Summary Plan Descriptions will be displayed on the County website. Other than coordination, no agency or staff of the County shall be required to handle claims or provide services other than distribution of claim forms.

In order to maximize the cash flow advantages inherent in ASO programming and, at the same time observe legal limitations imposed on the County, certain parameters of performance are required of the administrative services agent.

1. The claims administrator must receive and adjudicate all clean claims within 20 days of receipt.
2. A detailed report of claims must then be forwarded to the County for review before payment is authorized
3. Upon receipt of this claims report the County may instruct the administrator to advance to the provider a prescribed level of compensation while reserving a small percentage of certain claims scheduled for medical audit by the County.
4. The County will then advance the amount authorized to the administrator to forward to the appropriate medical providers.

It is conceivable, depending upon HMO enrollment, that the monthly claims due by the County could total as much as \$2,000,000. The County must be protected against the unlikely eventuality that these funds would be used for some purpose other than those for which they are intended: payments to providers as reimbursement for medical services provided. Therefore, the chosen administrator must secure a performance bond, or errors and omissions insurance

coverage, sufficient to cover the cost of these claims specifically naming Lucas County as the insured. This performance bond or insurance coverage must be executed entirely and exclusively on behalf of the County's account and should be separate and distinct from any letters of credit and/or performance bonds the chosen administrator may currently or otherwise have in force. This bond or insurance is an addition to any bonding required of third party administrators by state law.

The County may consider up to a three-year contract award for these services. Those parties interested in submitting a proposal must complete the **Non-Collusion Affidavit (Form #1A), Delinquent Tax Statement (Form #1B), and proposal Forms 2A, 2B, and 2C as well as the Additional Forms**. Any Third Party Administrator selected by the County must be licensed to do business in the state of Ohio.

#### **PREFERRED PROVIDER ORGANIZATIONS (PPOs).**

The County is interested in receiving proposals for providing health coverage through preferred provider networks (PPOs). **Therefore, proposals are welcome from any interested parties wishing to address all or only certain lines of coverage or portions of the services proposed as defined below.** Interested parties are welcome to quote on any or all lines of coverage. Respondents for PPO services under this approach need to clearly identify the following parameters associated with utilization of their products:

- Nature of the Panel including listing of all inpatient facilities (including whether it is possible to utilize the hospital panel without ancillary medical contracts and/or physician panel).
- Requirement for utilization of physician panels.
- Complete listings of physicians included on panel.
- Complete listing of all ancillary medical facilities available (including requirement to utilize or not utilize).
- Steerage requirements (if any) including service area dimensions inside of which steerage penalties apply.
- Reimbursement methodology (discount from billed charges, DRG, per-diems, other).
- Expected savings by line of business (Inpatient hospital, outpatient hospital, ambulatory surgical, radiology, laboratory, physician panel, durable medical, etc.).
- Medical management (address flexibility or inflexibility associated with medical management including any requirements to utilize PPO's only or permitted to select own).
- Third party administrative relations (including whether County is required to utilize PPO's only or permitted to select their own).
- Charges for access to panel(s) including a breakdown by line of service, if permitted (e.g., charges for hospital panel access only, physician panel only, ancillary medical, etc.).
- Hospitals listed as participating must include all internal ancillary services including ER, laboratory, pathology, radiology, etc.
- Any nationally recognized accreditation.

#### **ULTIMATE LIABILITY (STOP/LOSS) COVERAGE.**

The County does not currently purchase aggregate stop/loss insurance. It is the specific intention of the County to determine in advanced the annual financial exposure the County must assume for hospital, surgical, physician, other medical, and prescription drug expenses. The most recent claims experience information available on the group defines total expenditures from January 1, 2005 through July, 2009 paid in actual claims (See Section VI, Claims History).

These stop/loss policies can be provided either through the claims processing agent or a separate insurer. **Those offering proposals for reinsurance should complete and return**

**Forms #3 along with a completed Non-Collusion Affidavit (form #1A) and Delinquent Property Tax Form (Form #1B) as well as the Additional Forms.** Interested parties should note the County may wish to guarantee reinsurance premiums for two (2) years while retaining the flexibility of altering the attachment point for the second year of coverage.

### **HMO REQUEST FOR PROPOSALS**

In March of 1986 the County offered the MedChoice Auto level HMO option to all County employees. The Auto Level HMO option was the premiere benefits package available through MedChoice. As a result of this attractive HMO alternative 1,323 employees, or 48.3 percent of the entire employee group, opted for the MedChoice plan. In March of 1987 this enrollment was increased to approximately 60 percent of the entire group. By March of 1988, in spite of the loss of the Office Visit Rider, which waived the \$5 per office visit charge for participating physicians, enrollment in the MedChoice HMO option totaled 547 single plans and 1,406 family plans representing 67 percent of the employee group.

Effective March 1, 1989, Lucas County employees were offered their choice of one of two HMOs: MedChoice or Family Health Plan. Each plan featured its own participating providers, a \$5 physician office visit deductible and a \$2 deductible prescription drug program of participating pharmacies. Effective March 1, 1991 the two HMO plans made available to County employees were Family Health Plan and Toledo Health Plan. No prescription drug coverage was offered through either of these HMOs. For 1990 County employees who wished to enroll in MedChoice were required to pay for the difference in premiums over the Lucas County Plan.

In March of 1993 no indemnity or PPO plan was offered, three HMOs only were made available for the first time and in 1995 a fourth HMO, Medical Value Plan (MVP), was added. For 1997, HMO Health Ohio was dropped as an option. For 1999 through March, 2004, the only HMO option was Family health Plan. Effective April 1, 2004 Paramount was the only HMO option made available. Effective March 1, 2009 the Paramount HMO was self insured for the first time. Currently 47% of all enrollment is in this HMO. The current HMO contract is scheduled to expire February 28, 2009.

Lucas County is willing to consider separate rating arrangements for smokers and non-smokers. This concept of charging lesser rates for non-smokers has long been advocated by the life insurance industry. Lucas County will entertain a separate rate advantage for those who elect to smoke versus those who refrain.

Respondents should be aware that this request for proposals is for informational purposes. This information is shared with labor representatives after submission in order to facilitate the collective bargaining process between the County and its employees. As a result the benefits described within this RFP are subject to change. Proposals submitted in response to this RFP are likewise subject to negotiation consistent with state law.

In addition to these coverage arrangements, the County has retained Wells & Associates LLC of Toledo, Ohio as a consultant to provide health care cost containment consulting programming. This programming includes utilization review, demographic, and risk analysis, program benefit modification recommendations and cost containment employee communications. They have had considerable input into the preparation of these specifications and will assist the County personnel in the evaluation of the returned materials.

## **SECTION II: INFORMATION FOR RESPONDENTS**

1. Proposals shall be completed and returned no later than 2:00 P.M. on Monday, October 19, 2009 to the office of the Lucas County Commissioners, One Government Center, Suite 800, Toledo, Ohio 43604. The returned materials should include all appropriate enclosed forms, completed as specified. Materials should be returned in sealed envelopes clearly marked "Proposal for Health and/or Prescription Drug and/or Dental Services" with the submitter's name and address clearly marked in the upper left-hand corner of the package. All materials will be opened and recorded at the same time specified above. **No proposals will be received after that time.** Stop/loss quotations may be submitted after that date, but only if a proposal for administrative services has been received by the October 19th deadline.
2. Questions regarding these specifications may be directed to Mr. James P. Wells, consultant to the County, at (419) 471-7451.
3. Submission of completed materials will serve as evidence that the interested party has examined the RFP materials and is satisfied and aware of their requirements, the conditions existing and the expectations of the employees and dependents of Lucas County.
4. Contractual arrangements will be made as soon as possible after proposal submission and evaluation. Respondents should be prepared to provide services as early as March 1, 2010 for health, prescription drug, dental, and dental PPO coverage. Selected contractors will be notified as soon as possible. The chosen contractor must be prepared to execute a written contract with Lucas County and should submit as part of their proposal the actual contract they are proposing to enter into with the County to perform the services proposed and not merely a sample contract.
5. The selected contractor will have to provide all of the normal administrative and service procedures routinely provided under an insurance contract plus any additional information and reporting requirements that may be considered desirable or necessary over time by Lucas County as specified later in this request for proposals packet.
6. Insurers shall comply with all requirements of the general law and duly constituted authorities of the State of Ohio.
7. Assurances must be provided by the contractor that no employee of the contractor is a member of the Lucas County Commissioners, County staff, its committees, or is in a position to give the contractor an advantage or has the respondent colluded with any other respondent or potential respondent colluded with any other respondent. **(See Non-Collusion Affidavit).**
8. Respondents must provide a detailed listing of similar cases administered by the contractor in the State of Ohio. Past contractual work shall not be construed to provide an advantage.
9. All applicants will be reviewed for compliance with all state and federal equal employment opportunity laws and regulations.
10. All offerors are required to complete the Non-Collusion Affidavit contained in Section VII of this document. This form must be notarized. This affidavit states that neither he nor any of his agents, nor any other party for him, has paid or agreed to pay, directly or indirectly, any person, firm, or corporation any money or valuable consideration for assistance in procuring or attempting

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to procure the contract herein referred to, and further agreeing that no such money or considerations will be hereafter paid.

11. All respondents are required to complete and submit the Delinquent Personal Property Tax Statement contained in Section VII of this document. This contract attachment states that the respondent will resolve, or make acceptable arrangements to resolve, all delinquent personal property taxes, if any, prior to entry into a contract with Lucas County. This form must be notarized.
12. The completed proposal materials must be submitted by an insurance company, or an administrative service company, or agency affiliate of the company. **These specifications, as of March 1, 2010 (health, prescription drug, and dental), rescind and negate all prior agents of record agreements or similar arrangements. Lucas County will not determine any agent of record or agent authorization for any of these products.** In the event multiple proposals are submitted by an insurance company it will be the company's responsibility to designate the agent.
13. Please include, in addition to your original quotation or proposal, one clearly legible copy.
14. The limits and coverage set forth in these specifications are acceptable minimums. The signer of the returned materials, by submission, declares that sufficient investigation has been made to determine the character and extent of the benefits to be contracted and agrees, if the contract is awarded, to contract with Lucas County and provide its employees with insurance coverage and/or administrative services and/or stop/loss coverage as identified in the specifications within the time limits required, for the price quoted in the proposal materials.
15. In selecting a carrier or administrative service agent, the County will consider:
  - a. Low initial cost;
  - b. Low ultimate net cost, including provider discounts, c.o.b. savings, administration, network access fees, repricing fees and stop loss charges;
  - c. Evidence of the ability to service the account;
  - d. Number and location of providers;
  - e. Evidence of the ability to provide requested information relevant to the utilization status of the group at no additional cost.
  - f. Reputation and past experience of the contractor; and,
  - g. Such other factors as may be disclosed by the information called for in these RFP documents including compliance with the County's electronic data transfer procedures.
16. A copy of the actual contract for the services provided must be included with your proposal. A copy of the claims forms and procedures to be utilized must also be included.
17. All interested parties shall be forewarned that Lucas County reserves the right to disqualify any and all proposals before or after opening upon evidence of collusion with intent to defraud or other illegal practices upon the part of those submitting proposals.
18. Lucas County has retained Wells & Associates LLC of Toledo, Ohio, on a fee-for-service basis, to provide consultation with regard to these specifications. Wells will assist the County staff in the evaluation of all materials received.
19. Each line of coverage, at the option of the County, may be considered, evaluated, and awarded separate and distinct from any other proposal item or line of coverage.
20. Interested parties should note the Lucas County plan of benefits:
  - (1) Are in writing and are available to all employees; and
  - (2) Do not discriminate in favor of highly compensated employees.

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- 21.** In accordance with Ohio Senate Bill 169, effective January 1, 1989, all interested administrators must agree to utilize the "Birthday Rule" in processing coordination of benefits and comply with all prompt pay laws. All other requirements of this legislation must also be met. Coordination of benefits is required in the administration of the prescription drug program.
- 22.** The County currently administers its own COBRA program. As a result no proposals for COBRA administration are being requested in this RFP. Respondents should be aware that the County requires selected contractors to utilize the COBRA forms, procedures, and policies developed by and currently in use at the County. Questions regarding this provision may be directed to Ms. Diane Ducey at (419) 213-4531.
- 23.** Lucas County is authorized to enter into agreements for the services described in this document without competitive bidding. The request for proposals is an informal procedure adopted solely for purposes of identifying potential providers of the services and shall not be constructed to limit, restrict, or impair in any manner the right of the County to enter into agreements or refrain from doing so at its sole discretion subject only to the requirements of the Ohio Revised Code. The County shall have no obligation to enter into an agreement with the lowest bidder or bidders. It may reject any or all proposals, negotiate an agreement or agreements with any party or parties whether or not they have submitted proposals and, if so, whether or not their proposals were lowest, and may re-advertise for new proposals, if in its' judgement, the best interests of the County will not be served by the proposals received.
- 24.** Respondents should be aware that confidential and/or proprietary and/or trade secret information is not being requested as part of this request for proposals. Respondents who feel compelled to submit information the respondent determines to be confidential, proprietary or a trade secret to better promote their proposals are welcome to do so but shall be subject to Ohio's public information laws. In such a case the respondent should clearly indicate which sections of their proposal contains confidential, proprietary or trade secret information.
- 25.** Respondents should submit a copy of the Business Associate Agreement for the services they are submitting a proposal to perform if their proposed services would require such an agreement under applicable law.

## **SECTION III: GENERAL PLAN PROVISIONS**

1. Lucas County is interested in purchasing group insurance or administrative services and stop/loss coverage as economically as possible consistent with good service. As a result, all proposals submitted will be evaluated according to their relative merits in relation to the best interests of the Lucas County employees and their dependents.

2. All permanent hourly and salaried employees of Lucas County shall become eligible for coverage according to the provisions of the Lucas County Employee Benefits Eligibility Rules. Briefly, all **employees** become eligible for coverage under this Plan at 12:01 A.M. on the 31<sup>st</sup> day (91<sup>st</sup> day for life insurance) following their date of hire if both of the following requirements are met:

- 1) They have completed and furnished a timely application for coverage; and
- 2) They have been Actively at Work more than twenty (20) hours per week for a period of four (4) consecutive weeks

Provided, however, that the following persons shall not become eligible for coverage: temporary or emergency employees whose employment will not exceed three (3) calendar months; and students whose employment will not exceed fifteen hundred (1500) hours in any calendar year.

Employees hired on or after March 1, 2001 must be in either active pay status or active work status for a minimum average of 20 hours per week in order to maintain eligibility for benefits.

If an employee's spouse is eligible for a health plan through his/her employer, or a retiree health plan through his/her former employer, that spouse must enroll in a single plan through his/her employer as primary regardless of any required payroll deduction or premium sharing imposed by their employer. Spouses may then enroll in the health plans offered by the County as secondary subject to any hardship appeals.

3. A complete description of the medical and prescriptions drug benefits is contained in the Plan Document. These coverages are described in Section IV. Any deviations from the current benefits should be clearly delineated. Any benefit deviations proposed are subject to collective bargaining.

4. It is the administrative agent's responsibility to:

- a. Prepare summary plan description booklets and certificates for the County's website.
- b. Print and issue personalized identification cards within 30 days of contract award;
- c. Process, administer, adjudicate and pay all claims per contract in a prompt manner according to the timelines for payment authorized by the County. Claims payments shall be handled on a "Direct Pay" basis, with remuneration going directly to the provider or the insured. No agency or staff of the County shall be required to handle claims other than the distribution of forms

d. Regardless of the method of funding proposed, and in addition to the electronic support documentation required of all vendors, the carrier or administrative services company will be responsible for providing detailed quarterly and annual reports pertaining to all claims in process, paid and reserved. Financial data provided on a monthly basis must include, but not be

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limited to, utilization and financial data for the group. Copies of claims incurred may be requested on an individual basis. Additional reports of this nature will be requested

The specific parameters of these information requests are outlined below:

- \* Dollar amount of claims
- \* Number of claims
- \* Number of claims by spouses enrolled as primary
- \* Dollar value of the claims by spouses enrolled as primary
- \* Number of claims by spouses enrolled as secondary
- \* Dollar value of claims by spouses enrolled as secondary
- \* Number of claims by dependents
- \* Dollar amount of claims by dependents
- \* Number of claims by employee
- \* Dollar amount of claims by employee
- \* Number of claims by diagnostic category (total group)
- \* Dollar amount of claims by diagnostic category (total group)
- \* Dollar amount of claims by provider
- \* Number of cases by provider
- \* Number of hospital admissions by provider
- \* Total hospital days confined
- \* Total outpatient services provided by diagnostic category by provider
- \* Dollar amount of outpatient services provided by diagnostic category by provider
- \* Claim charges total
- \* Claim charges eligible
- \* Inpatient, outpatient and Physician claims paid
- \* Coordination of benefits savings
- \* Listing of claimants (providers) by total submitted, claims period, discount medical provider savings
- \* Number of prescriptions filled by month, by brand and generic
- \* Value of discount from AWP brand, and generic
- \* Dollar amount of prescriptions filled by month, brand, and generic
- \* Number of prescriptions and dollar amount of prescriptions filled by provider.

e. The carrier or administrative services company is required to work in cooperation with the County's health care cost containment consultant in providing the type detailed information noted in paragraph (d) above in both a timely and cooperative fashion.

f. A detailed annual report, or rate renewal development summary, summarizing all plan activity for the year and including the calculation of rate adjustments must be provided.

g. Provide all other services necessary to communicate and administer the plan.

h. A health insurance conversion privilege for all plan participants, regardless of chosen funding method, and which meets State Insurance Department regulations as to plan design, must be provided. There shall be no charge to the County for the right of employee conversion

i. The health insurer must demonstrate the capability to implement the plan as early as March 1, 2009, attend open enrollment meetings to explain their product and service the account thereafter.

j. All respondents must have, and must demonstrate evidence of at the time of submission of the proposal, a procedure for reviewing claims and their appropriateness made against the client's account. The proposal must allow for appeals procedures for employee claims that have been denied

- k. All proposals must detail procedures utilized in handling Medicare claims.
5. Rate structures submitted must be guaranteed for a minimum of twelve (12) months. Rate structures guaranteed for twenty-four (24) months or second year rate caps are required as part of your proposal.
6. The County requires all insurance or ASO contracts to provide for renewal rate quotations within 120 days of contract expiration.
7. The County reserves the right to terminate any policy or contract entered into with 30 days written notice to the carrier or contractor. Reciprocal termination requires 90 days notice.
8. The Lucas County staff will be responsible for:
  - a. Updating enrollment information on all employees. This will include supplying, on a weekly basis, any changes in the employment status of each member of the group by providing an 834 electronic file of eligible persons.
  - b. Issuing a single monthly payment, consolidated from all accounts of participating County departments to the service administration company or carrier.
  - c. Dispensing claims forms or kits provided by the administrative services company to employees utilizing benefits.
9. No reduction of existing benefits schedules will be considered when coverage is assumed under a new contractor.
10. **No eligible person shall be denied benefits under the plan due to the error or omission by Lucas County staff or its agents or to which such persons would otherwise be entitled solely for reason of transferring coverage from the present program to the successful contractor of the new contract.**
11. The contractor shall waive the "actively at work" clause or related provisions for purposes of the initial contract takeover. The clause may be reinstated only when consistent with applicable law.
12. The contractor shall waive any preexisting condition clause for the initial enrollment but may reinstate the clause for new enrollees under the provisions of applicable federal law and the Lucas County Plan Document.
13. Each contractor shall have a Coordination of Benefits provision under all areas of coverage that will dictate an order of coordination developed to protect the best long range cost containment concerns of the County and its employees. C.O.B. provisions must be in accordance with applicable state legislation. C.O.B. must be included in the administration of prescription drug and dental plans as well as the health plans. Respondents should be aware of the spouse and dependent children eligibility requirements and should address in their proposal the specific procedures included in their proposal to adequately administer the benefit.
14. All proposals shall include a subrogation plan provision under which the insurer will have the right to recover benefits paid on behalf of an employee from a party whose negligent or wrongful actions caused illness or injury to the employee and/or his/her dependents. The administrator will make prompt payment of its benefits even though a third party is liable, but the right is reserved to have such payment refunded if the liability is later assumed by the third party.
15. Monthly reporting requirements will require documentation of savings under each of these provisions.

*Lucas County Request for Proposals: Group Health, Prescription Drug and Dental Coverage*

- 16.** It is requested that the successful contractor maintain an office locally or make other provisions to adequately service this account
- 17.** Data format for individual claim data. The format in the next page must be utilized for submission of individual claims data. This is the required format for electronic support documentation of claims invoices. This exact order must be followed. Each field must be comma delimited. If any particular field does not apply to your product or service please note that field with a single comma and go on to the next field.
- 18.** All proposals submitted must be in compliance with all laws.
- 19.** A sample of the most common CPT and hospital billing codes of previously adjudicated medical claims is available for conducting a claim repricing exercise. No confidential, proprietary or trade secret information is contained in this sample. The County is interested in determining what the cost of these services will be in the 2010-2011-plan year. Respondents must provide sufficient source documentation of any figures provided in any repricing study submitted as a response to this RFP. All responses are subject to applicable public information laws. Respondents should clearly indicate which sections of their proposal, including any repricing exercise, might contain confidential, proprietary or trade secret information.

Inquiries maybe directed in writing to:

Mr. James P. Wells  
Wells & Associates LLC  
2820 Rathbun  
Toledo, Ohio 43606 (419) 471-7451.

**Comma Delimited-** File must contain ALL fields in EXACT order. If a field(s) does not apply to you and your services simply place a comma for that field and move on to the next field.

Name	Type	Size
Date_Month	Text	2
Date_Day	Text	2
Date_Year	Text	2
Cert	Text	6
Seq	Text	2
From_DOS	Text	8
To_DOS	Text	8
Claim_No	Text	11
ESSN	Text	9
DSSN	Text	9
Pat_LName	Text	15
Pat_FName	Text	15
Pat_MI	Text	1
Pat_Suffix	Text	6
Type	Text	25
Line_1_Benefit_Code	Text	3
Description	Text	40
Relationship	Text	10
Provider_TIN	Text	9
Institution/Group	Text	40
Pro_Last_Name	Text	15
Pro_First_Name	Text	15
Pro_MI	Text	1
Pro_Suffix	Text	6
Pro_Degree	Text	5
ICD91	Text	7
ICD92	Text	7
ICD93	Text	7
ICD94	Text	7
Received_Date	Text	8
Incurred_Date	Text	8
Pro_Net_Paid	Text	22
Emp_Net_Paid	Text	22
Net_Paid	Text	22
COB_Savings	Text	22
COB_Allowed_Not_Paid	Text	22
Pro_Check_No	Text	8
Emp_Check_No	Text	8
COB_Adj	Text	22
Total_Charge	Text	22
Total_Discount	Text	22
Total_Ineligible	Text	22
Total_Copay	Text	22
Total_Over_Usual	Text	22
Total_Deductible	Text	22
Total_Not_Covered_Other	Text	22
Total_Coinsurance	Text	22
Total_Disallowed	Text	22
Total_Paid	Text	22
Procedure	Text	6

Modifier	Text	2
Filler	Text	2
Filler	Text	2
Filler	Text	2
Client ID	Text	8
Acct. ID	Text	8
Group ID	Text	8
Member Date of Birth	Text	18
NDC	Text	11
Metric Quantity	Text	8
Days Supply	Text	3
AWP Ingredient Cost	Text	22
Account Ingredient Cost	Text	22
Account Dispensing Fee	Text	22

**CPT**

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E1390  
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Q9967  
V2799

## **SECTION IV: PLAN OF BENEFITS**

The Lucas County Employee Health Benefit Plan Document defines and describes in great detail the hospital, physician, other medical, and prescription drug coverage programs for County employees. Plan documents for the Lucas county Plan through the FrontPath network, the Lucas county Plan through the Physicians Health Collaborative network and the Paramount HMO alternative describe the medical coverage through their respective plans. Parties interested in administering the County's program or providing insurance through conventional insurance premiums should understand that the Plan Document is the ultimate determiner of the plan of benefits County employees are entitled to.

These plan documents are available elsewhere on this website.

Prescription drug coverage requires a co-pay of 20% up to \$8 per script for generics, \$25 for preferred brand name medication and 20% for any non-preferred brand name medication dispensed or those for which there is an AB generic chemical equivalent available (including DAWs) and any brand name medication introduced to the market after April 1, 2004.

### **INCLUDED IN THIS SECTION**

- COMPARISON OF BENEFITS CHART

Please note: The enclosed Comparison of Benefits Chart is only a brief summary of how some of the benefits from each of the health plans is paid. The Plan Documents are the ultimate determiner of benefits.

## Comparison of Benefits Chart

The following information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Certificate of Coverage" or the "Plan Document" for each respective health care plan if further clarification is needed. In the event of a conflict between this information and the "Certificate of Coverage" or the "Plan Document", the Certificate/Plan Document shall control.

**Note: Paramount Health Care and the Lucas County Plan through Physicians Health Collaborative require use of plan providers except for Emergency Medical Conditions. Referrals from the Paramount PCP to see plan Specialists are also required unless otherwise indicated. Limited benefits renew each Contract Year.**

Benefits	Paramount Health Care (20% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Lucas County Plan thru Frontpath Network (20% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Lucas County Plan thru Physicians Health Collaborative Network (20% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).
Pre-Existing Condition	Not applicable	Not applicable	Not applicable
Out-Of-Pocket Maximum	\$1000 Single - \$2000 Family Co-payments/Coinsurance for /Chemical Dep., DME, Prosthetics, Home health, outpatient physical/occupational/speech therapy, Vision rebate, <b>do not</b> apply toward Out of Pocket maximums.	\$1500 Single - \$3000 Family Co-payments for Emergency Room and Urgent Care Facilities will <b>not</b> accumulate toward satisfying these yearly maximums.	\$1000 Single - \$2000 Family Co-payments/Coinsurance for /Chemical Dep., DME, Prosthetics, Home health, outpatient physical/occupational/speech therapy, Vision rebate, <b>do not</b> apply toward Out of Pocket maximums.
Well Child Care	\$10 co-pay per visit with Member's PCP.	\$10 co-pay per visit. Includes immunizations.	\$10 co-pay per visit with Member's PCP.
Well Baby Care	\$10 co-pay per visit with Member's PCP.	\$10 co-pay per visit. Includes immunizations.	\$10 co-pay per visit with Member's PCP.
Office Visits for Medical Problems	\$10 co-pay per visit with Member's PCP.	\$10 co-pay for general practitioner office visit	\$10 co-pay per visit with Member's PCP.
Specialist Visit	\$15 co-pay for office visit only. Remainder paid at 80%. Requires referral from Member's PCP.	\$15 co-pay for office visit only. Remainder paid at 80%.	\$15 co-pay for office visit only. Remainder paid at 80%.
Routine Pap	\$10 co-pay if performed by PCP; \$15 co-pay if performed by specialist. (20% lab/Diagnostic applies)	\$10 co-pay Remainder paid at 100%. One (1) per Plan Year.	\$10 co-pay if performed by PCP; \$15 co-pay if performed by specialist. (20% lab/Diagnostic applies)
OB/Gyn	\$15 co-pay per visit with a plan physician. Remainder paid at 80%. No PCP referral required.	\$10 co-pay for office visit only. Remainder paid at 80%.	\$15 co-pay per visit with a plan physician. Remainder paid at 80%.
Maternity Care	\$15 co-pay for initial visit. Prenatal, delivery services and post-partum visit covered at 20% coinsurance.	Employee pays 20%.	\$15 co-pay for initial visit. Prenatal, delivery services and post-partum visit covered at 20% coinsurance.
Mammograms	20% coinsurance applies.	\$10 co-pay Remainder paid at 100%. One (1) per Plan Year.	20% coinsurance applies.

Benefits	Paramount Health Care	Lucas County Plan thru the Frontpath Network	Lucas County Plan thru Physicians Health Collaborative Network
Other Therapies - Occupational  - Speech	\$25 Co-pay per Visit up to 30 Visits per Member, combined with Physical Therapy.  \$25 Co-pay per Visit up to 30 Visits per Member.	<u>Occupational &amp; Speech</u> – Employee pays 20%. Limited to 15 visits per Plan Year, additional visits with prior authorization. Provided in an Outpatient setting or Specialist’s Office <u>Speech</u> - ALL services require prior authorization.	\$25 Co-pay per Visit up to 30 Visits per Member, combined with Physical Therapy.  \$25 Co-pay per Visit up to 30 Visits per Member.
Cardiac Rehabilitation	Employee pays 20% coinsurance. May be paid at 100% through the Lucas County Wellness Program.	Employee pays 20%. May be paid at 100% through the Lucas County Wellness Program.	Employee pays 20% coinsurance. May be paid at 100% through the Lucas County Wellness Program.
Chiropractic	\$20 Co-pay per Visit up to \$500 max. per Member. PCP referral needed.	Neuro/Muscular Manipulations – Plan pays 80% up to \$500.	\$20 Co-pay per Visit up to \$500 max. per Member.
Chemotherapy, Radio-Therapy, Dialysis	20% coinsurance applies.	20% coinsurance applies.	20% coinsurance applies.
Outpatient Surgery	20% coinsurance applies.	20% coinsurance applies. Requires prior authorization for certain services.	20% coinsurance applies.
Ambulance	Air/Ground - 20% coinsurance applies to emergency transportation.	Air/ground, Plan pays 80% up to reasonable and customary.	Air/Ground - 20% coinsurance applies to emergency transportation.
Health Education	Available through the Lucas County Wellness Program.	Available through the Lucas County Wellness Program.	Available through the Lucas County Wellness Program.
Emergency Accident Care, Urgent Care Centers	<u>Emergency Room</u> - \$100 co-pay, waived if admitted. If admitted then 20% coinsurance. <u>Urgent Care</u> - \$15 co-pay, waived if admitted. If admitted then 20% coinsurance.	<u>Emergency Room</u> - \$100 co-pay, waived if admitted within 48 hours. <u>Urgent Care</u> - \$15 co-pay per visit. If admitted then 20% coinsurance.	<u>Emergency Room</u> - \$100 co-pay, waived if admitted. If admitted then 20% coinsurance. <u>Urgent Care</u> - \$15 co-pay, waived if admitted. If admitted then 20% coinsurance.
Mental Health (Outpatient)	\$15 co-pay for office visit only. Remainder paid at 80%.	\$15 co-pay for office visit only. Remainder paid at 80%.	\$15 co-pay for office visit only. Remainder paid at 80%.
Mental Health (Inpatient)	Inpatient 20% coinsurance	Inpatient 20% coinsurance	Inpatient 20% coinsurance

<b>Benefits</b>	<b>Paramount Health Care</b>	<b>Lucas County Plan thru the Frontpath Network</b>	<b>Lucas County Plan thru Physicians Health Collaborative Network</b>
Eligible Dependents	Unmarried, end of calendar year age 23, provided still meets definition of eligible dependent.	Unmarried, end of calendar year age 23, provided still meets definition of eligible dependent.	Unmarried, end of calendar year age 23, provided still meets definition of eligible dependent.
Prescription Drug Coverage	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to \$8 (up to a 30-day supply); Tier II: Brand-\$25 (up to 30- day supply); Tier III: 20% of the cost – no cap* (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. \$350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. *Max \$500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program.	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to \$8 (up to a 30-day supply); Tier II: Brand-\$25 (up to 30- day supply); Tier III: 20% of the cost – no cap* (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. \$350 out of pocket co-pay on Tier II with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program. *Max \$500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program.	Through the Lucas County Prescription Drug Plan. Tier I: Generic – 20% up to \$8 (up to a 30-day supply); Tier II: Brand-\$25 (up to 30- day supply); Tier III: 20% of the cost – no cap* (up to 30-day supply). 90-day mail order option available for Tier I & Tier II. Max. \$350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. *Max \$500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program.
Hospitals (Toledo area only listed. For complete listing of all in-network hospitals, please refer to appropriate provider directory).	Toledo, Toledo Children's, Flower, Bay Park, UT Medical Center, Fulton County Health Center, Wood County Hospital.	Toledo, Toledo Children's, Flower, UT Medical Center, St. Charles, St. Vincent's Mercy, Mercy Children's, Wood County, St. Luke's, Bay Park, St. Anne Mercy, & Fulton County Health Center.	St. Charles Mercy, St. Vincent's Mercy, Mercy Children's, Wood County, St. Luke's & St. Anne Mercy.

**SECTION V  
CENSUS INFORMATION**

**Please see the employee census for each of the plans elsewhere in the website.**

## **SECTION VI CLAIMS HISTORY**

Interested parties should note the medical and drug claims experience described in this section represents net dollars paid by Lucas County after all provider discounts, coordination of benefits savings, etc. have been realized.

<b>2009 Rates</b>		
Dept. Charges Effective 01/01/09		
Contract Rates & COBRA Rates Effective 03/01/09		
	Single	Family
<b>Paramount Health Care</b>		
Admin. Fee.	\$23.73	\$63.37
COBRA	\$280.05	\$737.15
Department	\$274.56	\$722.70
<b>HCPC - health (self-insured)</b>		
Admin. Fee. (Incl. Medical Mgt)	\$16.84	\$16.84
PHC (network access fees)	\$4.50	\$4.50
FrontPath (network access fees)	\$5.50	\$5.50
Stop Loss	\$3.36	\$10.31
COBRA	\$280.05	\$737.15
Department	\$274.56	\$722.70
<b>Total Script - drug</b>		
Admin. Fee	\$0.00	\$0.00
COBRA	\$95.63	\$211.14
Department	\$93.75	\$207.00
<b>HCPC- dental</b>		
Admin. Fee	\$2.14	\$2.14
COBRA	\$24.17	\$67.17
Department	\$23.70	\$65.85
<b>MetLife Dental PPO</b>		
Premium	\$17.30	\$47.43
COBRA	\$17.65	\$48.38
Department	\$23.70	\$65.85
<b>MetLife</b>		
Life	\$0.119	per 1000
AD&D	\$0.02	per 1000
Total:	\$0.139	
CJCC - \$4.17	(3.57 + .60)	per 30,000
All other depts. - \$5.56	(4.76 + .80)	per 40,000

2008 Rates		
Dept. Charges Effective 01/01/08		
Contract Rates & COBRA Rates Effective 03/01/08		
	Single	Family
<b>Paramount Health Care</b>		
Premium	\$232.49	\$626.82
COBRA	\$237.14	\$639.36
Department	\$274.56	\$722.70
<b>HCPC - health (self-insured)</b>		
Admin. Fee.	\$13.50	\$13.50
Quantum Care, Inc. (Medical Mgt.)	\$1.65	\$1.65
FrontPath (network access fees)	\$4.00	\$4.00
Kanawha (stop-loss)	\$6.58	\$17.11
COBRA	\$280.05	\$737.15
Department	\$274.56	\$722.70
<b>Total Script - drug</b>		
Admin. Fee	\$0.00	\$0.00
COBRA	\$95.63	\$211.14
Department	\$93.75	\$207.00
<b>HCPC- dental</b>		
Admin. Fee	\$2.00	\$2.00
COBRA	\$24.17	\$67.17
Department	\$23.70	\$65.85
<b>MetLife Dental PPO</b>		
Premium	\$17.30	\$47.43
COBRA	\$17.65	\$48.38
Department	\$23.70	\$65.85
<b>MetLife</b>		
Life	\$0.119	per 1000
AD&D	\$0.02	per 1000
Total:	\$0.139	
CJCC - \$4.17	(3.57 + .60)	per 30,000
All other depts. - \$5.56	(4.76 + .80)	per 40,000

Actual Kanawha Premi  
\$6.42 + \$16.72

<b>2007 Rates</b>		
Dept. Charges Effective 01/01/07		
Contract Rates & COBRA Rates Effective 03/01/07		
	Single	Family
<b>Paramount Health Care</b>		
Premium	\$208.69	\$562.65
COBRA	\$212.86	\$573.90
Department	\$274.56	\$722.70
<b>HCPC - health (self-insured)</b>		
Admin. Fee.	\$13.50	\$13.50
Quantum Care, Inc. (Medical Mgt.)	\$1.65	\$1.65
FrontPath (network access fees)	\$4.00	\$4.00
Kanawha (stop-loss)	548 \$6.12	149 \$15.48
COBRA	\$280.05	\$737.15
Department	\$274.56	\$722.70
<b>Total Script - drug</b>		
Admin. Fee	\$0.00	\$0.00
COBRA	\$95.63	\$211.14
Department	\$93.75	\$207.00
<b>HCPC- dental</b>		
Admin. Fee	\$2.00	\$2.00
COBRA	\$24.17	\$67.17
Department	\$23.70	\$65.85
<b>MetLife Dental PPO</b>		
Premium	\$17.30	\$47.43
COBRA	\$17.65	\$48.38
Department	\$23.70	\$65.85
<b>MetLife</b>		
Life	\$0.119	per 1000
AD&D	\$0.02	per 1000
Total:	\$0.139	
CJCC - \$4.17	(3.57 + .60)	per 30,000
All other depts. - \$5.56	(4.76 + .80)	per 40,000

2006 Rates		
Effective 01/01/06		
	Single	Family
<b>Paramount Health Care</b>		
Premium	\$208.41	\$561.87
COBRA	\$212.58	\$573.11
Department	\$228.80	\$602.25
<b>HCPC - health (self-insured)</b>		
Admin. Fee.	\$13.50	\$13.50
( ) Medical Mgt.		
FrontPath (network access fees)	\$4.00	\$4.00
( Allianz ) Stop Loss	5.8	15.62
COBRA	\$233.38	\$614.30
Department	\$228.80	\$602.25
<b>Total Script - drug</b>		
Admin. Fee	\$0.00	\$0.00
COBRA	\$95.63	\$211.14
Department	\$93.75	\$207.00
<b>HCPC- dental</b>		
Admin. Fee	\$2.00	\$2.00
COBRA	\$24.17	\$67.17
Department	\$23.70	\$65.85
<b>Delta Dental PPO</b>		
Premium	\$18.59	\$50.99
COBRA	\$18.96	\$52.01
Department	\$23.70	\$65.85
<b>Mutual of Omaha Life Ins.</b>		
Life	\$0.119	per 1000
AD&D	\$0.02	per 1000
Total:	\$0.139	
CJCC - \$4.17	(3.57 + .60)	per 30,000
All other depts. - \$5.56	(4.76 + .80)	per 40,000

<b>2005 Rates</b>		
Effective 3/01/05		
	Single	Family
<b>Paramount Health Care</b>		
Premium	\$212.75	\$573.57
COBRA	\$217.01	\$585.03
Department	\$208.00	\$547.50
<b>HCPC - health (self-insured)</b>		
Admin. Fee.	\$10.90	\$10.90
Medical Mgt. - USA/MCO	\$1.25	\$1.25
FrontPath (network access fees)	\$3.85	\$3.85
Stop Loss - Allianz	\$5.81	\$15.62
COBRA	\$212.16	\$558.95
Department	\$208.00	\$547.50
<b>Total Script - drug</b>		
Admin. Fee	\$0.00	\$0.00
COBRA	\$95.63	\$211.14
Department	\$93.75	\$207.00
<b>HCPC- dental</b>		
Admin. Fee	\$1.50	\$2.00
COBRA	\$24.17	\$67.17
Department	\$23.70	\$65.85
<b>Delta Dental PPO</b>		
Premium	\$18.59	\$50.99
COBRA	\$18.96	\$52.01
Department	\$23.70	\$65.85
<b>Mutual of Omaha Life Ins.</b>		
Life	\$0.119	per 1000
AD&D	\$0.02	per 1000
Total:	\$0.139	
CJCC - \$4.17	(3.57 + .60)	per 30,000
All other depts. - \$5.56	(4.76 + .80)	per 40,000

Lucas County  
Department Charges And COBRA Revenue vs. Program Expenses  
2000-2005

Table 1

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>Total</u>
<b>HMO</b>								
Department Charges	\$11,485,697.00	\$12,193,845.00	\$13,776,715.00	\$14,507,199.00	\$11,127,204.00	\$10,120,868.08	\$11,399,106.38	\$84,610,634.46
Premium	\$10,674,850.00	\$11,251,569.00	\$12,625,347.00	\$14,022,615.00	\$10,940,729.00	\$10,497,629.87	\$10,653,043.39	\$80,665,783.26
Net	\$810,847.00	\$942,276.00	\$1,151,368.00	\$484,584.00	\$186,475.00	(\$376,761.79)	\$746,062.99	\$3,944,851.20
<b>LC Plan</b>								
Department Charges	\$1,647,098.00	\$2,004,424.00	\$3,006,441.00	\$4,377,826.00	\$8,159,460.00	\$9,152,313.60	\$9,998,453.27	\$38,346,015.87
Expenses	\$1,954,519.00	\$2,515,844.00	\$2,805,452.00	\$4,128,697.00	\$7,372,939.00	\$10,539,735.86	\$13,802,729.81	\$43,119,916.67
Net	(\$307,421.00)	(\$511,420.00)	\$200,989.00	\$249,129.00	\$786,521.00	(\$1,387,422.26)	(\$3,804,276.54)	(\$4,773,900.80)
<b>LC Drug Plan</b>								
Department Charges	\$4,422,332.00	\$5,323,114.00	\$6,598,208.00	\$7,685,296.00	\$7,448,778.00	\$7,639,867.49	\$7,546,806.50	\$46,664,401.99
Expenses	\$4,927,453.00	\$5,434,980.00	\$5,275,942.00	\$5,866,456.00	\$5,974,246.00	\$6,194,732.95	\$7,045,493.00	\$40,719,302.95
Net	(\$505,121.00)	(\$109,866.00)	\$1,332,266.00	\$1,818,840.00	\$1,474,532.00	\$1,445,134.54	\$501,313.50	\$5,957,099.04
<b>LC Dental Plan</b>								
Department Charges	\$1,752,142.00	\$1,802,119.00	\$1,897,914.00	\$2,096,350.00	\$1,927,324.00	\$1,886,115.24	\$1,879,414.86	\$13,241,379.10
Expenses	\$1,616,936.00	\$1,716,164.00	\$1,649,877.00	\$1,752,637.00	\$1,596,264.00	\$1,452,672.34	\$1,787,557.62	\$11,572,107.96
Net	\$135,206.00	\$85,955.00	\$248,037.00	\$343,713.00	\$331,060.00	\$433,442.90	\$91,857.24	\$1,669,271.14
<b>LC Dental PPO Plan</b>								
Department Charges	\$87,038.00	\$136,353.00	\$200,027.00	\$276,523.00	\$354,196.00	\$464,310.13	\$500,777.76	\$2,019,224.89
Expenses	\$48,159.00	\$101,836.00	\$146,258.00	\$168,927.00	\$305,912.46	\$359,253.02	\$389,120.38	\$1,519,465.86
Net	\$38,879.00	\$34,517.00	\$53,769.00	\$107,596.00	\$48,283.54	\$105,057.11	\$111,657.38	\$499,759.03
<b>Total</b>								
Department Charges	\$19,394,307.00	\$21,461,855.00	\$25,479,305.00	\$28,943,194.00	\$29,016,962.00	\$29,263,474.54	\$31,324,558.77	\$184,883,656.31
Expenses	\$19,221,917.00	\$21,020,393.00	\$22,502,876.00	\$25,939,332.00	\$26,190,090.46	\$29,044,024.04	\$33,677,944.20	\$177,596,576.70
Net	\$172,390.00	\$441,462.00	\$2,976,429.00	\$3,003,862.00	\$2,826,871.54	\$219,450.50	(\$2,353,385.43)	\$7,287,079.61

# Paramount Health Care

Enrollment	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Avg. Enrollment
# Single	521	525	506	502	499	494	491	487	486	483	483	483	497
# Family	1,126	1,124	1,126	1,123	1,130	1,125	1,123	1,122	1,122	1,118	1,132	1,122	1,124
<b>COBRA Enrollment:</b>	1,647	1,649	1,632	1,625	1,629	1,619	1,614	1,609	1,608	1,601	1,615	1,605	1,621
#Single	12	11	9	9	11	12	8	8	7	7	7	4	4
#Family	3	2	2	2	1	2	1	0	0	0	0	0	0
<b>Total Enrollment</b>	15	13	11	11	12	14	9	8	7	7	7	4	10
	1,662	1,662	1,643	1,636	1,641	1,633	1,623	1,617	1,615	1,608	1,622	1,609	1,631

**Premiums paid to Paramount Health Care**

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Premium	\$ 744,458.57	\$ 743,232.99	\$ 823,601.10	\$ 820,325.70	\$ 826,199.57	\$ 818,860.11	\$ 815,979.04	\$ 816,444.02	\$ 816,747.13	\$ 812,612.45	\$ 816,140.88	\$ 817,323.87	\$ 9,671,925.43
COBRA Premium	\$ 6,007.02	\$ 3,838.27	\$ 3,346.05	\$ 3,113.56	\$ 4,346.66	\$ 3,811.03	\$ 2,254.25	\$ 1,859.92	\$ 1,627.43	\$ 1,627.43	\$ 1,162.45	\$ 697.47	\$ 33,691.54
<b>Total Premium</b>	\$ 750,465.59	\$ 747,071.26	\$ 826,947.15	\$ 823,439.26	\$ 830,546.23	\$ 822,671.14	\$ 818,233.29	\$ 818,303.94	\$ 818,374.56	\$ 814,239.88	\$ 817,303.33	\$ 818,021.34	\$ 9,705,616.97

**Department Revenue for Paramount Health Care**

Income	\$ 959,595.78	\$ 958,106.16	\$ 952,861.14	\$ 949,045.68	\$ 955,824.54	\$ 947,297.34	\$ 945,924.54	\$ 941,963.88	\$ 945,577.38	\$ 940,041.96	\$ 944,378.16	\$ 945,173.46	\$ 11,385,790.02
COBRA Income	\$ 6,127.08	\$ 3,914.98	\$ 3,412.98	\$ 3,113.56	\$ 4,433.60	\$ 4,124.40	\$ 2,299.34	\$ 1,897.12	\$ 1,659.98	\$ 1,659.98	\$ 1,185.70	\$ 711.42	\$ 34,540.14
<b>Total Income</b>	\$ 965,722.86	\$ 962,021.14	\$ 956,274.12	\$ 952,159.24	\$ 960,258.14	\$ 951,421.74	\$ 948,223.88	\$ 943,861.00	\$ 947,237.36	\$ 941,701.94	\$ 945,563.86	\$ 945,884.88	\$ 11,420,330.16
Monthly Net	\$ 215,257.27	\$ 214,949.88	\$ 129,326.97	\$ 128,719.98	\$ 129,711.91	\$ 128,750.60	\$ 129,990.59	\$ 125,557.06	\$ 128,862.80	\$ 127,462.06	\$ 128,260.53	\$ 127,863.54	
YTD Net	\$ 215,257.27	\$ 430,207.15	\$ 559,534.12	\$ 688,254.10	\$ 817,966.01	\$ 946,716.61	\$ 1,076,707.20	\$ 1,202,264.26	\$ 1,331,127.06	\$ 1,458,589.12	\$ 1,586,849.65	\$ 1,714,713.19	









PARAMOUNT HMO

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	9/7/200	Oct-09	Nov-09	Dec-09	Total
Claims Cost	\$ -	\$ -	\$ 86,676.88	\$ 471,535.24	\$ 736,852.11	\$ 505,187.74	\$ 755,647.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,555,909.09
Administration Fees	\$ -	\$ -	\$ 80,344.78	\$ 79,941.37	\$ 79,790.90	\$ 79,632.34	\$ 79,323.56	\$ 79,513.69	\$ -	\$ -	\$ -	\$ -	\$ 478,546.66
Stop Loss	\$ -	\$ -	\$ 12,776.79	\$ 12,775.63	\$ 12,775.63	\$ 12,736.21	\$ 12,686.89	\$ 12,690.48	\$ -	\$ -	\$ -	\$ -	\$ 76,443.63
COBRA Admin. Fees	\$ -	\$ -	\$ 71.19	\$ 221.66	\$ 134.56	\$ 110.83	\$ 158.28	\$ 134.56	\$ -	\$ -	\$ -	\$ -	\$ 831.09
COBRA Stop loss	\$ -	\$ -	\$ 10.08	\$ 23.75	\$ 20.39	\$ 17.03	\$ 23.75	\$ 20.39	\$ -	\$ -	\$ -	\$ -	\$ 115.39
COBRA Util. Review	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Admin. & Access Fees	\$ -	\$ -	\$ 93,202.84	\$ 92,962.41	\$ 92,721.48	\$ 92,498.41	\$ 92,192.51	\$ 92,359.12	\$ -	\$ -	\$ -	\$ -	\$ 555,936.77
Bank Service Charges	\$ -	\$ -	\$ 179,879.72	\$ 564,497.65	\$ 829,573.59	\$ 597,696.15	\$ 847,839.63	\$ 92,359.12	\$ -	\$ -	\$ -	\$ -	\$ 3,111,845.86
Total Claims, Admin.&FP Fees	\$ -	\$ -	\$ 179,879.72	\$ 564,497.65	\$ 829,573.59	\$ 597,696.15	\$ 847,839.63	\$ 92,359.12	\$ -	\$ -	\$ -	\$ -	\$ 3,111,845.86
Income	\$ 0	\$ 0	\$ 132,612.48	\$ 129,868.88	\$ 128,768.84	\$ 128,494.08	\$ 127,670.40	\$ 127,121.28	\$ 463	\$ 0	\$ 0	\$ 0	\$ 774,533.76
# Single	0	0	1,088	1,085	1,085	1,083	1,079	1,080	0	0	0	0	0
Dept. Chg.	\$ -	\$ -	\$ 786,297.60	\$ 784,129.50	\$ 784,129.50	\$ 782,684.10	\$ 779,793.30	\$ 780,516.00	\$ -	\$ -	\$ -	\$ -	\$ 4,697,560.00
# Family	0	0	1,571	1,558	1,554	1,551	1,544	1,543	0	0	0	0	0
Total Active Income	\$ -	\$ -	\$ 840.15	\$ 1,120.20	\$ 840.15	\$ 560.10	\$ 840.15	\$ 840.15	\$ -	\$ -	\$ -	\$ -	\$ 5,040.90
COBRA Single Income	\$ -	\$ -	\$ 840.15	\$ 1,120.20	\$ 840.15	\$ 560.10	\$ 840.15	\$ 840.15	\$ -	\$ -	\$ -	\$ -	\$ 5,040.90
COBRA Family Income	\$ -	\$ -	\$ -	\$ 1,474.30	\$ 737.15	\$ 737.15	\$ 737.15	\$ 737.15	\$ -	\$ -	\$ -	\$ -	\$ 4,422.90
Total COBRA Income	\$ -	\$ -	\$ 840.15	\$ 2,594.50	\$ 1,577.30	\$ 1,297.25	\$ 1,577.30	\$ 1,577.30	\$ -	\$ -	\$ -	\$ -	\$ 9,463.80
Total COBRA Enrollment	0	0	3	5	4	4	4	4	0	0	0	0	0
Total Enrollment	0	0	1,574	1,563	1,558	1,555	1,548	1,547	0	0	0	0	0
Active Income	\$ -	\$ -	\$ 918,910.08	\$ 913,996.38	\$ 912,898.14	\$ 911,178.18	\$ 907,463.70	\$ 907,637.28	\$ -	\$ -	\$ -	\$ -	\$ 9,345
Adjustments	\$ -	\$ -	\$ (722.70)	\$ 694.32	\$ (823.68)	\$ (1,170.84)	\$ (1,020.96)	\$ 997.26	\$ -	\$ -	\$ -	\$ -	\$ 5,472,083.76
Total Active Income	\$ -	\$ -	\$ 918,187.38	\$ 914,690.70	\$ 912,074.46	\$ 910,007.34	\$ 906,442.74	\$ 908,634.54	\$ -	\$ -	\$ -	\$ -	\$ (2,046.60)
Plus COBRA Income	\$ -	\$ -	\$ 840.15	\$ 2,594.50	\$ 1,577.30	\$ 1,297.25	\$ 1,577.30	\$ 1,577.30	\$ -	\$ -	\$ -	\$ -	\$ 5,470,037.16
Subtotal	\$ -	\$ -	\$ 919,027.53	\$ 917,285.20	\$ 913,651.76	\$ 911,304.59	\$ 908,020.04	\$ 910,211.84	\$ -	\$ -	\$ -	\$ -	\$ 9,463.80
Bank Service - Interest Credit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,479,500.96
Overpayments/Refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Stop Loss Settlement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Income	\$ -	\$ -	\$ 919,027.53	\$ 917,285.20	\$ 913,651.76	\$ 911,304.59	\$ 908,020.04	\$ 910,211.84	\$ -	\$ -	\$ -	\$ -	\$ 5,479,500.96
Monthly Net	\$ -	\$ -	\$ 739,147.81	\$ 352,787.55	\$ 84,078.17	\$ 313,608.44	\$ 60,180.41	\$ 817,852.72	\$ -	\$ -	\$ -	\$ -	\$ 2,367,655.10
YTD Net	\$ -	\$ -	\$ 739,147.81	\$ 1,091,935.36	\$ 1,176,013.53	\$ 1,489,621.97	\$ 1,549,802.38	\$ 2,367,655.10	\$ 2,367,655.10	\$ 2,367,655.10	\$ 2,367,655.10	\$ 2,367,655.10	\$ 2,367,655.10
Avg. Cost/Contract	\$ #DIV/0!	\$ #DIV/0!	\$ 114,281,906	\$ 361,162,923.9	\$ 532,460,584.1	\$ 384,370,514.5	\$ 547,700,019.4	\$ 59,702,081.45	\$ #DIV/0!	\$ #DIV/0!	\$ #DIV/0!	\$ #DIV/0!	\$ 332,995,811.7



PARAMOUNT

## Lucas County Employees

Claims Paid: March 2008 through February 2009

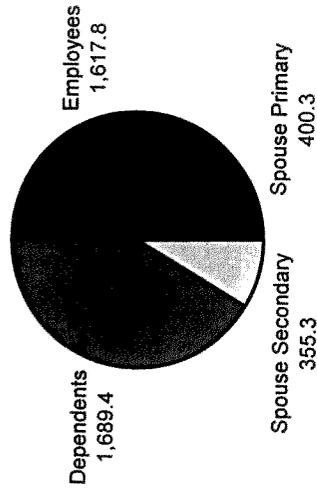
Time Period	Fact	Employee	Spouse Primary	Spouse Secondary	Dependent	Total
Mar 2008	Members Avg Med	1,644.0	393.0	375.0	1,700.0	4,112
	Claims Paid Med	1,901.0	495.0	188.0	747.0	3,331
	Net Pay Med	\$519,202.9	114,310.6	3,965.8	122,857.5	760,337
Apr 2008	Members Avg Med	\$1,639.0	393.0	368.0	1,695.0	4,095
	Claims Paid Med	\$2,114.0	574.0	215.0	904.0	3,807
	Net Pay Med	\$376,256.4	118,089.9	17,512.4	119,023.9	630,883
May 2008	Members Avg Med	\$1,638.0	397.0	363.0	1,699.0	4,097
	Claims Paid Med	\$2,305.0	595.0	204.0	1,150.0	4,254
	Net Pay Med	\$662,606.9	157,103.7	39,268.9	157,107.6	1,016,087
Jun 2008	Members Avg Med	\$1,627.0	397.0	362.0	1,698.0	4,084
	Claims Paid Med	\$1,842.0	463.0	151.0	881.0	3,337
	Net Pay Med	\$374,139.3	89,473.3	7,535.1	158,760.9	629,908
Jul 2008	Members Avg Med	\$1,620.0	394.0	360.0	1,698.0	4,072
	Claims Paid Med	\$1,760.0	408.0	120.0	782.0	3,070
	Net Pay Med	\$444,518.9	65,312.1	9,119.8	144,094.0	663,045
Aug 2008	Members Avg Med	\$1,621.0	398.0	358.0	1,697.0	4,074
	Claims Paid Med	\$2,310.0	530.0	169.0	1,016.0	4,025
	Net Pay Med	\$477,057.2	126,694.5	5,263.4	126,245.8	735,261
Sep 2008	Members Avg Med	\$1,613.0	400.0	356.0	1,697.0	4,066
	Claims Paid Med	\$1,666.0	486.0	106.0	918.0	3,176
	Net Pay Med	\$406,335.8	204,475.8	4,524.8	131,480.6	746,817
Oct 2008	Members Avg Med	1,606.0	410.0	347.0	1,704.0	4,067
	Claims Paid Med	1,909.0	461.0	167.0	977.0	3,514
	Net Pay Med	\$358,674.6	125,699.4	4,658.7	167,383.1	656,416
Nov 2008	Members Avg Med	1,609.0	404.0	351.0	1,698.0	4,062
	Claims Paid Med	2,380.0	528.0	154.0	1,156.0	4,218
	Net Pay Med	\$741,294.0	140,874.5	2,474.2	220,348.4	1,104,991
Dec 2008	Members Avg Med	\$1,605.0	407.0	347.0	1,695.0	4,054
	Claims Paid Med	\$1,645.0	425.0	117.0	886.0	3,073
	Net Pay Med	\$368,604.8	167,045.5	20,093.3	142,404.4	698,148
Jan 2009	Members Avg Med	\$1,599.0	406.0	343.0	1,651.0	3,999
	Claims Paid Med	\$1,928.0	539.0	168.0	1,035.0	3,670
	Net Pay Med	\$556,725.1	145,676.1	13,716.7	178,182.9	894,301
Feb 2009	Members Avg Med	\$1,593.0	404.0	341.0	1,641.0	3,979
	Claims Paid Med	\$1,859.0	461.0	82.0	889.0	3,291
	Net Pay Med	\$494,414.5	113,385.2	1,986.9	327,396.8	937,183
	<b>Members Med</b>	<b>1,618</b>	<b>4,803</b>	<b>4,271</b>	<b>1,689</b>	<b>4,063</b>
	<b>Claims Paid Med</b>	<b>1,968</b>	<b>5,965</b>	<b>1,841</b>	<b>945</b>	<b>3,564</b>
	<b>Net Pay Med</b>	<b>\$5,779,830.23</b>	<b>\$1,568,140.59</b>	<b>\$130,119.98</b>	<b>\$1,995,285.87</b>	<b>\$9,473,376.67</b>



**Lucas County Employees  
Number of Members by Relationship**

*March 2008 through February 2009*

**Members by Relationship**



Category	Members Avg	Member Age Avg Med
Employees	1,617.8	43.4
Spouse Primary	400.3	45.1
Spouse Secondary	355.3	44.1
Dependents	1,689.4	11.7





**Paramount Health Care**  
 Utilization for Employer Group-Lucas County Employees-005102  
 Claims Paid: March 2008 through February 2009 regardless of Incurred Date

Net Paid by Month

Time Period	Members Avg	Admits Acute	Net Pay IP Admit Actual	Net Pay (LTC and Non-Acute)	Visits OP Fac Med	Svcs OP Fac Med	Net Pay OP Fac Med	Net Pay OP Fac Med/Visit	Net Pay OP Fac Med/Service	Svcs Office Med	Net Pay Prof Med Non Cap	Net Pay Prof Med Non Cap/Visit	Net Pay Prof Med Non Cap/Service	Total Paid Including Capitation	Total Paid Excluding Capitation	Total PMPM Excluding Capitation
Mar 2008	4,112.00	28	\$234,866.86	\$8,388.06	928	3,785	\$262,447.27	\$282.81	\$69.89	1,737	\$254,951.32	\$146.78	\$86.83	\$1,390.93	\$752,264.15	\$182.94
Apr 2008	4,056.00	22	\$67,294.02	\$3,587.91	891	3,627	\$227,353.78	\$255.17	\$62.68	2,136	\$313,403.05	\$146.72	\$89.47	\$1,403.02	\$628,493.86	\$152.37
May 2008	4,097.00	26	\$418,071.84	\$16,079.69	1,140	4,082	\$234,597.47	\$205.79	\$7.47	2,293	\$346,669.68	\$152.01	\$86.85	\$1,408.76	\$1,001,228.99	\$244.38
Jun 2008	4,084.00	21	\$127,726.27	\$8,082.77	979	3,494	\$178,030.65	\$181.85	\$50.95	1,810	\$322,164.05	\$177.99	\$105.63	\$1,467.96	\$625,400.95	\$153.76
Jul 2008	4,072.00	15	\$117,030.31	\$7,895.35	916	3,637	\$265,645.01	\$289.90	\$73.01	1,630	\$279,669.68	\$171.58	\$101.81	\$3,103.71	\$665,148.61	\$162.83
Aug 2008	4,074.00	25	\$129,610.91	\$5,184.44	1,102	3,829	\$263,707.89	\$238.20	\$68.87	2,201	\$340,704.07	\$164.80	\$90.04	\$1,660.82	\$734,022.87	\$180.17
Sep 2008	4,068.00	17	\$238,892.20	\$14,040.72	891	3,378	\$216,805.40	\$243.44	\$64.21	1,673	\$289,167.30	\$176.17	\$101.43	\$1,617.24	\$744,764.90	\$183.17
Oct 2008	4,062.00	46	\$424,888.99	\$9,230.20	1,133	4,355	\$306,506.31	\$270.53	\$70.38	2,237	\$382,618.47	\$162.10	\$94.73	\$1,610.96	\$1,093,324.73	\$269.25
Nov 2008	4,067.00	21	\$137,090.51	\$6,528.12	922	3,048	\$184,657.09	\$198.13	\$60.58	1,880	\$326,708.28	\$173.76	\$94.07	\$1,699.64	\$648,455.88	\$159.44
Dec 2008	4,054.00	18	\$164,684.02	\$5,149.11	872	3,564	\$252,431.26	\$288.49	\$70.83	1,891	\$285,790.51	\$167.06	\$95.30	\$1,608.39	\$684,512.18	\$168.45
Jan 2009	3,999.00	30	\$275,131.67	\$9,171.06	951	3,574	\$228,826.36	\$240.62	\$64.03	1,851	\$373,176.45	\$191.27	\$116.88	\$1,508.99	\$876,722.87	\$219.34
Feb 2009	3,978.00	23	\$351,018.70	\$15,251.66	809	3,146	\$249,485.78	\$308.39	\$79.30	1,687	\$329,673.06	\$197.76	\$118.80	\$1,588.12	\$931,765.66	\$233.77
March 2009	4,876.10	292.0	\$2,706,617.0	\$9,269.24	11,544.0	43,489.0	\$2,870,484.27	\$248.66	\$66.00	22,766	\$3,006,695.92	\$167.28	\$98.86	\$20,046.86	\$9,473,376.67	\$194.29



**Paramount Health Care**  
 Utilization for Employer Group-Lucas County Employees-001602

Claims Paid: March 2007 through June 2008 regardless of incurred Date

Net Paid by Month

\* Please note all Underwriting Assumptions are based on rates received and paid within a month

Time Period	Members Avg	Admits Acute	Net Pay IP/Admits Acute	Visits OP Fac Med	Svcs OP Fac Med	Net Pay OP Fac Med	Net Pay OP Fac Med/Service	Office Med	Svcs Office Med	Net Pay Prof Med Non Cap/Visit	Net Pay Prof Med Non Cap/Service	Capitation	Total Paid Including Capitation	Total Paid Excluding Capitation
Jun 2006	4,091	21	\$6,176.84	979	3,494	\$181.85	\$50.95	1,802	3,090	\$179.88	\$105.81	\$1,487.96	\$632,904.06	\$651,526.08
May 2006	4,103	26	\$16,651.15	1,096	4,196	\$221.13	\$58.16	2,284	3,610	\$153.26	\$98.97	\$1,508.75	\$1,028,749.45	\$1,029,340.70
Apr 2006	4,085	22	\$4,096.63	891	3,627	\$255.17	\$62.88	2,135	3,504	\$146.86	\$98.48	\$1,403.02	\$932,460.88	\$951,092.86
Mar 2006	4,112	26	\$6,678.37	928	3,759	\$282.86	\$69.84	1,737	2,870	\$146.75	\$88.84	\$1,390.83	\$781,801.96	\$790,411.06
March 2006 through June 2006	18,481.0	87.0	\$9,254.10	3,884	15,048	\$233.78	\$60.80	7,898	13,044	\$118.12	\$86.24	\$1,870.68	\$3,054,811.17	\$3,048,346.46

Time Period	Members Avg	Admits Acute	Net Pay IP/Admits Acute	Visits OP Fac Med	Svcs OP Fac Med	Net Pay OP Fac Med	Net Pay OP Fac Med/Service	Office Med	Svcs Office Med	Net Pay Prof Med Non Cap	Net Pay Prof Med Non Cap/Service	Capitation	Total Paid Including Capitation	Total Paid Excluding Capitation
Feb 2006	4,104	46	\$5,703.50	1,007	3,998	\$281.35	\$63.31	2,334	3,793	\$145.80	\$90.71	\$34,884.00	\$884,942.44	\$850,058.44
Jan 2006	4,107	20	\$3,581.75	696	2,365	\$192.74	\$55.91	1,684	2,723	\$120.40	\$74.46	\$34,609.50	\$440,817.88	\$406,208.38
Dec 2005	4,178	16	\$10,644.30	924	3,364	\$181.54	\$51.55	1,781	3,227	\$140.90	\$78.89	\$35,521.50	\$811,099.35	\$775,577.85
Nov 2005	4,170	32	\$5,381.37	1,032	3,781	\$184.91	\$53.48	2,348	4,078	\$124.06	\$71.46	\$35,448.00	\$790,542.97	\$885,097.87
Oct 2005	4,187	35	\$4,253.06	922	3,777	\$226.79	\$62.42	1,925	3,197	\$133.65	\$80.47	\$35,419.50	\$646,107.92	\$610,688.42
Sep 2005	4,177	22	\$7,180.12	717	2,713	\$213.58	\$58.45	1,991	2,830	\$172.16	\$72.89	\$35,904.50	\$653,178.00	\$617,273.50
Aug 2005	4,185	37	\$8,756.03	1,118	3,586	\$187.81	\$58.90	2,307	3,982	\$131.24	\$78.48	\$35,572.50	\$872,087.78	\$837,124.78
Jul 2005	4,195	22	\$3,087.00	707	2,473	\$180.89	\$51.86	1,830	3,112	\$119.06	\$70.01	\$35,667.50	\$448,787.98	\$413,120.48
Jun 2005	4,194	29	\$5,424.78	1,085	4,067	\$204.38	\$54.53	2,243	3,584	\$127.44	\$78.76	\$35,649.00	\$700,587.37	\$664,938.37
May 2005	4,225	41	\$4,893.96	972	4,044	\$189.06	\$45.44	1,828	2,985	\$126.57	\$77.33	\$35,812.50	\$654,428.33	\$605,615.83
Apr 2005	4,222	22	\$4,518.47	923	3,805	\$185.10	\$40.05	2,040	3,203	\$135.58	\$88.36	\$35,887.00	\$664,272.53	\$628,385.53
Mar 2005	4,265	37	\$8,852.14	1,291	5,132	\$227.02	\$57.11	2,478	4,060	\$141.74	\$88.54	\$36,187.50	\$1,008,148.64	\$971,971.14



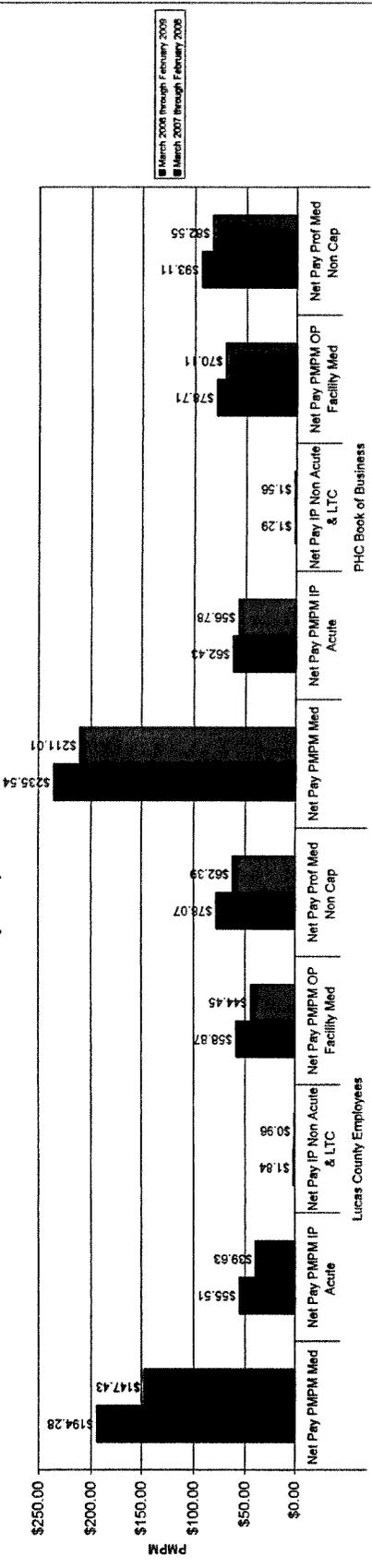


**Lucas County Employees  
Summary by PMPM**

Chart Paid: March, 2008 through February 2009

Paid Time Period	Lucas County Employees				PHC Book of Business				Diff from BOB					
	Net Pay PMPM Med	Net Pay PMPM IP Acute	Net Pay IP Non Acute & LTC Facility Med	Net Pay PMPM OP Med Non Cap	Net Pay PMPM Med	Net Pay PMPM IP Acute	Net Pay IP Non Acute & LTC Facility Med	Net Pay PMPM OP Med Non Cap	Net Pay PMPM Med	Net Pay PMPM IP Acute	Net Pay IP Non Acute & LTC	Net Pay PMPM OP Facility Med	Net Pay Prof Med Non Cap	
March 2008 through February 2009	\$194.28	\$55.51	\$1.84	\$58.87	\$78.07	\$62.43	\$1.29	\$78.71	\$93.11	-17.51%	-11.08%	42.64%	-25.21%	-16.16%
March 2007 through February 2008	\$147.43	\$39.63	\$0.96	\$44.45	\$62.39	\$56.78	\$1.56	\$70.11	\$82.55	-30.13%	-38.46%	-36.60%	-24.42%	
<b>% Change between Time Periods</b>	<b>31.78%</b>	<b>40.07%</b>	<b>91.67%</b>	<b>32.44%</b>	<b>25.13%</b>	<b>9.94%</b>	<b>-17.31%</b>	<b>12.26%</b>	<b>12.79%</b>	<b>173.38%</b>	<b>-303.04%</b>	<b>164.51%</b>	<b>96.46%</b>	

**Lucas County Employees  
Yearly Comparison to PHC Book of Business**





**Lucas County Employees**

Claims Paid: March 2007 - February 2008 and March 2008 - February 2009

**Inpatient**

Data	Lucas County Employees			BOB			Diff		
	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through February 2009	March 2007 through February 2008	% Change
Admits Acute	292.0	344.0	-15.12%	6352.0	7416.0	-14.35%	-95.40%	-95.36%	0.04%
Days Admit Acute	1113.0	1046.0	6.41%	22522.0	24920.0	-9.62%	-95.06%	-95.80%	-0.78%
Days LOS Admit Acute	3.8	3.0	25.35%	3.5	3.4	5.52%	7.50%	-8.51%	-178.87%
Admits Per 1000 Acute	71.9	82.3	-12.65%	83.4	84.8	-1.68%	-13.83%	-3.02%	358.38%
Days Per 1000 Adm Acute	273.9	250.1	9.50%	295.7	285.0	3.74%	-7.37%	-12.24%	-39.82%
Visits per 1000 ER Admit	26.09	33.48	-22.08%	31.89	33.18	-3.89%	-18.20%	0.90%	-2125.79%
Net Pay PMPM IP Acute	\$65.70	\$48.64	35.07%	\$76.36	\$69.71	9.55%	-13.96%	-30.22%	-53.79%

**Outpatient**

Data	Lucas County Employees			BOB			Diff		
	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through February 2009	March 2007 through February 2008	% Change
Visits Per 1000 OP Fac Med	2,796.4	2,608.1	7.30%	3,287.4	3,245.4	1.29%	-14.88%	-19.64%	-24.26%
Visits Per 1000 ER Amb Care	280.6	259.9	7.93%	261.0	266.5	-2.09%	7.51%	-2.47%	-403.91%
Visits Per 1000 ER	306.6	293.4	4.50%	292.9	299.7	-2.29%	4.71%	-2.10%	-324.45%
Svcs Per 1000 OP Lab	6,293.7	6,204.9	1.43%	7,098.4	7,108.6	-0.14%	-11.34%	-12.71%	-10.82%
Svcs Per 1000 OP Rad	2,294.62	2,171.14	5.69%	2,685.67	2,807.85	-2.98%	-14.56%	-16.75%	-13.05%
Net Pay PMPM OP Fac Med	\$58.87	\$44.45	32.44%	\$78.71	\$70.11	12.26%	-25.21%	-36.60%	-182.35%
Net Pay Per Visit OP Fac Med	\$95.62	\$69.43	38.01%	\$103.98	\$85.71	21.31%	-7.85%	-19.00%	748.94%

**Physician**

Data	Lucas County Employees			BOB			Diff		
	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through February 2009	March 2007 through February 2008	% Change
Net Pay PMPM Office Med	\$95.82	\$69.43	38.01%	\$103.98	\$85.71	21.31%	-7.85%	-19.00%	-49.43%
Net Pay Per Visit Office Med	\$456.74	\$551.14	-1.70%	\$489.54	\$455.73	0.62%	-0.60%	1.75%	-33.18%

**Enrollment Information**

Data	Lucas County Employees			BOB			Diff		
	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through February 2009	March 2007 through February 2008	% Change	March 2008 through September 2008	March 2007 through September 2007	% Change
Employee Avg Med	1,617.8	1,682.8	2.98%	33,988.0	38,199.1	-5.82%	-95.24%	-151.19%	-87.86%
Member Age Avg Med	30.5	30.1	0.20%	33.3	33.0	1.64%	-8.41%	-8.79%	-87.86%
Family Size Avg Med	2.5	2.5	-0.48%	2.2	2.3	-0.66%	13.64%	8.70%	-27.60%



## Lucas County Employees Summary by Age Distribution

March 2008 through February 2009

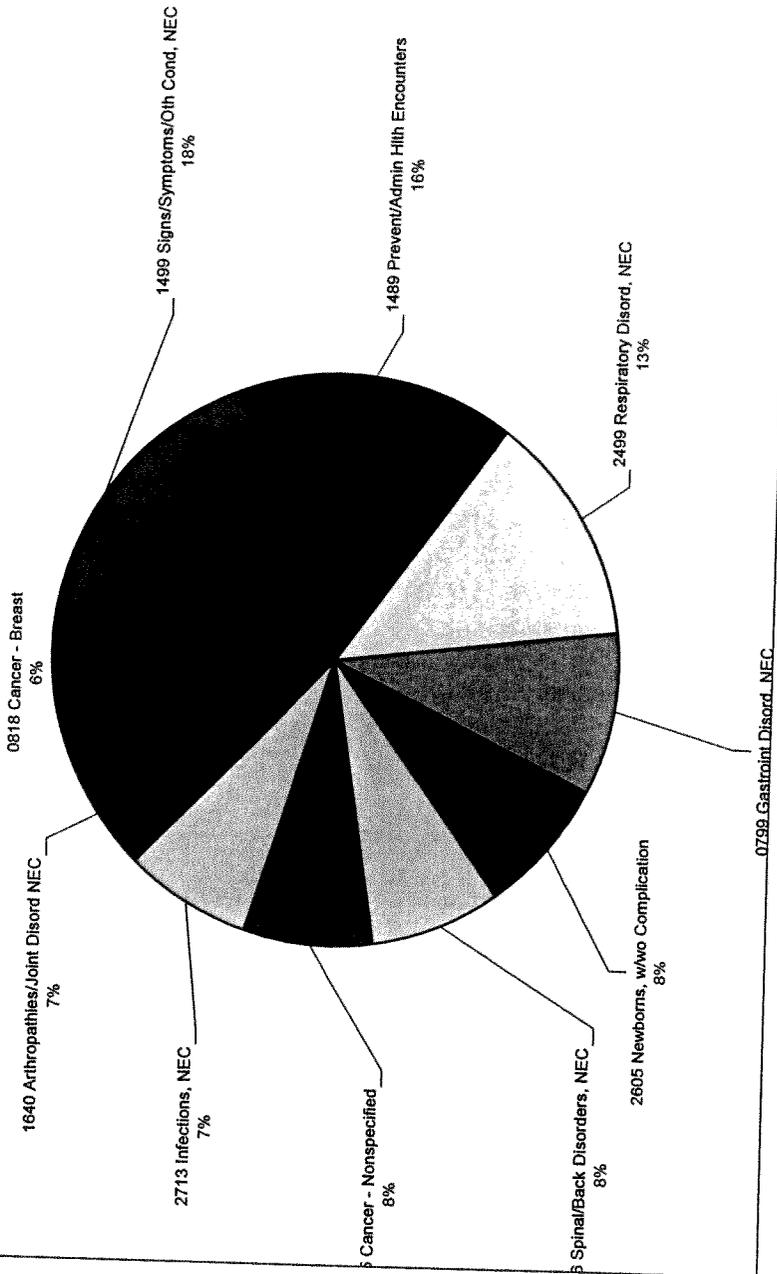
Age Group Medstat	Female				Male				Totals			
	Lucas County	% of Total Lucas County Females	% of Total BOB Females	Diff from BOB	Lucas County	% of Total Lucas County Male	% of Total BOB Males	Diff from BOB	Lucas County	% of Total	% of Total BOB	Diff from BOB
Ages < 1	24.9	1.13%	1.04%	7.96%	22.2	1.20%	1.33%	-10.07%	47	1.16%	1.18%	-1.74%
Ages 1-4	128.3	5.81%	4.83%	20.20%	127.9	6.89%	5.60%	23.11%	256	6.30%	5.19%	21.36%
Ages 5-9	163.8	7.42%	6.74%	10.07%	185.9	10.02%	8.03%	24.74%	350	8.61%	7.35%	17.09%
Ages 10-14	183.8	8.32%	7.92%	5.07%	188.3	10.15%	8.91%	13.96%	372	9.16%	8.39%	9.18%
Ages 15-17	128.2	5.80%	5.28%	9.89%	139	7.49%	6.12%	22.37%	267	6.57%	5.68%	15.78%
Ages 18-19	83.4	3.78%	3.33%	13.27%	99.1	5.34%	3.84%	39.27%	183	4.49%	3.57%	25.77%
Ages 20-24	131.5	5.95%	6.03%	-1.27%	123	6.63%	5.91%	12.09%	255	6.26%	5.98%	4.79%
Ages 25-29	110.2	4.99%	5.80%	-14.04%	64	3.45%	4.73%	-27.03%	174	4.29%	5.30%	-19.06%
Ages 30-34	184.1	8.34%	7.04%	18.35%	106.7	5.75%	6.07%	-5.19%	291	7.16%	6.58%	8.72%
Ages 35-39	236.4	10.70%	8.22%	30.26%	152.7	8.23%	7.49%	9.85%	389	9.57%	7.87%	21.58%
Ages 40-44	225.8	10.22%	8.39%	21.87%	155.9	8.40%	7.53%	11.55%	382	9.39%	7.98%	17.63%
Ages 45-49	204.8	9.27%	9.76%	-5.03%	157.3	8.48%	8.81%	-3.79%	362	8.91%	9.31%	-4.34%
Ages 50-54	188.4	8.53%	10.19%	-16.30%	133.8	7.21%	9.61%	-24.99%	322	7.93%	9.92%	-20.07%
Ages 55-59	128.2	5.80%	8.77%	-33.85%	107.6	5.80%	8.48%	-31.63%	236	5.80%	8.64%	-32.82%
Ages 60-64	63.4	2.87%	5.41%	-46.89%	57.2	3.08%	5.79%	-46.76%	121	2.97%	5.59%	-46.89%
Ages 65-74	21.3	0.96%	1.13%	-14.40%	30.6	1.65%	1.60%	3.02%	52	1.28%	1.35%	-5.45%
Ages 75-84	2	0.09%	0.09%	4.58%	3.2	0.17%	0.13%	31.47%	5	0.13%	0.11%	18.85%
Ages 85+	0	0.00%	0.01%	-100.00%	1	0.05%	0.01%	295.74%	1	0.02%	0.01%	99.39%
<b>Grand Total</b>	<b>2208.5</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>	<b>1855.4</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>4,064</b>	<b>100.00%</b>	<b>100.00%</b>	



# Lucas County Employees Clinical Condition - All Places of Service

Claims Paid: March 2008 - February 2009

## Lucas County Employees Top 10 Clinical Conditions by Percentage of Total Net Pay Med Claims Paid: March 2008 - February 2009





**Lucas County Employees**

Utilization Report prepared by Paramount Health Care

**CUMULATIVE CLAIMS EXCEEDING \$200,000 (Excluding Drug)**

Group Number: 030579

Incurred: 01/01/2009 - 12/31/2009

Paid: 03/01/2009 - 07/31/2009

<u>Group #</u>	<u>Case</u>	<u>Termed Date</u>	<u>Total Amount Paid</u>	<u>Diagnosis</u>	<u>Status</u>
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No entries for this period



# LUCAS COUNTY HEALTH PLAN 2008

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Claims Cost	\$ 1,860,279.95	\$ 1,088,482.55	\$ 1,075,875.02	\$ 1,213,151.63	\$ 1,471,640.96	\$ 1,077,845.29	\$ 1,394,717.49	\$ 1,238,731.76	\$ 1,514,648.21	\$ 1,592,317.04	\$ 1,326,074.92	\$ 1,759,898.84	\$ 16,613,663.66
Administration Fees	\$ 27,054.00	\$ 26,797.50	\$ 27,094.50	\$ 27,135.00	\$ 27,054.00	\$ 27,067.50	\$ 26,973.00	\$ 27,027.00	\$ 43,719.00	\$ 26,892.00	\$ 26,797.50	\$ 26,689.50	\$ 340,300.50
Stop Loss	\$ 25,293.60	\$ 25,074.36	\$ 27,884.88	\$ 27,884.09	\$ 27,823.02	\$ 27,871.72	\$ 27,930.96	\$ 27,867.77	\$ 27,700.62	\$ 27,744.06	\$ 27,609.81	\$ 27,497.94	\$ 328,192.85
HCP/QUANTUM Util. Review	\$ 3,306.60	\$ 3,276.90	\$ 3,311.55	\$ 3,316.50	\$ 3,306.60	\$ 3,308.25	\$ 3,296.70	\$ 3,309.90	\$ 3,291.75	\$ 3,286.80	\$ 3,275.90	\$ 3,263.70	\$ 39,552.15
HCP Case Management	\$ 5,292.00	\$ 6,183.00	\$ 6,244.00	\$ 6,796.00	\$ 7,140.00	\$ 6,819.00	\$ 8,868.00	\$ 9,828.00	\$ 8,328.00	\$ 9,048.00	\$ 4,608.00	\$ 3,912.00	\$ 87,066.00
FrontPain Access Fees	\$ 8,004.00	\$ 8,004.00	\$ 8,044.00	\$ 8,040.00	\$ 8,036.00	\$ 8,020.00	\$ 8,000.00	\$ 8,000.00	\$ 8,024.00	\$ 7,972.00	\$ 7,948.00	\$ 7,928.00	\$ 96,020.00
USAMCO Network	\$ 739.62	\$ 4,753.38	\$ 6,778.43	\$ 4,014.84	\$ 4,815.10	\$ 4,689.51	\$ 3,609.85	\$ 2,165.61	\$ 1,368.86	\$ 9,048.00	\$ 4,608.00	\$ 3,912.00	\$ 50,503.20
USAMCO Audit Balance Due													
COBRA Admin. Fees	\$ 108.00	\$ 162.00	\$ 121.50	\$ 135.00	\$ 121.50	\$ 175.50	\$ 148.50	\$ 121.50	\$ 108.00	\$ 121.50	\$ 121.50	\$ 96.75	\$ 1,541.25
COBRA Stop loss	\$ 48.96	\$ 73.44	\$ 59.22	\$ 64.88	\$ 59.22	\$ 85.54	\$ 72.36	\$ 59.22	\$ 52.64	\$ 59.22	\$ 59.22	\$ 53.74	\$ 747.68
COBRA Util. Review	\$ 13.20	\$ 19.80	\$ 14.85	\$ 16.50	\$ 16.50	\$ 16.50	\$ 18.15	\$ 14.85	\$ 13.20	\$ 14.85	\$ 13.20	\$ 13.50	\$ 185.10
COBRA Access Fees	\$ 36.00	\$ 44.00	\$ 36.00	\$ 36.00	\$ 32.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 36.00	\$ 40.00	\$ 36.00	\$ 456.00
Total Admin. & Access Fees	\$ 69,895.98	\$ 74,388.38	\$ 81,588.93	\$ 79,448.81	\$ 78,403.94	\$ 78,093.52	\$ 78,957.54	\$ 76,433.85	\$ 92,646.07	\$ 84,222.45	\$ 75,082.13	\$ 73,403.13	\$ 844,564.73
Bank Service Charges													
Total Claims, Admin.&FP Fees	\$ 1,930,175.93	\$ 1,162,870.93	\$ 1,157,463.95	\$ 1,292,600.44	\$ 1,550,044.90	\$ 1,155,938.81	\$ 1,473,675.03	\$ 1,317,165.61	\$ 1,607,294.28	\$ 1,676,539.49	\$ 1,401,157.05	\$ 1,833,301.97	\$ 17,556,228.39
Income													
# Single	616	605	615	617	616	614	603	607	609	606	606	601	
Dept. Chg.	\$ 169,128.96	\$ 166,108.80	\$ 168,854.40	\$ 169,403.52	\$ 169,128.96	\$ 168,578.84	\$ 165,589.68	\$ 166,657.92	\$ 167,207.04	\$ 166,383.36	\$ 166,383.36	\$ 165,010.56	\$ 2,008,406.40
# Family	1,385	1,372	1,396	1,393	1,392	1,391	1,397	1,392	1,387	1,386	1,381	1,381	
Dept. Chg.	\$ 1,000,939.50	\$ 991,544.40	\$ 1,008,889.20	\$ 1,006,721.10	\$ 1,005,998.40	\$ 1,005,275.70	\$ 1,009,611.90	\$ 1,005,998.40	\$ 1,002,384.90	\$ 1,001,662.20	\$ 998,048.70	\$ 998,048.70	\$ 12,035,123.10
Total Active Income	\$ 1,170,068.46	\$ 1,157,653.20	\$ 1,177,743.60	\$ 1,176,124.62	\$ 1,175,127.36	\$ 1,173,855.54	\$ 1,175,171.58	\$ 1,172,656.32	\$ 1,169,591.94	\$ 1,168,045.56	\$ 1,164,432.06	\$ 1,163,059.26	\$ 14,043,529.50
COBRA Single Income	\$ 2,240.40	\$ 3,360.60	\$ 2,520.45	\$ 2,800.50	\$ 2,520.45	\$ 3,640.65	\$ 2,000	\$ 1,999	\$ 2,240.40	\$ 2,520.45	\$ 2,008.43	\$ 2,287.10	\$ 31,740.43
COBRA Family Income	\$ 2,240.40	\$ 3,360.60	\$ 2,520.45	\$ 2,800.50	\$ 2,520.45	\$ 3,640.65	\$ 2,000	\$ 1,999	\$ 2,240.40	\$ 2,520.45	\$ 2,008.43	\$ 2,287.10	\$ 31,740.43
Total COBRA Income	\$ 4,480.80	\$ 6,721.20	\$ 5,040.90	\$ 5,601.00	\$ 5,040.90	\$ 7,281.30	\$ 4,000	\$ 3,998	\$ 4,480.80	\$ 5,040.90	\$ 4,016.86	\$ 4,574.20	\$ 63,480.86
Total Enrollment	2,010	1,988	2,020	2,019	2,016	2,015	2,010	2,009	2,005	2,001	1,996	1,989	24,078
Active Income	\$ 1,170,068.46	\$ 1,157,653.20	\$ 1,177,743.60	\$ 1,176,124.62	\$ 1,175,127.36	\$ 1,173,855.54	\$ 1,175,171.58	\$ 1,172,656.32	\$ 1,169,591.94	\$ 1,168,045.56	\$ 1,164,432.06	\$ 1,163,059.26	\$ 14,043,529.50
Adjustments	\$ 3,960.66	\$ (2,269.08)	\$ (1,994.52)	\$ -	\$ (169,522.24)	\$ 448.14	\$ 2,587.86	\$ 2,095.50	\$ (2,341.68)	\$ 2,688.84	\$ (274.56)	\$ (3,613.50)	\$ (168,234.58)
Total Active Income	\$ 1,174,029.12	\$ 1,155,384.12	\$ 1,175,749.08	\$ 1,176,124.62	\$ 1,005,605.12	\$ 1,174,303.68	\$ 1,177,759.44	\$ 1,174,751.82	\$ 1,167,250.26	\$ 1,170,734.40	\$ 1,164,157.50	\$ 1,159,445.76	\$ 13,875,294.92
Plus COBRA Income	\$ 2,240.40	\$ 3,360.60	\$ 2,520.45	\$ 2,800.50	\$ 2,520.45	\$ 3,640.65	\$ 3,080.55	\$ 2,520.45	\$ 2,240.40	\$ 2,520.45	\$ 2,008.43	\$ 2,287.10	\$ 31,740.43
Subtotal	\$ 1,176,269.52	\$ 1,158,744.72	\$ 1,178,269.53	\$ 1,178,925.12	\$ 1,008,125.57	\$ 1,177,944.33	\$ 1,180,839.99	\$ 1,177,272.27	\$ 1,169,490.66	\$ 1,173,254.85	\$ 1,166,165.93	\$ 1,161,732.86	\$ 13,907,035.35
Bank Service - Interest Credit	\$ 5,756.75	\$ 11,962.35	\$ -	\$ 5,337.47	\$ 1,183.20	\$ 21,486.25	\$ 1,036.84	\$ 904.86	\$ 109.26	\$ 227,337.05	\$ 16,145.50	\$ 35,710.37	\$ 326,989.90
Overpayments/Refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Stop Loss Settlement	\$ 1,182,026.27	\$ 1,170,727.07	\$ 1,178,269.53	\$ 1,184,262.59	\$ 1,009,308.77	\$ 1,199,430.58	\$ 1,312,455.34	\$ 1,178,177.13	\$ 1,169,599.92	\$ 1,400,591.90	\$ 1,182,311.43	\$ 1,197,443.23	\$ 14,364,603.76
Total Income	\$ (748,149.66)	\$ 7,856.14	\$ 20,805.58	\$ (108,337.85)	\$ (540,736.13)	\$ 43,491.77	\$ (161,218.69)	\$ (138,988.48)	\$ (437,694.36)	\$ (275,947.59)	\$ (218,845.62)	\$ (635,856.74)	\$ (3,193,624.63)
Monthly Net	\$ (748,149.66)	\$ 7,856.14	\$ 20,805.58	\$ (108,337.85)	\$ (540,736.13)	\$ 43,491.77	\$ (161,218.69)	\$ (138,988.48)	\$ (437,694.36)	\$ (275,947.59)	\$ (218,845.62)	\$ (635,856.74)	\$ (3,193,624.63)
YTD Net	\$ (748,149.66)	\$ 7,856.14	\$ 20,805.58	\$ (108,337.85)	\$ (540,736.13)	\$ 43,491.77	\$ (161,218.69)	\$ (138,988.48)	\$ (437,694.36)	\$ (275,947.59)	\$ (218,845.62)	\$ (635,856.74)	\$ (3,193,624.63)
Avg. Cost/Contract	\$ 960.29	\$ 594.95	\$ 573.00	\$ 640.22	\$ 768.87	\$ 573.67	\$ 733.17	\$ 655.63	\$ 801.64	\$ 837.85	\$ 701.98	\$ 921.72	\$ 729.22













# LUCAS COUNTY DRUG PLAN 2006

Service Period:	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total
<b>Claims Costs</b>	\$564,059.32	\$588,543.33	\$600,719.63	\$546,570.32	\$598,365.38	\$586,976.55	\$575,552.06	\$596,113.81	\$570,321.52	\$616,964.22	\$609,648.07	\$548,583.78	\$7,002,417.99
<b>Admin. Fee (Drug Use Review)</b>	\$2,743.79	\$3,398.24	\$4,318.05	\$3,301.40	\$4,511.13	\$2,331.69	\$3,618.49	\$3,562.98	\$3,541.41	\$3,765.46	\$4,051.39	\$3,330.98	\$43,075.01
<b>COBRA Admin. Fees</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Costs</b>	\$566,803.11	\$591,941.57	\$605,037.68	\$549,871.72	\$602,876.51	\$589,908.24	\$579,170.55	\$599,676.79	\$573,862.93	\$620,729.68	\$613,699.46	\$551,914.76	\$7,045,493.00
<b>Income</b>													
<b># Single</b>	1100	1102	1101	1113	1108	1102	1096	1099	1094	1095	1098	1123	
<b>Dept. Chg. 93.75</b>	\$103,125.00	\$103,312.50	\$103,218.75	\$104,343.75	\$103,875.00	\$103,312.50	\$102,750.00	\$103,031.25	\$102,562.50	\$102,656.25	\$102,937.50	\$105,281.25	\$1,240,406.25
<b># Family</b>	2528	2522	2522	2538	2539	2526	2535	2538	2540	2527	2512	2539	
<b>Dept. Chg. 207.00</b>	\$523,296.00	\$522,054.00	\$522,054.00	\$525,366.00	\$525,573.00	\$522,882.00	\$524,745.00	\$525,366.00	\$525,780.00	\$523,089.00	\$519,984.00	\$525,573.00	\$6,285,762.00
<b>COBRA Single Income</b>	\$26,421.00	\$26,366.50	\$26,272.75	\$26,272.75	\$26,272.75	\$26,194.50	\$26,272.75	\$26,397.25	\$26,342.50	\$26,272.75	\$26,272.75	\$26,397.25	\$12,111.17
<b>COBRA Family Income</b>	\$956.30	\$1,687.50	\$1,051.93	\$1,243.19	\$1,051.93	\$860.67	\$1,147.56	\$1,243.19	\$1,051.93	\$669.41	\$573.78	\$573.78	\$10,308.60
<b>COBRA Total</b>	\$1,378.58	\$2,929.50	\$1,896.49	\$2,087.75	\$1,896.49	\$1,705.23	\$1,992.12	\$2,087.75	\$1,685.35	\$1,290.41	\$1,629.48	\$1,840.62	\$22,419.77
<b>COBRA Enrollment</b>	16	20	16	19	19	18	16	17	15	15	14	12	197
<b>Total Enrollment</b>	3644	3644	3639	3670	3666	3646	3647	3654	3649	3637	3624	3674	43,794
<b>Active Income</b>	\$626,421.00	\$625,366.50	\$625,272.75	\$629,709.75	\$629,448.00	\$626,194.50	\$627,495.00	\$628,397.25	\$628,342.50	\$625,745.25	\$622,921.50	\$630,854.25	\$7,526,168.25
<b>Adjustments</b>	(\$501.50)	(\$507.75)	(\$1,956.75)	(\$207.00)	(\$995.00)	(\$1,749.75)	\$226.50	\$39.00	(\$45.75)	(\$378.75)	(\$1,410.00)	\$5,226.00	(\$2,361.75)
<b>Total Active Income</b>	\$625,919.50	\$624,858.75	\$623,316.00	\$629,502.75	\$628,452.00	\$624,444.75	\$627,721.50	\$628,436.25	\$628,296.75	\$625,366.50	\$621,511.50	\$636,080.25	\$7,523,806.50
<b>Plus COBRA Revenue</b>	\$1,378.58	\$2,929.50	\$1,896.49	\$2,087.75	\$1,896.49	\$1,705.23	\$1,992.12	\$2,087.75	\$1,685.35	\$1,290.41	\$1,629.48	\$1,840.62	\$22,419.77
<b>Refunds/Rebates</b>	\$0.00	\$0.00	\$53,134.50	\$0.00	\$0.00	\$76,613.00	\$50,000.00	\$0.00	\$69,400.80	\$0.00	\$483.65	\$637,920.87	\$7,795,858.22
<b>Total Income</b>	\$627,198.08	\$627,788.25	\$678,346.99	\$631,590.50	\$630,348.49	\$702,762.98	\$679,713.62	\$630,524.00	\$699,382.90	\$626,656.91	\$623,624.63	\$86,006.11	750,365.22
<b>Monthly Net</b>	\$60,394.97	\$35,846.68	\$73,309.31	\$81,718.78	\$27,471.98	\$112,854.74	\$100,543.07	\$30,847.21	\$125,519.97	\$5,925.23	\$9,925.17	\$750,365.22	\$750,365.22
<b>YTD Net</b>	\$60,394.97	\$96,241.65	\$169,550.96	\$251,269.74	\$278,741.72	\$391,596.46	\$492,139.53	\$522,986.74	\$648,506.71	\$654,433.94	\$664,359.11	\$750,365.22	\$750,365.22
<b>Avg. Cost/Contract</b>	\$155.54	\$162.44	\$166.26	\$149.83	\$164.45	\$161.80	\$158.81	\$164.12	\$157.27	\$170.67	\$169.34	\$150.22	\$150.22
<b>Total Number of Scripts</b>	8451	8080	8987	7968	8677	8358	8112	8326	8256	8512	8323	8774	8774
<b># of Scripts per enrollee</b>	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Cost/Script</b>	\$67.07	\$73.26	\$67.32	\$69.01	\$69.48	\$70.58	\$71.40	\$72.02	\$69.51	\$72.92	\$73.74	\$62.90	\$62.90

93.75  
207.00

# Lucas County Drug Plan Performance 2005

Service Period:	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Total
Claims Costs	\$488,853.01	\$477,902.43	\$555,637.34	\$489,523.79	\$530,608.99	\$514,161.39	\$476,225.49	\$527,278.02	\$539,368.02	\$522,104.38	\$534,214.10	\$535,454.83	\$6,191,331.79
Admin. Fee	\$1,707.30	\$1,693.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,401.16
COBRA Admin. Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Costs	\$490,560.31	\$479,596.29	\$555,637.34	\$489,523.79	\$530,608.99	\$514,161.39	\$476,225.49	\$527,278.02	\$539,368.02	\$522,104.38	\$534,214.10	\$535,454.83	\$6,194,732.95
Income													
# Single	1129	1131	1119	1114	1108	1116	1131	1115	1113	1110	1103	1102	
Dept. Chg. 93.75	\$105,843.75	\$106,031.25	\$104,906.25	\$104,437.50	\$103,875.00	\$104,625.00	\$106,031.25	\$104,531.25	\$104,343.75	\$104,062.50	\$103,406.25	\$103,312.50	\$1,255,406.25
# Family	2476	2480	2501	2499	2495	2495	2505	2508	2516	2519	2517	2526	
Dept. Chg. 207.00	\$512,532.00	\$513,360.00	\$517,707.00	\$517,293.00	\$516,465.00	\$516,465.00	\$518,535.00	\$519,156.00	\$520,812.00	\$521,433.00	\$521,019.00	\$522,882.00	\$6,217,659.00
COBRA Single Income	\$765.04	\$860.67	\$860.67	\$843.75	\$765.04	\$956.30	\$765.04	\$1,530.08	\$1,434.45	\$1,312.50	\$1,338.82	\$1,338.82	\$12,771.18
COBRA Family Income	\$0.00	\$211.14	\$0.00	\$211.14	\$0.00	\$0.00	\$0.00	\$211.14	\$422.28	\$633.42	\$0.00	\$211.14	\$1,900.26
COBRA Enrollment	\$765.04	\$1,071.81	\$860.67	\$1,054.89	\$765.04	\$956.30	\$0.00	\$1,741.22	\$1,856.73	\$1,945.92	\$1,338.82	\$1,549.96	\$13,906.40
Total Enrollment	3615	3622	3630	3623	3614	3621	3645	3637	3642	3645	3640	3645	43,579
Active Income	\$618,375.75	\$619,391.25	\$622,613.25	\$621,730.50	\$620,340.00	\$621,090.00	\$624,566.25	\$623,687.25	\$625,155.75	\$625,495.50	\$624,425.25	\$626,194.50	\$7,473,065.25
Adjustments	(\$113.25)	\$207.00	(\$928.00)	(\$1,675.50)	\$690.00	(\$1,148.25)	\$93.75	(\$207.00)	(\$74.25)	(\$394.50)	(\$2,351.25)	\$414.00	(\$5,417.25)
Total Active Income	\$618,262.50	\$619,598.25	\$621,785.25	\$620,055.00	\$621,000.00	\$619,941.75	\$624,660.00	\$623,480.25	\$625,081.50	\$625,101.00	\$622,074.00	\$626,608.50	\$7,467,648.00
Plus COBRA Revenue	\$765.04	\$1,071.81	\$860.67	\$1,054.89	\$765.04	\$956.30	\$765.04	\$1,741.22	\$1,856.73	\$1,945.92	\$1,338.82	\$1,549.96	\$14,571.44
Refunds/Rebates	\$0.00	\$39,071.00	\$0.00	\$0.00	\$0.00	\$44,605.00	\$3,013.80	\$0.00	\$42,148.00	\$0.00	\$0.00	\$28,710.25	\$152,548.05
Total Income	\$619,027.54	\$620,670.06	\$661,716.92	\$621,109.89	\$621,765.04	\$665,503.05	\$628,438.84	\$625,221.47	\$669,086.23	\$627,046.92	\$623,412.82	\$696,868.71	\$7,639,867.49
Monthly Net	\$128,467.23	\$141,073.77	\$106,079.58	\$131,586.10	\$91,156.05	\$151,341.66	\$152,213.35	\$97,943.45	\$129,718.21	\$104,942.54	\$89,198.72	\$121,413.88	1,445,134.54
YTD Net	\$128,467.23	\$269,541.00	\$375,620.58	\$507,206.68	\$598,362.73	\$749,704.39	\$901,917.74	\$999,861.19	\$1,129,579.40	\$1,234,521.94	\$1,323,720.66	\$1,445,134.54	\$11,445,134.54
Avg. Cost/Contract	\$135.70	\$132.41	\$153.07	\$135.12	\$146.82	\$141.99	\$130.65	\$144.98	\$148.10	\$143.24	\$146.76	\$146.90	\$142,151.99
Total Number of Scripts	8130	8066	8940	8143	8290	7962	7599	8175	8108	8031	8078	8199	97,722
# of Scripts per enrollee	2	2	2	2	2	2	2	2	2	2	2	2	2
Cost/Script	\$60.34	\$59.46	\$62.15	\$60.12	\$64.01	\$64.58	\$62.67	\$64.50	\$66.52	\$65.01	\$66.13	\$65.31	\$63.31

93.75  
207.00

2007

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	AVERAGE COPAY			TOTAL SCRIPTS	TOTAL SCRIPTS	AVERAGE COPAY
										Tier 1	Tier 2	Tier 3			
JANUARY	9180	9570	\$ 710,849.77	\$ 98,418.04	\$ 74.28	\$ 10.28	\$ 77.43	1.04	58.1%	\$ 4.29	\$ 3875	\$ 17.87	135	\$ 39.42	
FEBRUARY	9185	8021	\$ 632,705.03	\$ 83,876.42	\$ 78.88	\$ 10.46	\$ 68.81	0.87	58.0%	\$ 4.27	\$ 3220	\$ 18.06	149	\$ 39.34	
MARCH	9117	9070	\$ 553,806.72	\$ 110,997.28	\$ 61.06	\$ 12.24	\$ 60.74	0.99	58.8%	\$ 4.36	\$ 2696	\$ 23.91	1041	\$ 22.37	
APRIL	9095	8353	\$ 577,095.51	\$ 100,427.01	\$ 68.09	\$ 12.02	\$ 63.45	0.92	59.1%	\$ 4.34	\$ 2402	\$ 23.73	1014	\$ 21.69	
MAY	9110	8756	\$ 595,073.21	\$ 104,783.09	\$ 67.96	\$ 11.97	\$ 65.32	0.96	59.7%	\$ 4.29	\$ 2437	\$ 23.94	1092	\$ 22.00	
JUNE	9123	8298	\$ 516,908.49	\$ 100,103.63	\$ 62.29	\$ 12.06	\$ 58.66	0.91	59.2%	\$ 4.34	\$ 2363	\$ 23.50	1023	\$ 22.74	
JULY	9164	8427	\$ 588,331.56	\$ 99,760.82	\$ 68.82	\$ 11.84	\$ 64.20	0.92	60.0%	\$ 4.42	\$ 2373	\$ 23.99	998	\$ 20.53	
AUGUST	9178	8416	\$ 588,702.51	\$ 98,842.25	\$ 69.95	\$ 11.74	\$ 64.14	0.92	60.5%	\$ 4.38	\$ 2245	\$ 23.19	1079	\$ 22.68	
SEPTEMBER	9144	8122	\$ 522,149.47	\$ 92,961.44	\$ 64.29	\$ 11.45	\$ 57.10	0.89	61.5%	\$ 4.37	\$ 2081	\$ 23.24	1046	\$ 21.77	
OCTOBER	9197	8622	\$ 628,381.83	\$ 96,016.14	\$ 72.88	\$ 11.14	\$ 68.32	0.84	62.4%	\$ 4.38	\$ 2119	\$ 22.74	1123	\$ 21.61	
NOVEMBER	9167	8481	\$ 598,262.81	\$ 94,762.22	\$ 70.54	\$ 11.17	\$ 65.26	0.93	62.0%	\$ 4.24	\$ 2116	\$ 22.96	1107	\$ 21.58	
DECEMBER	9199	8395	\$ 522,010.50	\$ 94,109.61	\$ 62.18	\$ 11.21	\$ 56.75	0.91	61.8%	\$ 4.23	\$ 2078	\$ 23.06	1131	\$ 21.48	
<b>YTD AVERAGES</b>	<b>9,156</b>	<b>8,544</b>	<b>\$ 586,189.78</b>	<b>\$ 97,921.50</b>	<b>\$ 68.60</b>	<b>\$ 11.47</b>	<b>\$ 64.02</b>	<b>0.93</b>	<b>60.1%</b>	<b>\$ 4.33</b>	<b>2,600</b>	<b>\$ 22.62</b>	<b>912</b>	<b>\$ 24.77</b>	
<b>YTD TOTALS</b>	<b>102,531</b>	<b>102,531</b>	<b>\$ 7,034,277.41</b>	<b>\$ 1,176,087.96</b>						<b>\$ 61.91</b>	<b>30,002</b>	<b>\$ 270.19</b>	<b>10,938</b>	<b>\$ 297.21</b>	

2006

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	AVERAGE COPAY			TOTAL SCRIPTS	TOTAL SCRIPTS	AVERAGE COPAY
										Tier 1	Tier 2	Tier 3			
JANUARY	9091	8451	\$ 564,059.32	\$ 88,333.49	\$ 66.74	\$ 10.45	\$ 62.05	0.93	52.9%	\$ 4.08	\$ 3887	\$ 17.10	93	\$ 38.91	
FEBRUARY	9055	8077	\$ 588,543.33	\$ 84,610.43	\$ 72.87	\$ 10.48	\$ 65.00	0.89	53.8%	\$ 4.16	\$ 3645	\$ 17.33	87	\$ 38.77	
MARCH	9178	8987	\$ 547,585.13	\$ 92,258.65	\$ 60.93	\$ 10.27	\$ 59.66	0.98	54.6%	\$ 4.05	\$ 3990	\$ 17.27	90	\$ 38.63	
APRIL	9176	7968	\$ 546,570.32	\$ 82,065.45	\$ 68.60	\$ 10.30	\$ 59.57	0.87	54.2%	\$ 4.00	\$ 3558	\$ 17.21	91	\$ 39.03	
MAY	9159	8677	\$ 598,365.38	\$ 89,258.46	\$ 68.96	\$ 10.29	\$ 65.33	0.95	54.3%	\$ 4.03	\$ 3889	\$ 17.26	81	\$ 38.12	
JUNE	9176	8358	\$ 510,363.55	\$ 87,387.30	\$ 61.08	\$ 10.48	\$ 55.62	0.91	53.9%	\$ 4.10	\$ 3757	\$ 17.34	96	\$ 39.27	
JULY	9175	8112	\$ 575,552.06	\$ 82,697.86	\$ 70.95	\$ 10.19	\$ 62.73	0.88	55.6%	\$ 4.06	\$ 3513	\$ 17.34	89	\$ 39.05	
AUGUST	9241	8326	\$ 596,113.81	\$ 85,178.83	\$ 71.60	\$ 10.23	\$ 64.51	0.90	56.1%	\$ 4.24	\$ 3560	\$ 17.31	95	\$ 39.46	
SEPTEMBER	9211	8256	\$ 500,920.72	\$ 82,716.80	\$ 60.67	\$ 10.02	\$ 54.38	0.90	57.8%	\$ 4.27	\$ 3382	\$ 17.25	102	\$ 38.22	
OCTOBER	9211	8512	\$ 616,964.22	\$ 86,305.98	\$ 72.48	\$ 10.14	\$ 66.98	0.92	56.8%	\$ 4.27	\$ 3574	\$ 17.25	102	\$ 38.22	
NOVEMBER	9265	8323	\$ 609,648.07	\$ 85,441.53	\$ 73.25	\$ 10.27	\$ 65.80	0.90	57.4%	\$ 4.28	\$ 3417	\$ 17.54	129	\$ 39.28	
DECEMBER	9279	8774	\$ 548,583.78	\$ 87,746.57	\$ 62.52	\$ 10.00	\$ 59.12	0.95	59.1%	\$ 4.35	\$ 3471	\$ 17.50	114	\$ 38.87	
<b>YTD AVERAGES</b>	<b>9,186</b>	<b>8,402</b>	<b>\$ 566,939.14</b>	<b>\$ 86,166.78</b>	<b>\$ 67.66</b>	<b>\$ 10.26</b>	<b>\$ 61.73</b>	<b>0.91</b>	<b>55.6%</b>	<b>\$ 4.16</b>	<b>3,637</b>	<b>\$ 17.31</b>	<b>97</b>	<b>\$ 39.07</b>	
<b>YTD TOTALS</b>	<b>100,821</b>	<b>100,821</b>	<b>\$ 6,803,289.69</b>	<b>\$ 1,034,001.35</b>						<b>\$ 49.89</b>	<b>43,843</b>	<b>\$ 207.70</b>	<b>1,169</b>	<b>\$ 468.83</b>	

Lucas County  
EXECUTIVE SUMMARY

2009

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS			AVERAGE COPAY		
										Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
JANUARY	8901	8957	\$ 638,408.73	\$ 92,226.60	\$ 71.27	\$ 10.30	\$ 71.72	1.01	65.1%	5831	2039	1087	3.88	22.29	22.22
FEBRUARY	8921	8430	\$ 590,398.00	\$ 87,974.97	\$ 70.04	\$ 10.44	\$ 66.18	0.94	65.2%	5496	1871	1083	3.86	22.76	22.75
MARCH	8921	9511	\$ 478,144.89	\$ 99,281.33	\$ 50.27	\$ 10.44	\$ 53.60	1.07	64.7%	6154	2081	1276	3.81	22.28	23.09
APRIL	8911	8880	\$ 655,761.73	\$ 92,427.24	\$ 73.85	\$ 10.41	\$ 73.59	1.00	65.7%	5834	2038	1008	3.91	22.30	23.98
MAY	8910	8574	\$ 625,513.08	\$ 88,743.01	\$ 72.95	\$ 10.47	\$ 70.20	0.96	66.0%	5659	1986	936	3.84	22.69	24.52
JUNE	8898	8556	\$ 484,653.80	\$ 90,442.22	\$ 56.64	\$ 10.57	\$ 54.47	0.96	66.2%	5664	1954	933	3.87	22.72	25.86
JULY															5.51
AUGUST															
SEPTEMBER															
OCTOBER															
NOVEMBER															
DECEMBER															
YTD AVERAGES	8,910	8,818	\$ 578,813.37	\$ 92,015.89	\$ 65.64	\$ 10.44	\$ 64.96	0.99	65.5%	5,773	1,995	1,051	3.86	22.51	23.74
YTD TOTALS		52,908	\$ 3,472,880.23	\$ 552,096.36						34,638	11,969	6,303	23.17	136.04	142.42

more generic scripts  
more generic scripts

2008

MONTH	TOTAL MEMBERS	TOTAL SCRIPTS	TOTAL BILLED AMOUNT INCL ADMIN	TOTAL MEMBER COPAY	PLAN COST /SCRIPT	MEMBER COST /SCRIPT	PLAN COST /MEMBER	CLAIMS/ MEMBER	GENERIC DISP. RATE	TOTAL SCRIPTS			AVERAGE COPAY		
										Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
JANUARY	9075	9486	\$ 651,312.70	\$ 104,074.57	\$ 68.66	\$ 10.97	\$ 71.77	1.05	63.1%	5986	2289	1211	4.23	22.70	22.12
FEBRUARY	9082	8534	\$ 582,475.54	\$ 94,686.33	\$ 68.25	\$ 11.10	\$ 64.14	0.94	62.8%	5359	2055	1120	4.33	22.77	22.05
MARCH	9102	8866	\$ 528,860.49	\$ 98,207.23	\$ 59.65	\$ 10.85	\$ 58.10	0.97	64.2%	5692	1989	1185	4.24	22.92	22.35
APRIL	9071	8776	\$ 626,498.35	\$ 98,161.29	\$ 71.39	\$ 11.19	\$ 69.07	0.97	62.9%	5520	2086	1170	4.21	22.72	23.53
MAY	9106	8547	\$ 625,510.73	\$ 96,060.45	\$ 73.18	\$ 11.24	\$ 68.69	0.94	62.9%	5376	2061	1110	4.26	22.76	23.65
JUNE	9086	8092	\$ 378,795.75	\$ 86,578.96	\$ 46.81	\$ 10.95	\$ 41.69	0.89	63.5%	5138	2003	951	4.24	22.82	22.18
JULY	9058	8234	\$ 608,465.73	\$ 90,445.26	\$ 73.90	\$ 10.98	\$ 67.17	0.91	64.8%	5336	1898	1000	4.33	23.30	23.11
AUGUST	9077	8079	\$ 594,344.40	\$ 91,538.36	\$ 73.57	\$ 11.33	\$ 65.48	0.89	64.1%	5179	1777	1123	4.34	22.72	25.54
SEPTEMBER	9065	8180	\$ 453,508.52	\$ 89,885.28	\$ 55.44	\$ 10.99	\$ 50.03	0.90	63.9%	5227	1868	1060	4.27	22.81	23.47
OCTOBER	9073	8840	\$ 641,185.56	\$ 93,027.57	\$ 72.53	\$ 10.52	\$ 70.87	0.97	64.6%	5728	1847	1177	4.26	22.34	21.35
NOVEMBER	9060	8192	\$ 575,632.38	\$ 85,181.17	\$ 70.35	\$ 10.41	\$ 63.54	0.90	64.0%	5236	1835	1097	4.01	22.65	20.62
DECEMBER	9045	8944	\$ 472,664.72	\$ 91,864.18	\$ 52.85	\$ 10.27	\$ 52.28	0.99	65.3%	5840	1877	1188	3.96	22.43	22.42
YTD AVERAGES	9,075	8,563	\$ 661,604.57	\$ 93,309.22	\$ 65.58	\$ 10.90	\$ 61.88	0.94	63.9%	5,468	1,975	1,116	4.22	22.73	22.70
YTD TOTALS		102,760	\$ 6,739,264.87	\$ 1,119,710.84						66,618	23,705	13,392	50.88	272.74	272.39

## LUCAS COUNTY DENTAL PLAN 2009

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
Dental Claims	\$ 154,530.42	\$ 151,101.01	\$ 217,754.93	\$ 248,424.04	\$ 154,749.39	\$ 135,555.63	\$ 132,850.52	\$ -	\$ -	\$ -	\$ -	\$ -
Admin. Fees	\$ 5,842.00	\$ 5,794.00	\$ 6,167.48	\$ 6,124.68	\$ 6,128.96	\$ 6,113.98	\$ 6,084.02	\$ 6,049.78	\$ -	\$ -	\$ -	\$ -
COBRA Admin. Fees	\$ 32.00	\$ 20.00	\$ 16.98	\$ 14.98	\$ 17.12	\$ 29.96	\$ 23.54	\$ 29.96	\$ -	\$ -	\$ -	\$ -
Total Admin.	\$ 5,874.00	\$ 5,814.00	\$ 6,184.46	\$ 6,139.66	\$ 6,146.08	\$ 6,143.94	\$ 6,107.56	\$ 6,079.74	\$ -	\$ -	\$ -	\$ -
Total Claims + Total Admin.	\$ 160,404.42	\$ 156,915.01	\$ 223,939.39	\$ 254,563.70	\$ 160,895.47	\$ 141,699.57	\$ 138,958.08	\$ 6,079.74	\$ -	\$ -	\$ -	\$ -
Income												
#Single	900	908	905	903	895	894	892	876	0	0	0	0
	\$21,330.00	\$21,519.60	\$21,448.50	\$21,401.10	\$21,211.50	\$21,187.80	\$21,140.40	\$20,761.20	\$0.00	\$0.00	\$0.00	\$0.00
#Family	2,016	1,992	1,983	1,969	1,972	1,964	1,955	1,955	0	0	0	0
	\$132,753.60	\$131,173.20	\$130,580.55	\$129,658.65	\$129,856.20	\$129,329.40	\$128,736.75	\$128,736.75	\$0.00	\$0.00	\$0.00	\$0.00
Total Active Income	\$154,083.60	\$152,692.80	\$152,029.05	\$151,059.75	\$151,067.70	\$150,517.20	\$149,877.15	\$149,497.95	\$0.00	\$0.00	\$0.00	\$0.00
COBRA Single Income	\$ 241.70	\$ 241.70	\$ 193.36	\$ 169.19	\$ 193.36	\$ 265.87	\$ 265.87	\$ 314.21	\$ -	\$ -	\$ -	\$ -
COBRA Family Income	\$ 67.17	\$ -	\$ -	\$ -	\$ -	\$ 201.51	\$ -	\$ 67.17	\$ -	\$ -	\$ -	\$ -
Total COBRA Income	\$ 308.87	\$ 241.70	\$ 193.36	\$ 169.19	\$ 193.36	\$ 467.38	\$ 265.87	\$ 381.38	\$ -	\$ -	\$ -	\$ -
COBRA Enrollment	11	8	7	9	8	10	12	12	0	0	0	0
Total Enrollment	2,927	2,908	2,895	2,881	2,875	2,868	2,859	2,843	0	0	0	0
Active Income	\$154,083.60	\$152,692.80	\$152,029.05	\$151,059.75	\$151,067.70	\$150,517.20	\$149,877.15	\$149,497.95	\$0.00	\$0.00	\$0.00	\$0.00
Adjustments	\$ 147.45	\$ (389.85)	\$ (258.15)	\$ (484.65)	\$ 97.50	\$ (155.40)	\$ (305.55)	\$ 158.10	\$ -	\$ -	\$ -	\$ -
Total Active Income	\$154,231.05	\$152,302.95	\$151,770.90	\$150,575.10	\$151,165.20	\$150,361.80	\$149,571.60	\$149,656.05	\$0.00	\$0.00	\$0.00	\$0.00
Plus COBRA Income	\$ 308.87	\$ 241.70	\$ 193.36	\$ 169.19	\$ 193.36	\$ 467.38	\$ 265.87	\$ 381.38	\$ -	\$ -	\$ -	\$ -
Total Income	\$154,539.92	\$152,544.65	\$151,964.26	\$150,744.29	\$151,358.56	\$150,829.18	\$149,837.47	\$150,037.43	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Net	(\$5,864.50)	(\$4,370.36)	(\$71,975.13)	(\$103,819.41)	(\$9,536.91)	\$9,129.61	\$10,879.39	\$143,957.69	\$0.00	\$0.00	\$0.00	\$0.00
YTD Net	(\$5,864.50)	(\$10,234.86)	(\$82,209.99)	(\$186,029.40)	(\$195,566.31)	(\$186,436.70)	(\$175,557.31)	(\$31,599.62)	(\$31,599.62)	(\$31,599.62)	(\$31,599.62)	(\$31,599.62)
Avg. Cost/Contract	\$4,80164674	\$3,9597696	\$77.35	\$8,35949323	\$55.96	\$49.41	\$48,60373557	\$2,138494548	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

# LUCAS COUNTY DENTAL PLAN 2008

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Totals
Dental Claims	\$ 187,107.05	\$ 114,206.90	\$ 131,624.93	\$ 196,490.34	\$ 200,765.47	\$ 113,693.49	\$ 208,385.97	\$ 64,195.75	\$ 129,676.99	\$ 193,399.25	\$ 84,662.53	\$ 136,063.55	\$ 1,760,272.22
Admin. Fees	\$ 6,004.00	\$ 5,962.00	\$ 5,978.00	\$ 5,952.00	\$ 5,956.00	\$ 5,942.00	\$ 5,872.00	\$ 5,914.00	\$ 5,900.00	\$ 5,864.00	\$ 5,864.00	\$ 5,850.00	\$ 71,058.00
COBRA Admin. Fees	\$ 38.00	\$ 34.00	\$ 34.00	\$ 30.00	\$ 38.00	\$ 38.00	\$ 32.00	\$ 26.00	\$ 20.00	\$ 24.00	\$ 20.00	\$ 20.00	\$ 354.00
Total Admin.	\$ 6,042.00	\$ 5,996.00	\$ 6,012.00	\$ 5,982.00	\$ 5,994.00	\$ 5,980.00	\$ 5,904.00	\$ 5,940.00	\$ 5,920.00	\$ 5,888.00	\$ 5,884.00	\$ 5,870.00	\$ 71,412.00
Total Claims + Total Admin.	\$ 193,149.05	\$ 120,202.90	\$ 137,636.93	\$ 202,472.34	\$ 206,759.47	\$ 119,673.49	\$ 214,289.97	\$ 70,135.75	\$ 135,596.99	\$ 199,287.25	\$ 90,546.53	\$ 141,933.55	\$ 1,831,684.22
#Single	951	946	939	938	935	930	917	917	915	906	904	902	902
#Family	2,049	2,039	2,048	2,038	2,044	2,040	2,038	2,036	2,035	2,031	2,030	2,026	2,026
Total Active Income	\$ 157,465.35	\$ 156,688.35	\$ 157,115.10	\$ 156,432.90	\$ 156,756.90	\$ 156,375.00	\$ 155,935.20	\$ 155,803.50	\$ 155,690.25	\$ 155,213.55	\$ 155,100.30	\$ 154,789.50	\$ 1,873,365.90
COBRA Single Income	\$ 459.23	\$ 362.55	\$ 362.55	\$ 314.21	\$ 435.06	\$ 362.55	\$ 314.21	\$ 314.21	\$ 217.53	\$ 298.87	\$ 241.70	\$ 241.70	\$ 3,924.37
COBRA Family Income	\$ 134.34	\$ 134.34	\$ 134.34	\$ 134.34	\$ 67.17	\$ 268.68	\$ 131.70	\$ -	\$ 67.17	\$ 67.17	\$ -	\$ -	\$ 1,139.25
Total COBRA Income	\$ 593.57	\$ 496.89	\$ 496.89	\$ 448.55	\$ 502.23	\$ 631.23	\$ 445.91	\$ 314.21	\$ 284.70	\$ 366.04	\$ 241.70	\$ 241.70	\$ 5,063.62
COBRA Enrollment	15	17	16	15	15	18	15	15	15	15	15	13	11
Total Enrollment	3,015	3,002	3,003	2,991	2,994	2,988	2,970	2,968	2,965	2,952	2,947	2,939	2,939
Active Income	\$ 157,465.35	\$ 156,688.35	\$ 157,115.10	\$ 156,432.90	\$ 156,756.90	\$ 156,375.00	\$ 155,935.20	\$ 155,803.50	\$ 155,690.25	\$ 155,213.55	\$ 155,100.30	\$ 154,789.50	\$ 1,873,365.90
Adjustments	\$ 300.30	\$ (455.70)	\$ 318.75	\$ (42.15)	\$ 18.45	\$ 23.70	\$ (294.90)	\$ 287.10	\$ (42.15)	\$ 13.20	\$ (47.40)	\$ (113.25)	\$ (34.05)
Total Active Income Plus COBRA Income	\$ 157,765.65	\$ 156,232.65	\$ 157,433.85	\$ 156,390.75	\$ 156,775.35	\$ 156,398.70	\$ 155,640.30	\$ 156,090.60	\$ 155,648.10	\$ 155,226.75	\$ 155,052.90	\$ 154,676.25	\$ 1,873,331.85
Total Income	\$ 158,359.22	\$ 156,729.54	\$ 157,930.74	\$ 156,839.30	\$ 157,277.58	\$ 157,029.93	\$ 156,086.21	\$ 156,404.81	\$ 155,932.80	\$ 155,592.79	\$ 155,294.60	\$ 154,917.95	\$ 1,878,395.47
Monthly Net	\$ (34,789.83)	\$ 36,526.64	\$ 20,293.81	\$ (45,633.04)	\$ (49,481.89)	\$ 37,356.44	\$ (58,203.76)	\$ 86,269.06	\$ 20,335.81	\$ (43,694.46)	\$ 64,748.07	\$ 12,984.40	\$ 46,711.25
YTD Net	\$ (34,789.83)	\$ 1,736.81	\$ 22,030.62	\$ (23,602.42)	\$ (73,084.31)	\$ (35,727.87)	\$ (93,931.63)	\$ (7,662.57)	\$ 12,673.24	\$ (31,021.22)	\$ 33,726.85	\$ 46,711.25	\$ 46,711.25
Avg. Cost/Contract	\$ 64.06	\$ 40.04	\$ 45.93	\$ 67.69	\$ 69.06	\$ 40.05	\$ 72.15	\$ 23.63	\$ 45.73	\$ 67.51	\$ 30.72	\$ 48.29	\$ 51.26

# LUCAS COUNTY DENTAL PLAN 2007

	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Totals
Dental Claims	\$133,548.83	\$139,320.03	\$131,768.41	\$142,873.36	\$111,785.84	\$95,694.11	\$126,064.10	\$122,566.76	\$146,664.65	\$224,533.20	\$97,135.52	\$156,649.21	1,628,604.02
Admin. Fees	\$5,842.00	\$5,830.00	\$6,078.00	\$6,096.00	\$6,040.00	\$6,106.00	\$6,046.00	\$6,096.00	\$6,050.00	\$6,000.00	\$6,012.00	\$6,020.00	\$72,216.00
COBRA Admin. Fees	\$34.00	\$30.00	\$34.00	\$26.00	\$42.00	\$32.00	\$28.00	\$34.00	\$34.00	\$30.00	\$33.26	\$30.00	\$387.26
TOTAL CLAIMS + TOTAL ADMIN. INCOME	\$139,424.83	\$145,180.03	\$137,880.41	\$148,995.36	\$117,867.84	\$101,832.11	\$132,138.10	\$128,696.76	\$152,748.65	\$230,563.20	\$103,180.78	\$162,699.21	\$1,701,207.28
#Single	888	903	962	959	957	976	957	961	958	951	953	953	11378
#Family	2036	2015	2077	2081	2072	2071	2072	2083	2073	2058	2057	2058	24753
Total Active Income	\$155,116.20	\$154,088.85	\$159,569.85	\$159,762.15	\$159,122.10	\$159,506.55	\$159,122.10	\$159,941.25	\$159,211.65	\$158,058.00	\$158,039.55	\$158,105.40	\$1,899,643.65
COBRA Single Income	\$241.70	\$193.36	\$241.70	\$217.53	\$265.87	\$193.36	\$217.53	\$290.04	\$265.87	\$241.70	\$300.57	\$290.04	\$2,959.27
COBRA Family Income	\$470.19	\$470.19	\$470.19	\$470.19	\$671.10	\$470.19	\$335.85	\$335.85	\$335.85	\$335.85	\$268.68	\$268.68	\$4,902.81
Total COBRA Income	\$711.89	\$663.55	\$711.89	\$687.72	\$936.97	\$663.55	\$553.38	\$625.89	\$601.72	\$577.55	\$569.25	\$558.72	\$7,662.08
COBRA Enrollment	17	16	16	17	17	15	15	16	16	15	17	16	193
TOTAL ENROLLMENT	2941	2934	3055	3057	3046	3062	3044	3060	3047	3024	3027	3027	36324
Active Income	\$155,116.20	\$154,088.85	\$159,569.85	\$159,762.15	\$159,122.10	\$159,506.55	\$159,122.10	\$159,941.25	\$159,211.65	\$158,058.00	\$158,039.55	\$158,105.40	\$1,899,643.65
Adjustments	(\$131.70)	(\$511.05)	\$0.00	(\$23.70)	(\$513.60)	\$57.90	(\$86.85)	\$305.55	(\$93.15)	(\$550.50)	(\$136.95)	(\$5.25)	(\$1,659.30)
TOTAL ACTIVE INCOME	\$154,984.50	\$153,577.80	\$159,569.85	\$159,738.45	\$158,608.50	\$159,564.45	\$159,035.25	\$160,246.80	\$159,148.50	\$157,507.50	\$157,902.60	\$158,100.15	\$1,897,984.35
PLUS COBRA INCOME	\$711.89	\$663.55	\$711.89	\$687.72	\$936.97	\$663.55	\$553.38	\$625.89	\$601.72	\$577.55	\$569.25	\$558.72	\$7,662.08
TOTAL INCOME	\$155,696.39	\$154,241.35	\$160,281.74	\$160,426.17	\$159,547.73	\$160,228.00	\$159,588.63	\$160,872.69	\$159,750.22	\$158,085.05	\$158,471.85	\$158,658.87	\$1,905,748.69
MONTHLY NET	\$16,271.56	\$9,061.32	\$22,401.33	\$11,430.81	\$41,579.89	\$58,395.89	\$27,450.53	\$32,175.93	\$7,001.57	(\$72,478.15)	\$55,291.07	(\$4,040.34)	\$204,541.41
YTD NET	\$16,271.56	\$25,332.88	\$47,734.21	\$59,165.02	\$100,744.91	\$159,140.80	\$186,591.33	\$218,767.26	\$225,768.83	\$153,290.68	\$208,581.75	\$204,541.41	\$204,541.41
Avg. Cost/Contract	\$47.41	\$49.48	\$45.13	\$48.74	\$38.70	\$33.26	\$43.41	\$42.06	\$50.13	\$76.24	\$34.09	\$53.75	Total



# Lucas County Dental Plan Performance 2005

	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Totals
Dental Claims	\$94,568.71	\$96,194.26	\$144,943.31	\$134,866.32	\$91,227.55	\$160,557.77	\$106,822.86	\$135,179.19	\$123,940.14	\$89,882.22	\$123,563.47	\$85,085.04	1,386,830.84
Admin. Fees	\$5,413.00	\$5,409.50	\$5,530.00	\$5,496.00	\$5,466.50	\$5,469.00	\$5,474.00	\$5,481.00	\$5,472.00	\$5,462.00	\$5,453.50	\$5,467.00	\$65,593.50
COBRA Admin. Fees	\$16.50	\$19.50	\$18.50	\$16.50	\$16.50	\$19.50	\$15.00	\$22.50	\$22.50	\$27.00	\$27.00	\$27.00	\$248.00
	\$5,429.50	\$5,429.00	\$5,548.50	\$5,512.50	\$5,483.00	\$5,489.00	\$5,489.00	\$5,503.50	\$5,494.50	\$5,489.00	\$5,480.50	\$5,494.00	\$65,841.50
	\$99,998.21	\$101,623.26	\$150,491.81	\$140,378.82	\$96,710.55	\$166,046.27	\$112,311.86	\$140,682.69	\$129,434.64	\$95,371.22	\$129,043.97	\$90,579.04	\$1,452,672.34
<b>TOTAL ADMIN.</b>													
<b>TOTAL CLAIMS + TOTAL ADMIN.</b>													
INCOME													
#Single	916	923	919	910	904	907	915	902	901	900	894	894	10885
	\$21,709.20	\$21,875.10	\$21,780.30	\$21,567.00	\$21,424.80	\$21,495.90	\$21,685.50	\$21,377.40	\$21,353.70	\$21,330.00	\$21,187.80	\$21,187.80	\$257,974.50
#Family	2020	2014	2067	2071	2062	2059	2058	2057	2061	2057	2060	2066	24652
	\$133,017.00	\$132,621.90	\$136,111.95	\$136,375.35	\$135,782.70	\$135,585.15	\$135,519.30	\$135,453.45	\$135,716.85	\$135,453.45	\$135,651.00	\$136,046.10	\$1,623,334.20
Total Active Income	\$154,726.20	\$154,497.00	\$157,892.25	\$157,942.35	\$157,207.50	\$157,081.05	\$157,204.80	\$156,830.85	\$157,070.55	\$156,783.45	\$156,838.80	\$157,233.90	\$1,881,308.70
COBRA Single Income	\$265.87	\$241.70	\$290.04	\$241.70	\$265.87	\$314.21	\$241.70	\$338.38	\$314.21	\$314.21	\$379.20	\$362.55	\$3,569.64
COBRA Family Income	\$0.00	\$201.51	\$0.00	\$67.17	\$0.00	\$0.00	\$0.00	\$67.17	\$134.34	\$335.85	\$131.70	\$201.51	\$1,139.25
Total COBRA Income	\$265.87	\$443.21	\$290.04	\$308.87	\$265.87	\$314.21	\$241.70	\$405.55	\$448.55	\$650.06	\$510.90	\$564.06	\$4,708.89
COBRA Enrollment	11	10	11	11	11	11	11	13	13	17	19	16	157
Total ENROLLMENT	2947	2947	2997	2992	2980	2977	2984	2972	2975	2974	2973	2976	35694
Active Income	\$154,726.20	\$154,497.00	\$157,892.25	\$157,942.35	\$157,207.50	\$157,081.05	\$157,204.80	\$156,830.85	\$157,070.55	\$156,783.45	\$156,838.80	\$157,233.90	\$1,881,308.70
Adjustments	(\$84.30)	(\$89.55)	\$550.50	\$129.15	(\$532.05)	(\$113.25)	(\$52.65)	\$895.40	(\$23.70)	\$23.70	(\$184.35)	(\$221.25)	\$97.65
TOTAL ACTIVE INCOME	\$154,641.90	\$154,407.45	\$158,442.75	\$158,071.50	\$156,675.45	\$156,967.80	\$157,152.15	\$157,526.25	\$157,046.85	\$156,807.15	\$156,654.45	\$157,012.65	\$1,881,406.35
PLUS COBRA INCOME	\$265.87	\$443.21	\$290.04	\$308.87	\$265.87	\$314.21	\$241.70	\$405.55	\$448.55	\$650.06	\$510.90	\$564.06	\$4,708.89
TOTAL INCOME	\$154,907.77	\$154,850.66	\$158,732.79	\$158,380.37	\$156,941.32	\$157,282.01	\$157,393.85	\$157,931.80	\$157,495.40	\$157,457.21	\$157,165.35	\$157,576.71	\$1,886,115.24
MONTHLY NET	\$54,909.56	\$53,227.40	\$6,240.98	\$18,001.55	\$60,230.77	(\$8,764.26)	\$45,081.99	\$17,249.11	\$28,060.76	\$62,085.99	\$28,121.38	\$66,997.67	\$433,442.90
YTD NET	\$54,909.56	\$108,136.96	\$116,377.94	\$134,379.49	\$194,610.26	\$230,927.99	\$248,177.10	\$276,237.86	\$276,237.86	\$32.07	\$366,445.23	\$433,442.90	\$40.70
Avg. Cost/Contract	\$33.93	\$34.48	\$50.21	\$46.92	\$32.45	\$55.78	\$37.64	\$47.34	\$43.51	\$32.07	\$43.41	\$30.44	\$40.70

## METLIFE DENTAL PPO 2009

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Totals
<b>Premium</b>													
COBRA Premium	\$ 29,630.68	\$ 29,519.10	\$ 29,730.01	\$ 29,889.60	\$ 30,226.08	\$ 29,928.67	\$ 30,010.70	\$ 30,312.58	\$ -	\$ -	\$ -	\$ -	\$ 239,247.42
Total Premium	\$ 17.30	\$ 34.60	\$ 100.28	\$ 131.36	\$ 64.73	\$ 64.73	\$ 112.16	\$ 112.16	\$ -	\$ -	\$ -	\$ -	\$ 637.32
	\$ 29,647.98	\$ 29,553.70	\$ 29,830.29	\$ 30,020.96	\$ 30,290.81	\$ 29,993.40	\$ 30,122.86	\$ 30,424.74	\$ -	\$ -	\$ -	\$ -	\$ 239,884.74
<b>Income</b>													
#Single	162	167	165	166	168	169	172	173	0	0	0	0	0
#Family	565	565	567	570	574	573	570	573	0	0	0	0	0
Total Active Income	\$ 3,839.40	\$ 3,957.90	\$ 3,910.50	\$ 3,934.20	\$ 3,981.60	\$ 4,005.30	\$ 4,076.40	\$ 4,100.10	\$ -	\$ -	\$ -	\$ -	\$ 31,805.40
COBRA Single Income	\$ 37,205.25	\$ 37,205.25	\$ 37,336.95	\$ 37,534.50	\$ 37,797.90	\$ 37,732.05	\$ 37,534.50	\$ 37,732.05	\$ -	\$ -	\$ -	\$ -	\$ 300,078.45
COBRA Family Income	\$ 41,044.65	\$ 41,163.15	\$ 41,247.45	\$ 41,468.70	\$ 41,779.50	\$ 41,737.35	\$ 41,610.90	\$ 41,832.15	\$ -	\$ -	\$ -	\$ -	\$ 331,883.85
Total COBRA Income	\$ 17.65	\$ 35.30	\$ 70.60	\$ 35.30	\$ 17.65	\$ 17.65	\$ 17.65	\$ 17.65	\$ -	\$ -	\$ -	\$ -	\$ 229.45
COBRA Enrollment	\$ -	\$ -	\$ -	\$ 96.76	\$ 48.38	\$ 48.38	\$ 96.76	\$ 96.76	\$ -	\$ -	\$ -	\$ -	\$ 387.04
Total Enrollment	\$ 17.65	\$ 35.30	\$ 70.60	\$ 132.06	\$ 66.03	\$ 66.03	\$ 114.41	\$ 114.41	\$ -	\$ -	\$ -	\$ -	\$ 616.49
Active Income	\$ 41,044.65	\$ 41,163.15	\$ 41,247.45	\$ 41,468.70	\$ 41,779.50	\$ 41,737.35	\$ 41,610.90	\$ 41,832.15	\$ -	\$ -	\$ -	\$ -	\$ 5,919
Adjustments	\$ 42.15	\$ (234.45)	\$ (221.25)	\$ (23.70)	\$ 131.70	\$ (131.70)	\$ -	\$ 197.55	\$ -	\$ -	\$ -	\$ -	\$ 331,883.85
Total Active Income	\$ 41,086.80	\$ 40,928.70	\$ 41,026.20	\$ 41,445.00	\$ 41,911.20	\$ 41,605.65	\$ 41,610.90	\$ 42,029.70	\$ -	\$ -	\$ -	\$ -	\$ (239.70)
Plus COBRA Income	\$ 17.65	\$ 35.30	\$ 70.60	\$ 132.06	\$ 66.03	\$ 66.03	\$ 114.41	\$ 114.41	\$ -	\$ -	\$ -	\$ -	\$ 331,644.15
Total Income	\$ 41,104.45	\$ 40,964.00	\$ 41,096.80	\$ 41,577.06	\$ 41,977.23	\$ 41,671.68	\$ 41,725.31	\$ 42,144.11	\$ -	\$ -	\$ -	\$ -	\$ 616.49
Monthly Net	\$ 11,456.47	\$ 11,410.30	\$ 11,266.51	\$ 11,556.10	\$ 11,686.42	\$ 11,678.28	\$ 11,602.45	\$ 11,719.37	\$ -	\$ -	\$ -	\$ -	\$ 92,375.90
YTD Net	\$ 11,456.47	\$ 22,866.77	\$ 34,133.28	\$ 45,889.38	\$ 57,375.80	\$ 69,054.08	\$ 80,856.53	\$ 92,375.90	\$ 92,375.90	\$ 92,375.90	\$ 92,375.90	\$ 92,375.90	\$ 92,375.90
Avg. Cost/Contract	\$ 40.67	\$ 40.26	\$ 40.59	\$ 40.62	\$ 40.71	\$ 40.31	\$ 40.43	\$ 40.62	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$ 40.53

# METLIFE DENTAL PPO 2008

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Totals
Premium	\$ 29,230.63	\$ 28,777.52	\$ 29,432.60	\$ 29,290.31	\$ 29,600.35	\$ 29,605.05	\$ 29,298.67	\$ 29,315.97	\$ 29,842.17	\$ 29,687.05	\$ 29,544.76	\$ 29,563.25	\$ 353,208.33
COBRA Premium	\$ 103.80	\$ 86.50	\$ 86.50	\$ 86.50	\$ 69.20	\$ 69.20	\$ 34.60	\$ 34.60	\$ 34.60	\$ 34.60	\$ 34.60	\$ 72.15	\$ 746.85
Total Premium	\$ 29,334.43	\$ 28,864.02	\$ 29,519.10	\$ 29,376.81	\$ 29,669.55	\$ 29,674.25	\$ 29,333.27	\$ 29,350.57	\$ 29,876.77	\$ 29,721.65	\$ 29,579.36	\$ 29,655.40	\$ 353,955.18
Income													
fSingle	178	174	169	174	166	164	163	162	164	166	165	164	164
fFamily	4,218.60	4,123.80	4,005.30	4,123.80	3,934.20	3,886.80	3,863.10	3,839.40	3,886.80	3,934.20	3,910.50	3,886.80	47,613.30
Total Active Income	\$ 36,019.95	\$ 35,888.25	\$ 36,678.45	\$ 35,888.25	\$ 36,941.85	\$ 36,941.85	\$ 36,876.00	\$ 36,876.00	\$ 37,139.40	\$ 37,205.25	\$ 37,073.55	\$ 37,073.55	\$ 440,602.35
COBRA Single Income	\$ 40,238.55	\$ 40,012.05	\$ 40,683.75	\$ 40,012.05	\$ 40,876.05	\$ 40,828.65	\$ 40,739.10	\$ 40,715.40	\$ 41,026.20	\$ 41,139.45	\$ 40,984.05	\$ 40,960.35	\$ 488,215.65
COBRA Family Income	\$ 105.90	\$ 88.25	\$ 88.25	\$ 88.25	\$ 70.60	\$ 70.60	\$ 35.30	\$ 35.30	\$ 35.30	\$ 35.30	\$ 35.30	\$ 73.55	\$ 761.90
Total COBRA Income	\$ 105.90	\$ 88.25	\$ 88.25	\$ 88.25	\$ 70.60	\$ 70.60	\$ 35.30	\$ 35.30	\$ 35.30	\$ 35.30	\$ 35.30	\$ 73.55	\$ 761.90
COBRA Enrollment	4	4	6	5	4	4	2	2	2	2	2	2	2
Total Enrollment	729	723	732	724	731	729	725	724	730	733	730	730	730
Active Income	\$ 40,238.55	\$ 40,012.05	\$ 40,683.75	\$ 40,012.05	\$ 40,876.05	\$ 40,828.65	\$ 40,739.10	\$ 40,715.40	\$ 41,026.20	\$ 41,139.45	\$ 40,984.05	\$ 40,960.35	\$ 488,215.65
Adjustments	\$ 287.10	\$ (113.25)	\$ 18.45	\$ (65.85)	\$ 168.50	\$ 389.85	\$ (113.25)	\$ (234.45)	\$ 352.95	\$ 23.70	\$ (42.15)	\$ 60.60	\$ 732.20
Total Active Income	\$ 40,525.65	\$ 39,898.80	\$ 40,702.20	\$ 39,946.20	\$ 41,044.55	\$ 41,218.50	\$ 40,625.85	\$ 40,480.95	\$ 41,379.15	\$ 41,163.15	\$ 40,941.90	\$ 41,020.95	\$ 488,947.85
Plus COBRA Income	\$ 105.90	\$ 88.25	\$ 88.25	\$ 88.25	\$ 70.60	\$ 70.60	\$ 35.30	\$ 35.30	\$ 35.30	\$ 35.30	\$ 35.30	\$ 73.55	\$ 761.90
Total Income	\$ 40,631.55	\$ 39,987.05	\$ 40,790.45	\$ 40,034.45	\$ 41,115.15	\$ 41,289.10	\$ 40,661.15	\$ 40,516.25	\$ 41,414.45	\$ 41,198.45	\$ 40,977.20	\$ 41,094.50	\$ 489,709.75
Monthly Net	\$ 11,297.12	\$ 11,123.03	\$ 11,271.35	\$ 10,657.64	\$ 11,445.60	\$ 11,614.85	\$ 11,327.88	\$ 11,165.68	\$ 11,537.68	\$ 11,476.80	\$ 11,397.84	\$ 11,439.10	\$ 135,754.57
STD Net	\$ 11,297.12	\$ 22,420.15	\$ 33,691.50	\$ 44,349.14	\$ 55,794.74	\$ 67,409.59	\$ 78,737.47	\$ 89,903.15	\$ 101,440.83	\$ 112,917.63	\$ 124,315.47	\$ 135,754.57	\$ 135,754.57
Avg. Cost/Contract	\$ 40.24	\$ 39.92	\$ 40.33	\$ 40.58	\$ 40.59	\$ 40.71	\$ 40.46	\$ 40.54	\$ 40.93	\$ 40.55	\$ 40.52	\$ 40.62	\$ 40.50

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/06 THRU: 02/28/08  
 PAID: 03/01/07 THRU: 02/28/08

COVERAGE/TYPE: MM/IND

WARNING #: 20

WARNING AMOUNT: 52,000.00  
 OVER AMOUNT: 260,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
			SELF	70,460.28	*WARN*	
			SPOUSE	393,447.98	*OVER*	
			SELF	205,750.90	*WARN*	
			SELF	83,408.55	*WARN*	
			SELF	72,378.34	*WARN*	
			SPOUSE	66,792.91	*WARN*	
			SELF	78,369.03	*WARN*	
			SELF	213,463.83	*WARN*	
			SPOUSE	114,675.72	*WARN*	
			SELF	103,933.97	*WARN*	
			DAUGHTER	79,716.03	*WARN*	
			SPOUSE	65,225.75	*WARN*	
			DAUGHTER	120,250.29	*WARN*	
			SELF	78,157.06	*WARN*	
			SELF	197,798.34	*WARN*	
			SELF	99,136.43	*WARN*	
			SPOUSE	100,850.41	*WARN*	
			SON	62,567.81	*WARN*	
			SON	67,181.49	*WARN*	
			SELF	109,275.96	*WARN*	
			SELF	84,399.76	*WARN*	
			SELF	131,393.26	*WARN*	
			SELF	59,325.09	*WARN*	
			SPOUSE	71,080.91	*WARN*	
			SPOUSE	57,642.00	*WARN*	
			SELF	52,021.76	*WARN*	
			SON	79,049.48	*WARN*	
			SPOUSE	102,671.93	*WARN*	
			SELF	88,607.38	*WARN*	
			SPOUSE	56,657.02	*WARN*	
			SON	385,137.25	*OVER*	
			SPOUSE	53,126.46	*WARN*	
			SELF	65,825.93	*WARN*	
			SELF	102,754.32	*WARN*	
			DAUGHTER	57,426.78	*WARN*	
			SON	78,248.69	*WARN*	
			SELF	119,567.24	*WARN*	
			SELF	66,212.54	*WARN*	
			SPOUSE	144,888.18	*WARN*	

SPECIFIC STOP-LOSS REPORT

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/07 THRU: 02/28/09

COVERAGE/TYPE: MM/IND

WARNING %: 20

WARNING AMOUNT: 52,000.00

PAID: 03/01/08 THRU: 02/28/09

OVER AMOUNT: 260,000.00

SOC SEC NBR EMPLOYEE NAME

SOC SEC NBR	EMPLOYEE NAME	RELATION	PAID	MSG	LASER
		SELF	148,885.49		
		SON	92,994.01	*WARN*	
		SELF	52,176.17	*WARN*	
		SPOUSE	94,429.73	*WARN*	
		SELF	52,947.34	*WARN*	
		SELF	170,135.05	*WARN*	
		SPOUSE	152,410.74	*WARN*	
		SELF	110,907.44	*WARN*	
		SPOUSE	53,078.98	*WARN*	
		SELF	70,035.65	*WARN*	
		SELF	94,759.52	*WARN*	
		SELF	110,706.63	*WARN*	
		SELF	96,780.47	*WARN*	
		SPOUSE	439,654.63	*OVER*	
		SELF	78,894.24	*WARN*	
		DAUGHTER	279,935.08	*OVER*	
		SELF	145,823.57	*WARN*	
		SPOUSE	95,052.33	*WARN*	
		SPOUSE	53,575.34	*WARN*	
		SPOUSE	164,205.41	*WARN*	
		SPOUSE	74,135.67	*WARN*	
		SELF	79,142.67	*WARN*	
		SELF	55,428.10	*WARN*	
		SELF	127,408.89	*WARN*	
		SELF	64,883.44	*WARN*	
		SON	72,697.28	*WARN*	
		SON	121,365.67	*WARN*	
		SPOUSE	86,686.67	*WARN*	
		SELF	91,566.18	*WARN*	
		SELF	60,501.14	*WARN*	
		SPOUSE	14,761.28	*WARN*	
		SELF	71,009.18	*WARN*	
		DAUGHTER	78,167.63	*WARN*	
		SPOUSE	76,522.24	*WARN*	
		SPOUSE	133,987.66	*WARN*	
		SON	86,302.52	*WARN*	
		SELF	176,734.48	*WARN*	
		SPOUSE	117,176.11	*WARN*	
		SPOUSE	55,999.35	*WARN*	
		DAUGHTER	253,688.72	*WARN*	
		SELF	66,637.51	*WARN*	
		SELF	210,790.86	*WARN*	
		SELF	92,490.61	*WARN*	
		SPOUSE	93,880.92	*WARN*	

Terminated

- Deceased

- Deceased

- Deceased

- Deceased

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LCI LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/08 THRU: 02/28/10  
PAID: 03/01/09 THRU: 02/28/10

COVERAGE/TYPE: MM/IND

WARNING #: 10

WARNING AMOUNT: 40,000.00  
OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
			SELF	57,034.25	*WARN*	
			SPOUSE	41,784.97	*WARN*	
			SPOUSE	41,311.81	*WARN*	
			SELF	161,721.73	*WARN*	
			SELF	143,965.14	*WARN*	
			SELF	72,253.60	*WARN*	
			SPOUSE	244,936.66	*WARN*	
			DAUGHTER	98,436.67	*WARN*	
			SELF	118,992.40	*WARN*	
			SELF	81,988.64	*WARN*	
			SON	104,594.96	*WARN*	
			SPOUSE	75,180.86	*WARN*	
			SELF	136,473.03	*WARN*	
			SELF	114,222.01	*WARN*	
			SELF	43,530.36	*WARN*	
			SELF	99,089.10	*WARN*	
			SELF	44,319.67	*WARN*	
			SPOUSE	48,209.60	*WARN*	
			SELF	116,317.60	*WARN*	
			SPOUSE	61,423.84	*WARN*	
			SPOUSE	67,217.70	*WARN*	
			SELF	44,614.41	*WARN*	
			DAUGHTER	67,187.95	*WARN*	
			SELF	53,730.74	*WARN*	
			SELF	57,659.27	*WARN*	
			SELF	40,256.92	*WARN*	
				-----		
			GRAND TOTAL:	3,238,253.89		
				*****		



**Lucas County Employees  
High Dollar Utilizers**

Claims Paid: March 2009 - August 2009 regardless of when the claim was incurred

	Relationship Medstat	Gender	Age Group Medstat	Highest Dollar CC	Total Paid for Highest Dollar CC	Total Paid for Member	% High Dollar to Total
	Employee/Self	Male	Ages 35-39		\$73,341.44	\$99,213.12	73.92%
	Employee/Self	Female	Ages 50-54	Fracture/Disloc - Hip/Fem Head	\$9,695.19	\$45,481.61	21.32%
	Employee/Self	Female	Ages 55-59	Malignant Neoplasm Of Liver Primary	\$34,500.98	\$42,735.38	80.73%
	Spouse/Partner	Male	Ages 65-74	Osteoarthritis	\$43,694.78	\$42,688.19	102.36%
	Employee/Self	Male	Ages 50-54	Cancer - Prostate	\$28,421.83	\$40,016.97	71.02%
	Spouse/Partner	Female	Ages 40-44	Renal Function Failure	\$22,107.20	\$36,550.49	60.48%
	Spouse/Partner	Male	Ages 40-44	Poisoning By Salicylates	\$27,680.57	\$36,876.67	77.15%
	Employee/Self	Female	Ages 30 - 34	Spinal/Back Disord, Low Back	\$25,068.90	\$33,233.11	75.43%
	Employee/Self	Female	Ages 55-59	Other Specified Rehabilitation Procedure Other	\$23,061.93	\$30,863.20	74.72%
	Spouse/Partner	Male	Ages 45-49	Chemotherapy Encounters	\$24,428.15	\$27,278.67	89.55%
	Employee/Self	Female	Ages 35-39	Coronary Artery Disease	\$26,190.88	\$26,815.54	97.67%
	Employee/Self	Female	Ages 35-39	Respiratory Disord, NEC			

**Premium vs Claims Report**

Experience Level Summary  
0122356 LUCAS COUNTY

Customer	Experience	From	Thru	Claim View
122356	0122356	03/2007	02/2008	Customer Reporting

**Customer Information**

Experience	0122356	Zone/Admin	???
Name	LUCAS COUNTY	Account Specialist	???
		Phone	???

**Product Summary**

Product	Per/Dep	Current Month		Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	
DENTAL	D	\$16,572	\$9,311	\$192,079	\$128,342	67%
DENTAL	P	\$12,612	\$8,838	\$148,226	\$118,470	80%
<b>Total</b>		<b>\$29,183</b>	<b>\$18,149</b>	<b>\$340,304</b>	<b>\$246,812</b>	<b>73%</b>

**Monthly Summary**

Month	Act/Est	Current Month		Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	
03/2007	E	\$27,838	\$1,911	\$27,838	\$1,911	7%
04/2007	E	\$27,838	\$19,567	\$27,838	\$19,567	70%
05/2007	A	\$27,472	\$19,886	\$27,472	\$19,886	72%
06/2007	A *	\$27,390	\$22,858	\$27,390	\$22,858	83%
07/2007	A	\$28,041	\$22,480	\$28,041	\$22,480	80%
08/2007	A	\$28,407	\$25,313	\$28,407	\$25,313	89%
09/2007	A	\$28,454	\$21,764	\$28,454	\$21,764	76%
10/2007	A	\$28,519	\$17,980	\$28,519	\$17,980	63%
11/2007	A	\$28,769	\$23,592	\$28,769	\$23,592	82%
12/2007	A	\$29,502	\$26,225	\$29,502	\$26,225	89%
01/2008	A	\$28,890	\$27,086	\$28,890	\$27,086	94%
02/2008	A	\$29,183	\$18,149	\$29,183	\$18,149	62%

\*Please note that this report does not contain DHMO claims information. If you have any questions regarding DHMO claims, please contact your Service Representative.  
 \*Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.  
 \* Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.  
 \* Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.  
 \* The current month premium includes adjustments. The adjustments reflect changes to previously reported premium.

**Premium vs Claims Report**

Experience Level Summary  
0122356 LUCAS COUNTY

Customer	Experience	From	Thru	Claim View
122356	0122356	03/2008	02/2009	Customer Reporting
<b>Customer Information</b>				
Experience	0122356	Zone/Admin	???	
Name	LUCAS COUNTY	Account Specialist	???	
		Phone	???	

Product	Current Month		Report Period to Date	
	Per/Dep	Premium & Deposit Liability	Premium & Deposit Liability	Claims
DENTAL	D	\$0	\$135,043	\$213,172
DENTAL	P	\$35	\$101,595	\$161,992
<b>Total</b>		<b>\$35</b>	<b>\$236,638</b>	<b>\$375,165</b>
				<b>159%</b>

Month	Act/Est	Current Month		Report Period to Date	
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Ratio Claims to Premium
03/2008	A	\$28,744	\$17,631	\$28,950	101%
04/2008	A	\$29,493	\$13,899	\$32,574	110%
05/2008	A	\$29,670		\$31,974	108%
06/2008	A *	\$30,072		\$32,508	108%
07/2008	A	\$29,415		\$31,832	108%
08/2008	A	\$29,480		\$32,622	111%
09/2008	A	\$29,847		\$36,977	124%
10/2008	A	\$29,704		\$27,331	92%
11/2008	A	\$35		\$28,675	81929%
12/2008	A	\$72		\$27,846	38675%
01/2009	E	\$72		\$32,346	44925%
02/2009	A	\$35		\$31,529	90083%

\*Please note that this report does not contain DHMO claims information. If you have any questions regarding DHMO claims, please contact your Service Representative.  
 \*Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.  
 \* Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.  
 \* Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.  
 \* The current month premium includes adjustments. The adjustments reflect changes to previously reported premium.

**Premium vs Claims Report**

Experience Level Summary  
0122356 LUCAS COUNTY

Customer	Experience	From	Thru	Claim View
122356	0122356	03/2009	07/2009	Customer Reporting

**Customer Information**

Experience 0122356  
Name LUCAS COUNTY  
Zone/Admin ???  
Account Specialist ???  
Phone ???

**Product Summary**

Product	Per/Dep	Current Month		Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	
DENTAL	D	\$34,650	\$25,207	\$154,115	\$107,256	70%
DENTAL	P	\$25,708	\$14,011	\$114,330	\$88,814	78%
<b>Total</b>		<b>\$60,357</b>	<b>\$39,218</b>	<b>\$268,445</b>	<b>\$196,069</b>	<b>73%</b>

**Monthly Summary**

Month	Act/Est	Current Month		Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	
03/2009	E	\$29,734	\$38,973	\$38,973	\$38,973	131%
04/2009	A *	\$148,122	\$49,284	\$148,122	\$49,284	33%
05/2009	A	\$65	\$32,636	\$65	\$32,636	50209%
06/2009	A	\$30,166	\$35,959	\$30,166	\$35,959	119%
07/2009	A *	\$60,357	\$39,218	\$60,357	\$39,218	65%

\*Please note that this report does not contain DHMO claims information. If you have any questions regarding DHMO claims, please contact your Service Representative.  
 \*Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.  
 \* Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.  
 \* Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.  
 \* The current month premium includes adjustments. The adjustments reflect changes to previously reported premium.

## **SECTION VII: FORMS**

NOTE: Respondents are free to add additional information to their proposals, **but must submit at a minimum, the completed Non-Collusion Affidavit (Form #1), the Delinquent Tax Statement (Form #1 B), and the appropriate form for the services they wish to provide.** This section contains the forms referred to in the body of the request for proposal as well as the Additional Forms required of all respondents.

### **CONTENTS**

<b>FORM 1A</b>	NON-COLLUSION AFFIDAVIT (MUST BE FILLED OUT BY ALL RESPONDENTS)
<b>FORM 1B</b>	DELINQUENT TAX STATEMENT (MUST BE FILLED OUT BY ALL RESPONDENTS)
<b>FORM 2A</b>	ADMINISTRATIVE SERVICES COST QUOTATION (ONE YEAR)
<b>FORM 2B</b>	ADMINISTRATIVE SERVICES COST QUOTATION (TWO YEAR)
<b>FORM 2C</b>	ADMINISTRATIVE SERVICES QUESTIONNAIRE (MUST BE COMPLETED BY ALL RESPONDENTS FOR ADMINISTRATIVE SERVICES)
<b>FORM 2D</b>	ADMINISTRATIVE SERVICES COST QUOTATION (PRESCRIPTION DRUG)
<b>FORM 3</b>	ULTIMATE LIABILITY (STOP/LOSS) COVERAGE
<b>FORM 4</b>	CONVENTIONAL HEALTH, PPO COVERAGE
FORM 4A	CONVENTIONAL HMO COVERAGE
<b>FORM 5</b>	CONVENTIONAL DENTAL INDEMNITY COVERAGE
<b>FORM 5A</b>	NA
<b>FORM 6</b>	CONVENTIONAL PRESCRIPTION DRUG COVERAGE
<b>FORM 8</b>	PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE
ADDITIONAL FORMS:	DECLARATION REGARDING MATERIAL ASSISTANCE TO A TERRORIST ORGANIZATION LUCAS COUNTY AFFIDAVIT IN COMPLIANCE WITH O.R.C. SECTION 3517.13.



**FORM # 1B  
DELINQUENT TAX STATEMENT  
CONTRACT AGREEMENT**

**Section 5719.042.** After the award by a taxing district of any contract let by competitive bid and prior to the time the contract is entered into, the person making a bid shall submit to the County a statement affirmed under oath that the person with whom the contract is to be made was not charged at the time the bid was submitted with any delinquent Personal Property Taxes on the general list of Personal Property of any County in which the taxing district has territory or that such person was charged with delinquent Personal Property Taxes on any such tax list, in which case delinquent taxes and any due and unpaid penalties and interest thereon. If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the Fiscal Officer to the County Treasurer within thirty days of the date it is submitted.

**DELINQUENT PERSONAL PROPERTY TAX STATEMENT  
( O.R.C.- SECTION 5791.042)**

I \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ affirm that at the time that I submitted the proposal for \_\_\_\_\_  
\_\_\_\_\_ to Lucas County on \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_, that \_\_\_\_\_ was not charged with  
delinquent Personal Property Taxes by the Lucas County Auditor.

(If personal Property Taxes are delinquent, complete the following section)

The amount of Personal Property Taxes due to Lucas County is \_\_\_\_\_  
\_\_\_\_\_ and unpaid penalties and interest are \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

Before me appeared \_\_\_\_\_ on this day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**FORM #2A  
ADMINISTRATIVE SERVICES COST QUOTATION  
ONE YEAR QUOTE**

**ONE YEAR QUOTATION:**

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
<b>A. BENEFIT TYPE = HEALTH</b>					
SINGLE	620	X	_____	=	\$ _____
FAMILY	1361	X	_____	=	\$ _____
			TOTAL = \$	_____	

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
<b>B. BENEFIT TYPE = DENTAL</b>					
SINGLE	887	X	\$ _____	=	\$ _____
FAMILY	1956	X	\$ _____	=	\$ _____
			TOTAL = \$	_____	

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
<b>C. BENEFIT TYPE = HMO</b>					
SINGLE	465	X	\$ _____	=	\$ _____
FAMILY	1081	X	\$ _____	=	\$ _____
			TOTAL = \$	_____	

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**NOTE: All respondents responding with this one year quote must also complete Form #2C.**

## FORM #2B ADMINISTRATIVE SERVICES COST QUOTATION TWO YEAR QUOTE

**TWO YEAR QUOTATION:**

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
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**D. BENEFIT TYPE = HEALTH**

SINGLE	620	X	\$ _____	=	\$ _____
FAMILY	1361	X	\$ _____	=	\$ _____
			TOTAL = \$		_____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
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**E. BENEFIT TYPE = DENTAL**

SINGLE	887	X	\$ _____	=	\$ _____
FAMILY	1956	X	\$ _____	=	\$ _____
			TOTAL = \$		_____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
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**F. BENEFIT TYPE = DENTAL PPO**

SINGLE	465	X	_____	=	\$ _____
FAMILY	1081	X	_____	=	\$ _____
			TOTAL = \$		_____

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**NOTE: All respondents responding to this two year quote must also complete Form #2C.**

## FORM #2C ADMINISTRATIVE SERVICES QUESTIONNAIRE

**NOTE: This form must be completed by all respondents quoting ASO service.**

1. How long have you provide claims administration services?  
       \_\_\_\_\_ Years                      \_\_\_\_\_ months
  
2. Will our claims be processed by certain, select individuals or by a pool of claim adjusters?  
       \_\_\_\_\_ Individuals                      \_\_\_\_\_ pool
  
3. Do you have more than one claims processing location?  
       \_\_\_\_\_ One                      \_\_\_\_\_ More than one
  
4. What is the location of the office that will be processing the claims of this account?  
       Location \_\_\_\_\_
  
5. How many staff members does this claims office have?  
       Number \_\_\_\_\_
  
6. What type of claim payment system does your staff utilize?  
       \_\_\_\_\_ manual  
       \_\_\_\_\_ batch computer  
       \_\_\_\_\_ on line computer
  
7. Is your claims processing and reporting system capable of providing the following information on a monthly basis? A yearly basis?

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Dollar Amount of claims	_____	_____	_____	_____
-Number of claims	_____	_____	_____	_____
-Dollar amount of claims by sex	_____	_____	_____	_____
-Number of claims by sex	_____	_____	_____	_____
-Dollar amount of claims by age	_____	_____	_____	_____
-Number of claims by age	_____	_____	_____	_____
-Dollar amount of claims by dependents	_____	_____	_____	_____
-Number of claims by dependents	_____	_____	_____	_____
-Dollar amount of claims by employee	_____	_____	_____	_____
-Number of claims by employee	_____	_____	_____	_____
-Number of claims by spouses enrolled in the plan as primary	_____	_____	_____	_____
-Dollar value of spouse primary claims	_____	_____	_____	_____
-Number of claims by spouses enrolled in the plan as secondary	_____	_____	_____	_____
-Dollar value of spouse secondary claims	_____	_____	_____	_____

Lucas County Request for Proposals: Group Health, Prescription Drug and Dental Coverage

7. Is your claims processing and reporting system capable of providing the following information on a monthly basis? A yearly basis? (continued)

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Dollar amount of claims by diagnostic category (total group)	_____	_____	_____	_____
-Number of claims by diagnostic category (total group)	_____	_____	_____	_____
-Dollar amount of claims by diagnostic category	_____	_____	_____	_____
-Number of claims by diagnostic category	_____	_____	_____	_____
-Total hospital days confined	_____	_____	_____	_____
-Claim charges total	_____	_____	_____	_____
-Claim charges eligible	_____	_____	_____	_____
-Basic vs. Major Medical vs. Med/Surgical claims paid	_____	_____	_____	_____
-Coordination of benefits savings	_____	_____	_____	_____
-Listing of claimants (providers by total claims submitted, claims period, hospital discount savings)	_____	_____	_____	_____
<b>SPECIFIC EMPLOYEE DATA:</b>				
Employee identification number by:				
	Yes	No	Yes	No
-Claims (number/dollar) amount	_____	_____	_____	_____
-Diagnostic categories of claims	_____	_____	_____	_____
-Employee dependent claims	_____	_____	_____	_____
Employee dependents claims (number/dollar amounts)	_____	_____	_____	_____

8. What means will you utilize to determine appropriate reimbursement schedules for this client?

- \_\_\_\_\_ California Relative Value Schedule
- \_\_\_\_\_ Medical Consultant
- \_\_\_\_\_ Dental Consultant
- \_\_\_\_\_ Usual, reasonable and customary
- \_\_\_\_\_ Other, specify \_\_\_\_\_



*Lucas County Request for Proposals: Group Health, Prescription Drug and Dental Coverage*

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15. Please describe the computer system you intend to use to service this account:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Capacity: \_\_\_\_\_

Language: \_\_\_\_\_ Tape: \_\_\_\_\_ Disc: \_\_\_\_\_

16. How many clients do you currently services and what is the total number of employees this client list represents?

\_\_\_\_\_ Number of Clients      \_\_\_\_\_ Number of Employees

17. How many total claims does your firm process daily in the office that will be providing services to this client?

\_\_\_\_\_ Total Number of Daily Claims Processed

Please submit a list of clients serviced by this office that we may contact.

18. Is there any portion of your total claims (e.g., dental) that you refer to any other firm?

Explain: \_\_\_\_\_

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19. Do you subscribe to the Health Insurance Association of America?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

20. Please explain how and how often you update usual and customary and any other reimbursement schedules.

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21. What coordination of benefits procedures do you employ? Please explain briefly.

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22. When computing coordination of benefits savings do you include Medicare/Medicaid?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*Lucas County Request for Proposals: Group Health, Prescription Drug and Dental Coverage*

23. Will you provide a monthly coordination of benefits savings report to this client?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

24. Is there an additional charge for this monthly service?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

25. Expressed in terms of percentage, what is the coordination of benefits savings rate for the office that will be servicing this client?

\_\_\_\_\_ %

26. Please submit copies of the forms used to provide **annual reports, monthly reports, claims and utilization reports, enrollment, claims and, and any special reporting services your firm provides.**

27. Please identify any separate charges for these services.

28. Please feel free to submit any additional information regarding your firm that may further substantiate your qualifications for servicing this account.

29. Please explain your status of compliance with the Health Insurance Portability and Accountability Act.

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30. Please verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that the medical service provider returns no other remuneration to the administrator/insurance company.

31. For any network of medical providers you may be recommending the County use, please attach documentation from that network illustrating their confidence in your ability to correctly administer the negotiated contract amounts accurately.

# FORM #2D ADMINISTRATIVE SERVICES COST QUOTATION: PRESCRIPTION DRUG

**ONE YEAR QUOTATION:**

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
<b>A. BENEFIT TYPE = PRESCRIPTION DRUG (ON A PER EMPLOYEE PER MONTH BASIS)</b>					
SINGLE	1078	X	\$ _____	=	\$ _____
FAMILY	2448	X	\$ _____	=	\$ _____
			TOTAL = \$		_____

**A1. ALTERNATIVE (PER SCRIPT BASIS)**

ADMINISTRATIVE CHARGE PER SCRIPT = \$ \_\_\_\_\_

**A2. SECOND YEAR RATE INCREASE CAP OF \_\_\_\_\_ %**

**SUMMARY OF OTHER PROPOSED FEATURES:**

Number of Pharmacies in Network (if applicable): \_\_\_\_\_

Please name source of AWP: \_\_\_\_\_

Discounts from AWP:  
Brand Drugs: \_\_\_\_\_  
Generic Drugs: \_\_\_\_\_

Mail Order Discounts:  
Brand Drugs: \_\_\_\_\_  
Generic Drugs: \_\_\_\_\_

Dispensing Fees:  
Brand Drugs: \_\_\_\_\_  
Generic Drugs: \_\_\_\_\_

Rebates:  
Brand Drugs: \_\_\_\_\_  
Generic Drugs: \_\_\_\_\_

Other Charges: (Explain) \_\_\_\_\_

All respondents must demonstrate the capability to administer the Lucas County Expanded Prescription Drug Use Review Program.

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**NOTE: All respondents responding to this two year quote must also complete Form #2C and 2E.**

## FORM #2E PRESCRIPTION DRUG QUESTIONNAIRE

Please be as complete as possible in providing answers to the following questions regarding your prescription drug company and program. Please repeat the question and follow immediately with your answer. Thank you.

### A. Your organization

- 1) Provide a brief overview of your company.
  - Ownership
  - Size
  - Location of major office
  - Locations of service offices in the Northwest Ohio area.

### B. Utilizers of your product(s):

- 2) Provide the number of employer groups in the Northwest Ohio area using your services and/or programs. Please be specific regarding programs, group sizes, etc.
- 3) Describe the type and number of managed care networks established and operated by your company. Please provide the enrollment sizes of these managed networks.
- 4) List the providers in your Toledo area network.
- 5) What is the number of lives covered by your Toledo area network?
- 6) What is the number of employer groups using your Toledo area network?
- 7) How long has your Toledo area network been in operation?
- 8) How many employer groups have joined your network since the inception of your services in the Toledo area?
- 9) How many employer groups have left your network since the inception of your services in the Toledo area?
- 10) Please provide a listing of employer groups participating in the Toledo area network.
- 11) Please provide the names and telephone numbers of four employer group representatives that may be contacted by Benco as references

### C. Claims Services:

- 12) Describe your claims processing system capabilities and answer all the questions on form 2C as appropriate. Please comment on your ability to administer the following in particular:
  - 13) Ability to administer brand vs. generic co-payments by dollar differential
  - 14) Ability to administer individual and family deductibles.
  - 15) Ability to administer individual and family maximums(s).
  - 16) Ability to administer limitations on timing and maximum allowables on refills
  - 17) Ability to administer co-payments based on the greater of a dollar amount or percentage cost basis.
- 18) Describe your process of maintaining member eligibility. Does your system provide your clients with real-time on-line updated enrollment and verification of eligibility?
- 19) Does the system provide for a real-time on-line verification for all pharmacies in your network?
- 20) Does the system provide for real-time on-line verification for all pharmacies outside your network?
- 21) Describe your system's capabilities for conducting coordination of benefits
- 22) Explain your process of updating employee files in order to perform coordination of benefits.

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- 23) Does your system provide the ability to analyze the practice patterns of physicians dispensation patters, including (though not limited to) the following:
- Over utilization (prescribing)
  - Prescribing standards
  - DAW
  - Provisions for Plan Sponsor input or feedback.

D. Satisfaction:

- 24) Does your company perform satisfaction surveys as part of your quality assurance program? If so,
- 25) What is the frequency of the survey process?
- 26) Are the surveys random?
- 27) Are the survey results shared with participating pharmacies
- 28) Are the survey results shared with participating employer groups?

E. Pricing

- 29) Explain your philosophy in establishing pricing arrangements under your network.
- Does your program utilize:
    - MAC pricing
    - AWP pricing?
    - Rebates?
    - Formulary?
  - Are your participating pharmacies incentivized as regards to dispensing fees? If so, explain
  - How is the final pricing determination made?
- 30) Describe the process for making payments to providers under network. Be sure to address the following:
- Use of cards for members.
  - Claims submission process for payment (in and out of network).
  - The application process for reduction of billed charges to network discounts.
  - The process of passing savings through to the employer.
  - Please verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that no other remuneration is retained by the administrator or returned to the administrator by the medical service provider.

F. Utilization Management:

- 31) Does your company provide pharmacy management services or a pharmacy management at the individual consumer level? If so,
- Is the program voluntary or mandatory?
  - Do you target specific high-risk groups or high utilizers or both?
  - Does your pharmacy manager work only with the consumer or with the physician as well?
  - Describe the credentials of the primary pharmacy manager.
  - Are these services billed separately? If so, how much?

G. Use of Group Data & Employer Participation:

- 32) Does your company sell its database to pharmaceutical companies?
- 33) If so, how do you compensate the employer for such use of the data?

H. Please explain your status of compliance with the Health Insurance Portability and Accountability Act.



## FORM #4 CONVENTIONAL HEALTH, OR PPO COVERAGE CURRENT PLAN BENEFITS

### ONE YEAR PRICE QUOTATION

<u>EMPLOYEE CATEGORIES</u>	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>
SINGLE	620	X	\$ _____	=	\$ _____
FAMILY	1361	X	\$ _____	=	\$ _____
<b>TOTAL =</b>			<b>TOTAL = \$</b>		_____

### TWO-YEAR PRICE QUOTATION: SECOND YEAR

<u>EMPLOYEE CATEGORIES</u>	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>	<u>OR SECOND YEAR RATE CAP</u>
SINGLE	620	X	\$ _____	=	\$ _____	_____%
FAMILY	1361	X	\$ _____	=	\$ _____	_____%
<b>TOTAL=</b>					<b>TOTAL = \$</b>	

### THREE-YEAR PRICE QUOTATION: THIRD YEAR

<u>EMPLOYEE CATEGORIES</u>	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>	<u>OR SECOND YEAR RATE CAP</u>
SINGLE	620	X	\$ _____	=	\$ _____	_____%
FAMILY	1361	X	\$ _____	=	\$ _____	_____%
<b>TOTAL THIRD YEAR=</b>					<b>TOTAL = \$</b>	

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FORM #4A  
CONVENTIONAL HMO COVERAGE**

**ONE-YEAR PRICE QUOTATION**

<b>EMPLOYEE CATEFGORIES</b>	<b>ESTIMATED NO OF EMPLOYEES</b>	<b>X</b>	<b>MONTHLY RATE</b>	<b>=</b>	<b>TOTAL MONTHLY PREMIUM</b>
SINGLE	465	X	\$ _____	=	\$ _____
FAMILY	1081	X	\$ _____	=	\$ _____

**TOTAL = \$ \_\_\_\_\_**

**SECOND YEAR RATE CAP NOT TO EXCEED \_\_\_\_\_ %**

**THIRD YEAR RATE CAP NOT TO EXCEED \_\_\_\_\_ %**

**CAOMPANY NAME: \_\_\_\_\_**

**COMPANY ADDRESS: \_\_\_\_\_**

**CONTACT PERSON: \_\_\_\_\_**

**TELEPHONE NUMBER: \_\_\_\_\_**

## FORM #5 CONVENTIONAL DENTAL INDEMNITY COVERAGE

### ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:  
(SPECIFY) \_\_\_\_\_

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	887	X	\$ _____	=	\$ _____
FAMILY	1956	X	\$ _____	=	\$ _____
<b>TOTAL =</b>			<b>TOTAL = \$ _____</b>		

### TWO YEAR PRICE QUOTATION

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	<i>FIRST YEAR</i>		MONTHLY = RATE	=	TOTAL MONTHLY PREMIUM
		X	MONTHLY = RATE			
SINGLE	887	X	\$ _____	=	\$ _____	
FAMILY	1956	X	\$ _____	=	\$ _____	
<b>TOTAL=</b>			<b>TOTAL = \$ _____</b>			

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	<i>SECOND YEAR</i>		MONTHLY = RATE	=	TOTAL MONTHLY OR PREMIUM	SECOND YEAR RATE CAP
		X	MONTHLY = RATE				
SINGLE	887	X	\$ _____	=	\$ _____	____%	
FAMILY	1956	X	\$ _____	=	\$ _____	____%	
<b>TOTAL=</b>			<b>TOTAL = \$ _____</b>				

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

## FORM #5A DENTAL COVERAGE THROUGH A DMO OR PPO NETWORK

### ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:  
(SPECIFY) \_\_\_\_\_

<u>EMPLOYEE CATEGORIES</u>	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>
SINGLE	174	X	_____	=	\$ _____
FAMILY	575	X	_____	=	\$ _____
<b>TOTAL =</b>					<b>TOTAL = \$ _____</b>

### TWO YEAR PRICE QUOTATION

<u>EMPLOYEE CATEGORIES</u>	<u>FIRST YEAR</u>			<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>
	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>		
SINGLE	174	X	\$ _____	=	\$ _____
FAMILY	575	X	\$ _____	=	\$ _____
<b>TOTAL=</b>					<b>TOTAL = \$ _____</b>

<u>EMPLOYEE CATEGORIES</u>	<u>SECOND YEAR</u>				<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>	<u>OR SECOND YEAR RATE CAP</u>
	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>MONTHLY RATE</u>			
SINGLE	174	X	\$ _____	\$ _____	=	\$ _____	_____%
FAMILY	575	X	\$ _____	\$ _____	=	\$ _____	_____%
<b>TOTAL=</b>						<b>TOTAL = \$ _____</b>	

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

## FORM #6 CONVENTIONAL PRESCRIPTION DRUG COVERAGE

### ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:  
(SPECIFY) \_\_\_\_\_

<u>EMPLOYEE CATEGORIES</u>	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>
SINGLE	1078	X	\$ _____	=	\$ _____
FAMILY	2448	X	\$ _____	=	\$ _____
<b>TOTAL =</b>			<b>TOTAL = \$</b>		_____

### TWO-YEAR PRICE QUOTATION: SECOND YEAR

<u>EMPLOYEE CATEGORIES</u>	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>	<u>OR SECOND YEAR RATE CAP</u>
SINGLE	1078	X	\$ _____	=	\$ _____	____%
FAMILY	2448	X	\$ _____	=	\$ _____	____%
<b>TOTAL SECOND YEAR=</b>					<b>TOTAL = \$</b>	_____

### THREE-YEAR PRICE QUOTATION: THIRD YEAR

<u>EMPLOYEE CATEGORIES</u>	<u>ESTIMATED NO OF EMPLOYEES</u>	<u>X</u>	<u>MONTHLY RATE</u>	<u>=</u>	<u>TOTAL MONTHLY PREMIUM</u>	<u>OR THIRD YEAR RATE CAP</u>
SINGLE	1078	X	\$ _____	=	\$ _____	____%
FAMILY	2448	X	\$ _____	=	\$ _____	____%
<b>TOTAL THIRD YEAR=</b>					<b>TOTAL = \$</b>	_____

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

## **FORM #8 PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE**

Please be as complete as possible in providing answers to the following questions regarding your preferred provider organization (network) and program. Please repeat the question and follow immediately with your answer. Thank you.

**A. Your organization.**

- 1) Provide a brief overview of your company.
  - Ownership
  - Size
  - Location of major office
  - Location of service offices in the Northwest Ohio area.

**B. Utilizers of your product(s)**

- 2) Provide the number of employer groups in the Northwest Ohio area using your services and/or programs. Please be specific regarding programs, group sizes, etc.
- 3) List the providers in your Toledo area network.
- 4) What is the number of lives covered by your Toledo area network?
- 5) What is the number of employer groups using your Toledo area network?
- 6) How long has your Toledo area network been in operation?
- 7) How many employer groups have left your network since the inception of your service in the Toledo area?
- 8) Please provide a listing of employer groups participating in the Toledo area network
- 9) Please provide the names and telephone numbers of four employer group representatives that may be contacted by Benco as references.

**C. Network Providers**

- 10) What is the total number of hospital based providers in your network? (Provide a complete directory listing all affiliated hospitals including the identification of those who are contracted for special services only.)
- 11) What tertiary providers are in your network of providers?
- 12) List all contracting ancillary medical providers in your network of the Northwest Ohio service area including:
  - Radiology
  - Laboratory
  - Urgent/Extended Hours Care Centers
  - Home Health
  - Durable Medical Equipment
  - Hospice
  - Anesthesiology
  - Emergency Medicine
  - Home Infusion Care
  - Physical Therapy
  - Skilled Nursing and Sub-Acute Care
- 13) What is the total number of physicians under contract to your network? Provide a completed directory listing all physicians
- 14) How many of your physicians are family practice providers?
- 15) How many of your physicians are specialists?

**D. Satisfaction:**

*Lucas County Request for Proposals: Group Health, Prescription Drug and Dental Coverage*

- 16) Does your company perform satisfaction surveys as part of your quality assurance program? If so,
  - 17) What is the frequency of the survey process
  - 18) Are the surveys random?
  - 19) Are survey results shared with participating facilities/organizations?
  - 20) Are the survey results shared with participating employer groups?

E. Pricing:

- 21) Explain your philosophy in establishing pricing arrangements under your network.
- 22) Hospitals- Inpatient: Is there a standard contracting methodology? If so, is your reimbursement based on discount from billed charges, per diem, DRG's other and/or a combination of these based on diagnosis? Be specific as the County may utilize a third party administrator for these services and will be required to duplicate the methodology.
- 23) Hospital – Outpatient: Is there a standard contracting methodology? If so is the reimbursement based on discount from billed charges, ambulatory surgical schedule, other and/or a combination of these based on procedure? Please be as specific as possible in your answer.
- 24) Ancillary Medical Providers (DME, PT, Radiology, Pathology, and Anesthesiology, other): Please specify your reimbursement methodology associated with each.
- 25) Physicians: What is your reimbursement methodology (e.g., discount from billed charges RBRVS, cut-back from URC, etc.)?
- 26) Are there any providers such as radiologists, anesthesiologists, pathologists, etc. where your network has an exclusive contract to provide services?
- 27) Are your providers required by contract to honor a “no-balance billing” provision?
- 28) Does your network require the County to impose an “out-of-network” sanction (steerage)? If so, what is the minimum percentage required?
- 29) Does your network complete the re-pricing process for all claims? If so, explain in detail how the County can ascertain the re-pricing is according to the proposed contracted price?
- 30) Does your network mandate a certain medical management vendor, or utilization of an in-house program? Explain.

F. Utilization Management

- 31) Does your company provide pharmacy management services or a pharmacy management at the individual consumer level? If so,
  - Is the program voluntary or mandatory?
  - Do you target specific high-risk groups or high utilizers or both?
  - Does your pharmacy manager work only with the consumer or with the physician as well?
  - Describe the credentials of the primary pharmacy manager.
  - Are these services billed separately? If so, how much?

G. Use of Group Data & Employer Participation:

- 32) Does your company sell its database to pharmaceutical companies?
- 33) If so, how do you compensate the employer for such use of the data?

H. Please verify that the actual amount of claims billed to the County is the actual amount reimbursed to the actual medical service provider and that the medical service provider returns no other remuneration to the administrator/insurance company/PPO Network.

Respondents are advised they should submit the other related pharmacy program forms (6, 2D, 2C, and 2E) as appropriate.

\*\*\*\*\* FOR INSTRUCTIONAL USE ONLY \*\*\*\*\*

**READ BEFORE COMPLETING YOUR DMA FORM**

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

- Administration
- Ohio Bureau of Motor Vehicles
- Ohio Emergency Management Agency
- Ohio Emergency Medical Services

- Ohio Homeland Security\*
- Ohio Investigative Unit
- Ohio Criminal Justice Services
- Ohio State Highway Patrol

- \* DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

\*\*\*\*\* FOR INSTRUCTIONAL USE ONLY \*\*\*\*\*



**GOVERNMENT BUSINESS AND FUNDING CONTRACTS**  
 In accordance with section 2909.33 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

**COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR**

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

**COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION**

LAST NAME		FIRST NAME		MI
BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

**X**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

EXHIBIT "D"

**OHIO DEPARTMENT OF PUBLIC SAFETY**  
Division of Homeland Security

## Terrorist Exclusion List

As of July 20, 2006

### U.S. Department of State List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group
3. Al-Aqsa Martyrs Brigade
4. Ansar al-Islam
5. Armed Islamic Group (GIA)
6. Asbat al-Ansar
7. Aum Shinrikyo
8. Basque Fatherland and Liberty (ETA)
9. Communist Party of the Philippines/New People's Army (CPP/NPA)
10. Continuity Irish Republican Army
11. Gama'a al-Islamiyya (Islamic Group)
12. HAMAS (Islamic Resistance Movement)
13. Harakat ul-Mujahidin (HUM)
14. Hizballah (Party of God)
15. Islamic Jihad Group
16. Islamic Movement of Uzbekistan (IMU)
17. Jaish-e-Mohammed (JEM) (Army of Mohammed)
18. Jemaah Islamiya organization (JI)
19. al-Jihad (Egyptian Islamic Jihad)
20. Kahane Chai (Kach)
21. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK)
22. Lashkar-e Tayyiba (LT) (Army of the Righteous)
23. Lashkar i Jhangvi
24. Liberation Tigers of Tamil Eelam (LTTE)
25. Libyan Islamic Fighting Group (LIFG)
26. Moroccan Islamic Combatant Group (GICM)
27. Mujahedin-e Khalq Organization (MEK)
28. National Liberation Army (ELN)
29. Palestine Liberation Front (PLF)
30. Palestinian Islamic Jihad (PIJ)
31. Popular Front for the Liberation of Palestine (PFLP)
32. PFLP-General Command (PFLP-GC)
33. al-Qa'ida
34. Real IRA
35. Revolutionary Armed Forces of Colombia (FARC)
36. Revolutionary Nuclei (formerly ELA)
37. Revolutionary Organization 17 November
38. Revolutionary People's Liberation Party/Front (DHKP/C)
39. Salafist Group for Call and Combat (GSPC)
40. Shining Path (Sendero Luminoso, SL)
41. Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network)
42. United Self-Defense Forces of Colombia (AUC)

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**U.S. Department of State Terrorist Exclusion List**

1. Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghanistan)
2. Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
3. Al-Hamati Sweets Bakeries
4. Al-Ittihad al-Islami (AIAI)
5. Al-Manar
6. Al-Ma'unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
10. Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
16. Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
19. Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
20. Darkazanli Company
21. Dhamat Houmat Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daoua es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation
26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta'awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)

## OHIO DEPARTMENT OF PUBLIC SAFETY

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39. Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
40. New People's Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
45. Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord's Resistance Army (LRA)
52. The Pentagon Gang
53. The Riyadh-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabilillah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
55. Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
58. Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
59. Youssef M. Nada & Co. Gesellschaft M.B.H.

### U.S. Treasury Department's Designated Charities and Potential Fundraising Front Organizations for FTOs

1. Makhtab al-Khidamat / Al Kifah (formerly U.S.-based, Pakistan)
2. Al Rashid Trust (Pakistan)
3. Wafa Humanitarian Organization (Pakistan, Saudi Arabia, Kuwait, United Arab Emirates)
4. Rabita Trust (Pakistan)
5. Ummah Tameer E-Nau (Pakistan)
6. Revival of Islamic Heritage Society - Pakistan and Afghanistan Branches (Kuwait, Afghanistan, Pakistan)
7. Afghan Support Committee (Afghanistan, Pakistan)
8. Al Haramain Foundation (Indonesia, Kenya, Pakistan, Tanzania, Bosnia, Somalia, Bangladesh, Afghanistan, Albania, Ethiopia, Netherlands, Comoros Islands, and United States branches)
9. Aid Organization of the Ulema (Pakistan)
10. Global Relief Foundation (United States)

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11. Benevolence International Foundation (United States):
12. Benevolence International Fund (Canada)
13. Bosanska Idealna Futura (Bosnia)
14. Stichting Benevolence International Nederland (Netherlands)
15. Lajnat al Daawa al Islamiyya (Kuwait, Pakistan, Afghanistan)
16. Al Akhtar Trust (Pakistan)
17. Taibah International (Bosnia)
18. Al Haramain & Al Masjed Al Aqsa Charity Foundation (Bosnia)
19. Al Furqan (Bosnia)
20. Islamic African Relief Agency (IARA) / Islamic Relief Agency (ISRA) (Sudan, United States and 40 other branches throughout the world)
21. The Holy Land Foundation for Relief and Development (United States)
22. Al Aqsa Foundation (United States, Europe, Pakistan, Yemen, South Africa)
23. Comité de Bienfaisance et de Secours aux Palestiniens (France)
24. Association de Secours Palestinien (Switzerland)
25. Interpal (Palestinian Relief & Development Fund) (United Kingdom)
26. Palestinian Association in Austria (Austria)
27. Sanibil Association for Relief and Development (Lebanon)
28. Elehssan Society (Palestinian territories)
29. Aleph (Aum Shinrikyo/Aum Supreme Truth)
30. Rabbi Meir David Kahane Memorial Fund (Kahane Chai and Kach)  
American Friends of the United Yeshiva (Kahane Chai and Kach)  
American Friends of Yeshivat Rav Meir (Kahane Chai and Kach)  
Friends of the Jewish Idea Yeshiva (Kahane Chai and Kach)
31. Irish Republican Prisoners Welfare Association (Real IRA)
32. Socorro Popular Del Peru/People's Aid of Peru (Sendero Luminoso/Shining Path)



## LUCAS COUNTY AFFIDAVIT IN COMPLIANCE WITH O.R.C. SECTION 3517.13

Recent changes in Ohio law require Counties to obtain an additional affidavit from certain vendors regarding campaign contributions. With this affidavit you are simply affirming that you or your organization have not made campaign contributions to the Board of County Commissioners in an amount that exceeds the statutory maximum for organizations or individuals contracting with the County.

Please read the affidavit starting on page 2 for more specific details.

Additionally in order to ensure compliance with the law you must provide information regarding your business organization.

Is your organization a:

Publicly-traded for-profit corporation

Privately-held for-profit corporation

Not-for-profit corporation

Partnership

Sole proprietorship

Please list any members of your organization with a 20% or greater ownership interest:

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Please list any political action committees associated with your organization:

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_, ss:

Personally appeared before me the undersigned, as an individual or as a representative of

\_\_\_\_\_ for a contract for \_\_\_\_\_  
(Name of Entity) (Type of Product or Service)

to be let by the Board of Commissioners, Lucas County, Ohio, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code Section 3517.13 (campaign contributions and reporting) and further states that the undersigned has the authority to make the following representation on behalf of himself or herself or of the business entity:

1. On behalf of the individual, partnership, other unincorporated business association, professional association organized under Chapter 1785 O.R.C. or estate or trust that all of the following persons, where applicable, are in compliance with 3517.13 (I)(1)<sup>1</sup>:
  - a. the individual;
  - b. each partner or owner of the partnership or other unincorporated business;
  - c. each shareholder of the association;
  - d. each administrator of the estate;
  - e. each executor of the estate;
  - f. each trustee of the trust;
  - g. each spouse of any person identified in (a) through (f) of this section;
  - h. each child seven years of age to seventeen years of age of any person identified in (a) through (f) of this section;
  - i. any combination of persons identified in (a) through (f) of this section.

<sup>1</sup> O.R.C. § 3517.13 (I) (1) (a) provides: no agency or department of this state or any political subdivision shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to any individual, partnership or other unincorporated business, association, including, without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate, or trust if *any person or entity* listed herein in paragraph 1. sub-paragraphs a-i above. *has made, as an individual, within the previous twenty-four (24) months, one or more contributions totaling in excess of one thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.

2. On behalf of the individual, partnership, other unincorporated business association, professional association organized under Chapter 1785 O.R.C. or estate or trust that all of the following persons, where applicable, are in compliance with 3517.13 (I)(1) (b)<sup>2</sup>:
  - a. the individual;
  - b. each partner or owner of the partnership or other unincorporated business;
  - c. each shareholder of the association;
  - d. each administrator of the estate;
  - e. each executor of the estate;
  - f. each trustee of the trust;
  - g. each spouse of any person identified in (a) through (f) of this section;
  - h. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (f) of this section;
  - i. any political action committee affiliated with the partnership or other unincorporated business, association, estate, or trust.
  
3. On behalf of a corporation or business trust, except a professional association organized under Chapter 1785 O.R.C., that all of the following persons, where applicable, are in compliance with 3517.13 (J)(1)<sup>3</sup>:
  - a. an owner of more than twenty per cent of the corporation or business trust;
  - b. each spouse of an owner of more than twenty per cent of the corporation or business trust;
  - c. each child seven years of age to seventeen years of age of an owner of more than twenty per cent of the corporation or business trust;
  - d. any combination of persons identified in (a) through (c) of this section.
  
4. On behalf of a corporation or business trust, except a professional association organized under Chapter 1785 O.R.C., that all of the following persons, where applicable, are in compliance with 3517.13 (J)(2)<sup>4</sup>:

<sup>2</sup> O.R.C. § 3517.13 (I) (1) (b) provides: no agency or department of this state or any political subdivision shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to any individual, partnership or other unincorporated business, association, including, without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate, or trust if *any combination of the person or entity* listed herein in paragraph 2, subparagraphs a-i above, *has made* within the previous twenty-four (24) months, *one or more contributions totaling in excess of two thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.

<sup>3</sup> O.R.C. § 3517.13 (J) (1) (a) provides: no agency or department of this state or any political subdivision shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to a corporation or business trust, except a professional association organized under Chapter 1785 of the Revised Code, *if any person listed herein in paragraph 3, sub-paragraphs a-d* has made, *as an individual*, within the previous twenty-four (24) months, taking into consideration only owners for all of that period, *one or more contributions totaling in excess of one thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.

<sup>4</sup> O.R.C. § 3517.13 (J) (1) (b) provides: no agency or department of this state or any political subdivision

- a. an owner of more than twenty per cent of the corporation or business trust;
- b. each spouse of an owner of more than twenty per cent of the corporation or business trust;
- c. each child seven years of age to seventeen years of age of an owner of more than twenty per cent of the corporation or business trust;
- d. any political action committee affiliated with the corporation or business trust.

**BIDDER:**

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Sworn to before me and subscribed in my presence by the above named person this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to a corporation or business trust, except a professional association organized under Chapter 1785 of the Revised Code, *if any combination of the following has made*, within the previous twenty-four (24) months, taking into consideration only owners for all of that period, *one or more contributions totaling in excess of two thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.