

REQUEST FOR PROPOSALS

FOR

CONVENTIONALLY INSURED

EMPLOYEE GROUP HEALTH

AND DENTAL PPO COVERAGE

AND

EMPLOYEE GROUP

HEALTH AND DENTAL PPO

ADMINISTRATIVE SERVICES

AND

SPECIFIC STOP/LOSS INSURANCE COVERAGE FOR

LUCAS COUNTY EMPLOYEES AND THEIR FAMILIES

ONE GOVERNMENT CENTER

SUITE 800

TOLEDO, OHIO 43604

SEPTEMBER, 2010

# TABLE OF CONTENTS

ADVERTISEMENT/ LEGAL NOTICE .....	ii
SECTION I: INTRODUCTION .....	1
SECTION II: INFORMATION FOR RESPONDENTS .....	7
SECTION III: GENERAL PLAN PROVISIONS .....	10
SECTION IV: PLAN OF BENEFITS .....	14
SECTION V: CENSUS INFORMATION .....	16
SECTION VI: CLAIMS HISTORY .....	17
SECTION VII: FORMS .....	18
Form #1 A .....	Non Collusion Affidavit of Prime Offeror
Form #1 B .....	Delinquent Tax Statement Contract Agreement
Form #2 A .....	NOT APPLICABLE: Administrative Services Cost Quotation (One Year)
Form #2 B .....	NOT APPLICABLE: Administrative Services Cost Quotation (Two Year)
Form #2 C .....	NOT APPLICABLE: Administrative Services Questionnaire
Form #2 D .....	NOT APPLICABLE: Administrative Services Cost Quotation (Drug)
Form #2 E .....	NOT APPLICABLE: Prescription Drug Questionnaire
Form #3 .....	Ultimate Liability (Stop/Loss) Coverage
Form #4 .....	Conventional Health, PPO Coverage; PPO Network Access
Form #4 A .....	NOT APPLICABLE: Conventional HMO Coverage
Form #5 .....	NOT APPLICABLE: Conventional Dental Indemnity Coverage
Form #5 A .....	Dental coverage through a DMO or PPO Network
Form #6 .....	NOT APPLICABLE: Conventional Prescription Drug Coverage
Form #8 .....	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

**Date:** August 31, 2010

**Resolution No. 10-737**

**Title:** Permission to Advertise for Proposals for Employee Group Dental PPO, Preferred Provider Organization, and Specific Stop-Loss Reinsurance for the Lucas County Employee Benefit Program

**Department/Agency:** Office of Management and Budget/Employee Benefits

**Contact:** John Zeidler

**Summary/Background:** The Director of Office of Management and Budget, under the recommendation of the Employee Benefits Consultant and Employee Benefits staff, is requesting permission to advertise for proposals for Employee Group Dental PPO, Preferred Provider Organization, and Specific Stop-Loss Reinsurance for the Lucas County Employee Benefit Program for plan year 2011/2012.

**Budget Impact:** \$900.00

**Statutory Authority/ORC:** 305.171

**Commissioner Skeldon Wozniak offered the following resolution:**

WHEREAS, in consideration of the above, NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners, Lucas County, Ohio, that:

Section 1. The Board of County Commissioners, Lucas County, Ohio wish to seek proposals for Employee Group Dental PPO, Preferred Provider Organization, and Specific Stop-Loss Reinsurance for the Lucas County Employee Benefit Program.

Section 2. The Clerk of the Board is directed to cause to publish in a newspaper of general circulation, Legal Notice for said Lucas County Health Benefit Program.

Section 3. This Board finds and determines that all formal actions of this Board concerning and relating to the adoption of this resolution were taken in an open meeting of this Board and that all deliberations of this Board that resulted in those formal actions were in a meeting open to the public in compliance with the law.

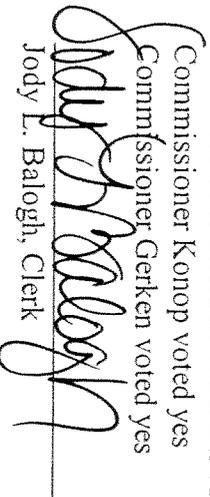
Section 4. This resolution shall be in full force and effect from and immediately upon its adoption.

**Action Taken:**

Commissioner Skeldon Wozniak voted yes

Commissioner Konop voted yes

Commissioner Gerken voted yes

  
Jody L. Balogh, Clerk

## **LEGAL NOTICE**

The Board of Lucas County Commissioners will be receiving proposals for Employee Group Dental PPO, Preferred Provider Organization, and Specific Stop-Loss Reinsurance for the Lucas County Employee Benefit Programs. Specifications will be available through the county website at: <http://co.lucas.oh.us/Bids.aspx> beginning Friday, September 3, 2010.

Proposals must be completed and returned no later than 2:00 p.m. on Friday, October 15, 2010 to the Board of 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, 2011. 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

Adopted: August 31, 2010

Publish:

\_\_\_\_\_  
\_\_\_\_\_

SECTION I : INTRODUCTION

Lucas County currently makes available group term life, health, dental, HMO, and prescription drug coverage for more than 3400 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. Respondents are required to adhere to these rules subject to modifications imposed by health care reform. 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 a wide range of entities including, but not limited to, insurance companies, HMOs, preferred provider organizations (PPOs), pharmacy benefit managers (PBM) and third party administrators (TPAs).

Lucas County currently provides employees their choice of either one HMO plan (Paramount), an HMO look alike plan through Physicians Health Collaborative Network (PHC) or the Lucas County Employee Health Benefit Plan through the FrontPath network of participating medical providers. In addition the county provides a self-insured prescription drug plan, a self-insured dental indemnity plan and a conventionally insured dental PPO plan through MetLife. The county is currently in the first year of a two year contract with Paramount, the Physicians Health Collaborative, the pharmacy benefits manager and Health Care Payer's Coalition, a TPA. No quotations are being requested for those plans or the traditional dental indemnity plan.

This request for proposals is intended to solicit quotations from qualified insurance companies for fully insured employee group health and dental PPO quotations for those employees enrolled in the Lucas County Plan utilizing the FrontPath PPO network of participating medical providers and the Dental PPO option utilizing the MetLife network of participating dental providers for plan years 2011 and 2012. Plan years begin March 1 each year for all benefit plans.

The county may elect to continue the self-insured plan through FrontPath or a different PPO. The county is under contract with Health Care Payer's Coalition (HCPC), a not for profit TPA licensed in the state of Ohio, through the end of February, 2012 to provide administrative and medical management services for the PHC plan option and for any self-insured PPO alternative to conventionally insuring the employee population enrolled in the county plan through FrontPath. HCPC also administers the self-insured dental indemnity plan option. Respondents proposing a network to replace FrontPath should be aware of the county contractual obligation to HCPC and demonstrate the capacity to comply.

Reinsurance quotations for the self-insured HMO (Paramount), the self-insured HMO look alike plan (through the PHC), the self-insured Lucas County Employee Health Benefit Plan through the FrontPath or other network of participating medical providers and the self-insured prescription drug plan are also being requested. Dental coverage is not covered by re-insurance. The current specific stop loss attachment point is \$400,000 based on an incurred in 15, paid in 12 formula. Attachment points for a lesser amount will be considered. No aggregate stop loss quotations are being requested in this RFP.

Respondents should note that the plan year for all plans begins March 1, 2011. As of that date all benefits provided through Lucas County will conform to the provisions of the "Patient Protection and Affordable Care Act" (PPACA) and the "Health Care and Education Reconciliation Act of 2010." The mandated benefits required of health care reform legislation will amend those identified in the sections of this RFP document that describes the current benefits.

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

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

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 currently 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 plans have a 20% co-insurance requirement 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 FrontPath 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-insurance 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 enrollees to pay a 40% co-insurance 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 indemnity 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 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 for services provided in network, \$500 out of network. 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

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

is available at no charge for any enrollee. The Total Script formulary applies. No quotations for pharmacy benefit management services are being requested at this time.

Coordination of benefit provisions apply to all the above benefits. The above is only a brief summary. Copies of the actual plan documents, soon to be amended to comply with health care reform legislation, are included elsewhere in this web site.

Plan enrollment, including COBRA, as of August, 2009 is described below.

	<u>Single</u>	<u>Family</u>	<u>Total</u>
Paramount (HMO)	429	991	1420
Lucas County Plan (PHC)	11	17	28
Lucas County Plan (PPO Fpath)	604	1351	1955
Lucas County Dental Plan	824	1796	2620
Lucas Count Dental PPO	203	649	852
Lucas County Drug Plan	1048	2363	3411
Life Insurance	3475		3475

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. Respondents are responsible for clearly indicating any portions of their proposal the respondent considers to be proprietary, confidential or trade secret.

Respondents should include, in addition to one original proposal and one clearly legible copy, a third copy that has had all confidential/proprietary/trade secret information removed and identified as such. This third copy will be made available for possible review under Ohio's public information laws.

A schedule of the services currently being provided to the county and their respective fees is included elsewhere in this web site. (Section VI: 2010 Rate Chart)

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.

Selected vendors will be required to receive and process enrollment data supplied by the county's 834 file reporting format for updating enrollment weekly

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, 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 PPO, dental PPO and re-insurance). **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. 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 through a PPO network. Forms may be amended as needed to accommodate the concept, entity, and/or product being proposed.

#### **CLAIMS ADMINISTRATION.**

The county is currently under contract with Health Care Payer's Coalition to provide administrative services. No quotation for administrative services is being requested in this RFP.

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.

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

The County is interested in receiving proposals for providing health coverage through preferred provider networks (PPOs). Respondents recommending a network of preferred providers must include documentation indicating that the full value of the network negotiated contracts with the medical providers of that network will be realized by the county. Respondents must also complete the CPT charges sample and the repricing of inpatient claims exercise.

Respondents for PPO services under this approach need to clearly identify the following parameters associated with utilization of their products and provide the following:

- 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).
- Assurance that a hospital/facility listed as participating in the network includes all essential components of that hospital/facility including, but not limited to, emergency room facilities and physicians, pathology labs and physicians, radiology labs, etc.
- 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 compliance: the documented assurance that the medical providers in the network are contractually obligated to comply with the precertification/utilization review components of the county plan document(s).
- Third party administrative relations demonstrating the respondents ability to utilize the administrative services of the not for profit Health Care Payer's Coalition.
- 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.
- A complete listing of participating Centers of Excellence and Human Organ Transplant facilities.
- Any nationally recognized accreditation.
- A disruption analysis inherent to replacing the FrontPath network with the proposed preferred provider network.
- If proposing a self-insured arrangement, a response to the request by the county to provide actual charges to be billed to the county for the county's 100 most common CPT/procedure codes for the March 1, 2011 to February 28, 2012 time period after all discounting but prior to any employee co-payment or co-insurance liabilities or coordination of benefits and/or subrogation adjudication.
- If proposing a self-insured arrangement, a response to the request by the county to conduct a re-pricing study of a sample of actual inpatient and outpatient claims presented to the county for payment. In this exercise Respondents should use the actual amount the Respondent intends to bill the county during the March 1, 2011 to February 28, 2012 time period without regard for any enrollee co-payments or co-insurance liabilities or coordination of benefits and/or subrogation adjudication. A complete list of this sample of claims to be re-priced is available upon request.
- Respondents proposing a conventionally insured PPO should also complete Form #4 illustrating the fixed premium rate per employee per month.
- Respondents proposing a PPO network on a self-insured basis should complete Form #4 illustrating the proposed fixed access fee per employee per month.

**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 advance 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, 2006 through July, 2010 paid in actual claims. Also included are the total dollars paid in excess of \$100,000 on each enrollee for the most recent plan years. (See Section VI, Claims History).

**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**

The county is currently under contract with Paramount to provide county employees with an HMO option. That contract runs through February, 2012. No quotation for HMO coverage is being requested in this RFP.

FINAL NOTES

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. Non-proprietary 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 Friday, October 15, 2010 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 Dental PPO and/or Stop/Loss Re-Insurance 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.** Final Stop/loss quotations may be submitted after that date, but only if a proposal for stop/loss coverage has been received by the October 15th 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 PPO, dental PPO and re-insurance 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.

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

9. All applicants will be reviewed for compliance with all state and federal equal employment opportunity laws and regulations.
10. All respondents 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 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, an agency affiliate of the company or an established preferred provider network. **These specifications, as of March 1, 2010 (health and dental PPO), 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 and an additional copy specifically devoid of any proprietary and/or trade secret information and so marked on the cover.
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 negotiated 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 a PPO network 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.

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

- 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.
- 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 may 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. Respondents should also, in addition to providing one additional copy of their original proposal, provide a third copy, devoid of any and all proprietary and/or trade secret information and clearly marked on the cover that it contains no proprietary and/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 PPO network 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. Subject to the amendments proposed by national health care reform legislation, 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, other than Medicare, 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 through the county as secondary subject to any hardship appeals.

3. A complete description of the health PPO and prescriptions drug benefits is contained in the Plan Document. A summary of the dental PPO coverage is included as well. 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 insurance company/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;

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

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 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

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

- i. The insurer must demonstrate the capability to implement the plan as early as March 1, 2010, 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 consistent with the requirements of national health care reform legislation.
  - 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 insurer 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 insurance company/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.

**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 2011-2012-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.

## **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. The Plan Documents are currently being revised to comply with national health care reform legislation. These new provisions will be effective with the start of the next plan year for all benefits, March 1, 2011.

## 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	Lucas County Plan thru Frontpath Network	Lucas County Plan thru Physicians Health Collaborative Network
<b>Pre-Existing Condition</b>	Not applicable	Not applicable	Not applicable
<b>Out-Of-Pocket Maximum</b>	\$1000 Single - \$2000 Family Co-Payments/Coinsurance for DME, Prosthetics, Home health, Outpatient Physical/Occupational/Speech Therapy, Infertility Services, Vision rebate, <u>do not</u> apply toward Out of Pocket maximums.	\$1500 Single - \$3000 Family Co-payments will <u>not</u> accumulate toward satisfying these yearly maximums.	\$1000 Single - \$2000 Family Co-Payments/Coinsurance for DME, Prosthetics, Home health, Outpatient Physical/Occupational/Speech Therapy, Infertility Services, Vision rebate, <u>do not</u> apply toward Out of Pocket maximums.
<b>Well Child Care</b>	\$10 co-pay per visit with Member's PCP.	\$10 co-pay per visit. Includes immunizations.	\$10 co-pay per visit with Pediatrician or PCP.
<b>Well Baby Care</b>	\$10 co-pay per visit with Member's PCP.	\$10 co-pay per visit. Includes immunizations.	\$10 co-pay per visit with Pediatrician or PCP.
<b>Office Visits for Medical Problems</b>	\$10 co-pay per visit with Member's PCP.	\$10 co-pay for general practitioner office visit.	\$10 co-pay per visit with Pediatrician or PCP or IM.
<b>Specialist Visit</b>	\$15 co-pay for office visit only. Remainder paid at 80%/20%. Requires referral from Member's PCP.	\$15 co-pay for office visit only. Remainder paid at 80%/20%.	\$15 co-pay for office visit only. Remainder paid at 80%/20%.
<b>Routine Pap</b>	\$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; \$15 co-pay if performed by specialist. (20% lab/Diagnostic applies)
<b>OB/Gyn</b>	\$15 co-pay per visit with a plan physician. Remainder paid at 80%/20%. No PCP referral.	\$10 co-pay for office visit only. Remainder paid at 80%/20%.	\$15 co-pay per visit with a plan physician. Remainder paid at 80%/20%.
<b>Maternity Care</b>	\$15 co-pay for initial visit. Prenatal, delivery services and post-partum visit covered at 20% coinsurance.	20% coinsurance applies.	\$15 co-pay for initial visit. Prenatal, delivery services and post-partum visit covered at 20% coinsurance.
<b>Mammograms</b>	20% coinsurance applies.	One(1) per Plan Year. Routine paid at 100%. Additional services: 80%/20%	20% coinsurance applies.

<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>
<b>Prostate Exams</b>	\$10 co-pay if performed by PCP; \$15 co-pay for Specialist. (20% lab / diagnostic applies).	Included in elective physical exam.	\$10 co-pay if performed by PCP; \$15 co-pay for Specialist. (20% lab / diagnostic applies).
<b>Diagnostic Testing</b>	20% coinsurance applies.	20% coinsurance applies.	20% coinsurance applies.
<b>Immunizations</b>	\$10 Co-pay through Member's PCP.	Up to age 18, included with Well Baby/Child Care. Adults pay 20%.	\$10 co-pay if performed by PCP; \$15 if performed by a Specialist.
<b>Elective Physical Exams</b>	\$10 co-pay through Member's PCP. (20% lab / diagnostic applies).	\$10 co-pay. Remainder paid at 100% up to \$1000, then employee pays 20%.	\$10 co-pay performed by PCP, \$15 if performed by a Specialist. (20% lab / diagnostic applies).
<b>Allergy Treatment</b>	\$10 co-pay with PCP, \$15 co-pay for Specialist. (\$25 co-pay per testing session) <u>No PCP referral required.</u>	<u>Testing:</u> Plan pays 80% up to \$1000. <u>Injection:</u> Employee pays 20%.	\$10 co-pay if performed by PCP, \$15 co-pay if performed by a Specialist. (\$25 co-pay per testing session)
<b>Infertility Diagnosis &amp; Testing</b>	30% coinsurance for diagnosis & testing for infertility. \$10 co-pay for PCP, \$15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVF, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs. 20% coinsurance applies.	Employee pays 20% of diagnosis and testing. Excludes all reproductive technologies. 20% coinsurance applies.	30% coinsurance for diagnosis & testing for infertility. \$10 co-pay for PCP office visits, \$15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVF, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs. 20% coinsurance applies.
<b>Sterilization Services, Vasectomy, Tubigation</b>			
<b>Hearing &amp; Eye Exams</b>	Hearing-\$15 co-pay with PCP referral. Eye-\$15 co-pay for one routine vision exam every 365 days. No PCP referral required. \$100 reimbursement every 24 months toward frames, lenses or contact lenses, with a paid receipt.	Hearing-See annual exam. Vision - \$15 co-pay for one routine vision exam every 365 days up to reasonable & customary. No referral required. \$100 reimbursement every 24 months for frames, lenses or contact lenses, or additional exam with a paid receipt.	Hearing-\$15 co-pay Eye-\$15 co-pay for one routine vision exam every 365 days. No PCP referral required. \$100 reimbursement every 24 months toward frames, lenses, additional exam or contact lenses, with a paid receipt.
<b>Physical Therapy</b>	\$25 Co-pay per Visit up to 30 Visits per Member, combined with Occupational Therapy.	Employee pays 20%. Limited to 15 visits per Plan Year. Additional visits with prior authorization. Provided in an Outpatient setting or Specialist's Office.	\$25 Co-pay per visit. Limited to 30 visits per Plan Year. Prior Authorization required after first 15 visits. Provided in an Outpatient setting or Specialist's Office, combined with Occupational Therapy.

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

Benefits	Paramount Health Care	Lucas County Plan thru the Frontpath Network	Lucas County Plan thru Physicians Health Collaborative Network
Outpatient Chemical Dependency, Substance Abuse	\$15 Co-pay per visit	\$15 Co-pay per visit	\$15 Co-pay per visit
Home Health Care	20% coinsurance applies.	20% coinsurance applies. Requires prior authorization.	20% coinsurance applies. Requires prior authorization.
Hospice Care	20% coinsurance applies. Bereavement counseling available first 12 months after death of family member. Must use in network provider.	20% coinsurance applies. Requires prior authorization. Bereavement counseling limited to 2 visits.	20% coinsurance applies. Requires prior authorization. Bereavement counseling limited to 2 visits.
Room, Board & Ancillary Services in Semiprivate, Intensive Care or Coronary Unit	20% coinsurance applies.	20% coinsurance applies. Requires prior authorization.	20% coinsurance applies. Requires prior authorization.
Detoxification for Alcohol/Substance Abuse & Rehabilitation	20% Coinsurance for Detox.	20% coinsurance for Detox. Requires prior authorization.	20% Coinsurance for Detox. Requires prior authorization.
Inpatient, Chemical Dependency/Substance Abuse	Chemical Dep/Substance Abuse: 20% coinsurance	20% coinsurance applies. Requires prior authorization.	Chemical Dep/Substance Abuse: 20% coinsurance Requires prior authorization.
Physician Services in the Hospital, Includes Surgery & Anesthesia	20% coinsurance applies.	20% coinsurance applies, unless otherwise specified in the Plan Document. Assistant Surgeon pays 20% of surgical allowance.	20% coinsurance applies.
Skilled Nursing Facility	20% coinsurance applies, up to a maximum of 100 days per Member.	20% coinsurance applies. Requires prior authorization.	20% coinsurance applies, up to a maximum of 100 days per Member. Requires prior authorization.
Durable Medical Equipment	Employee pays 20%. Requires prior authorization for items over \$1,500. Subject to Medicare Part B guidelines.	Employee pays 20%. Requires prior authorization for items over \$1,500.	Employee pays 20%. Requires prior authorization for items over \$1,500. Subject to Medicare Part B guidelines.

**Other Designated Services Requiring Prior Authorization:** All inpatient hospitalizations, all biopsies, skilled nursing facility stays, outpatient surgeries (not performed at physicians office), chemotherapy/infusion therapy, renal dialysis, radiation therapy, human organ transplant evaluation and transplantation, home health services, hyperbaric oxygen treatment, speech/respiratory therapy prior to first visit, physical/occupational therapy after the first 15 visits, durable medical equipment (\$1,500 purchase or rental), hospice care, and blepheroptasty.

<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>
<b>Eligible Dependents</b>	Unmarried, end of calendar year age 23, provided still meets Lucas County's definition of eligible dependent.	Unmarried, end of calendar year age 23, provided still meets Lucas County's definition of eligible dependent.	Unmarried, end of calendar year age 23, provided still meets Lucas County's definition of eligible dependent.
<b>Prescription Drug Coverage</b>	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.
<b>Hospitals</b> (Toledo area only listed. For complete listing of all in-network hospitals, please refer to appropriate provider directory or website).	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.	Mercy Children's Hospital, Mercy St. Anne Hospital, Mercy St. Charles Hospital, Mercy St. Vincent's Med Center, St. Luke's Hospital, Wood County Hospital.

## Notes:

**Lucas County Plan through Frontpath**– This Plan pays 80% of the contracted cost of covered services performed within the FrontPath network. The employee pays 20% of the contracted cost of covered services performed within the FrontPath network up to a yearly maximum out-of-pocket expense coinsurance of \$1500 maximum per individual or \$3000 maximum per family. This means that the employee pays 20% of the contracted cost of covered services and the County pays 80% of the \$1500 per individual or \$3000 per family, and you continue to use the FrontPath network, you will not be responsible to pay any more out-of-pocket coinsurance expenses, except for applicable co-pays. For enrollees in this plan who seek services outside of the FrontPath network, the Lucas County Plan will pay 60% up to the Usual Customary and Reasonable amount and the employee will pay 40% up to the Usual Customary and Reasonable amount. The \$1500 per individual and the \$3000 per family out-of-pocket coinsurance maximum(s) do not apply for services provided outside of the FrontPath participating network. Co-payments will continue to apply. Co-payments do not apply to coinsurance out-of-pocket maximums. **Eligible dependents away at school may use the local Urgent Care Center or the College Infirmary for conditions including, but not limited to, colds, flu, ear infections, sprains or strains with the applicable \$10 office visit co-pay. All other non-emergency services and routine care must be performed in-network or the out-of-network charge of 40% will be applicable with no out of pocket maximum.**

**Paramount Health Care & Lucas County Plan through Physicians Health Collaborative** - For those services that have a coinsurance associated with them, both plans pay 80% of the contracted cost of covered services performed within their respective networks. The employee pays 20% of the contracted cost of covered services performed within their respective networks up to a yearly maximum out-of-pocket coinsurance expense of \$1000 maximum per individual or \$2000 maximum per family. Once you reach the out-of-pocket expense of \$1000 per individual or \$2000 per family, you will not be responsible to pay any more out-of-pocket expenses except for those applicable co-pays. Benefits are not paid in either plan for non-emergency elective medical services performed by non-participating network medical providers.

**Paramount's Student Program** – Paramount's STUDENT 101 program will cover student care for Emergency, Urgent Care and for follow up services. If your child needs medical care away from home beyond Emergency services, simply contact PHC's Utilization Management department at (800) 891-2520 and select the option for *Out of Plan and Student referrals* or visit their website at [www.paramounthealthcare.com](http://www.paramounthealthcare.com). Appropriate co-pays will apply, along with a 20% coinsurance for any diagnostic/lab services. For Emergency services, **notification to the member's PCP must take place within 72 hours following the visit.** Routine wellness care, such as physical exams must be scheduled with the Member's PCP in the PHC service area.

Treatments that are in progress for employees and dependents who are switching from one health plan to another, need to be coordinated with their new health plan for any dates of service on or after March 1, 2010. Some of the most common treatments needing coordination include, but are not limited to, scheduled surgery, maternity, mental health and substance abuse care. **Also, if you are enrolled in Paramount, referrals to Specialists need to be re-established even if the Specialist is currently in the PHC network.** Employees can call Paramount Member Services at 419-887-2525 or toll free at 1-800-462-3589 for questions and assistance. Members enrolled in either Lucas County Health Plan may call Health Care Payer's Coalition at 419-244-0135 for questions and assistance.

The benefit plan year for ALL benefits begins March 1, 2010 and continues through February 28, 2011.

**Lucas County Wellness Program** – All eligible Lucas County employees and their eligible spouse/dependents may utilize the Lucas County Wellness Program. For more information, please call the health coaches at 213-2088.

# Lucas County Dental Plan Benefits

*For the savings you need, the flexibility you want and service you can trust.*

## Benefit Summary

Coverage Type	PDP In-Network	Out-of-Network
Type A – (For example, cleanings, oral examinations and other maintenance type procedures)	100% of PDP Fee*	50% of PDP Fee*
Type B – (For example, fillings and other standard dental procedures)	80% of PDP Fee*	20% of PDP Fee*
Type C – (For example, bridges and dentures and other complex procedures)	80% of PDP Fee*	20% of PDP Fee*
Type D – orthodontia	80% of PDP Fee*	50% of PDP Fee*
<b>Deductible<sup>†</sup></b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$25.00	\$75.00
Family	\$75.00	\$225.00
<b>Annual Maximum Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$1,500	\$500.00
<b>Orthodontia Lifetime Maximum</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$1,000	\$1,000
<b>Late Enrollment Waiting Period: One Year Waiting Period for all Services following date of request.</b>		

\*PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums.

<sup>†</sup>Applies only to Type B & C Services.

## Schedule of Benefits Lucas County Dental Plan

*Administered by Health Care Payer's Coalition, (HCP)*  
 Address: 701 Adams Street, Suite 850, Toledo, OH 43604  
 Phone Number: 1-877-934-4272 or (419) 244-0135

Aid To Preventive Dentistry

Covered 100% up to the UCR (Usual Customary & Reasonable)

No Deductible Required

No deductible is required, but cost of services are applied to the annual maximum.

- Prophylaxis (Cleaning) - 2 per benefit period
- Topical Fluoride - 2 per benefit period
- Oral Exam - 2 per benefit period
- Bite-wing X-ray - 2 per benefit period
- Space Maintainers - Dependent child under 19 years of age
- Emergency Treatment - Temporary relief of severe pain

Basic and Major Restorative Treatments

Covered 80% up to the UCR (Usual Customary & Reasonable)

Deductible Required

- Deductible is required and cost of services are applied to the annual maximum.
- Full Mouth X-rays - once every 36 months
  - Fillings
  - Pulp Therapy, including root canal
  - Osseous Surgery
  - Replacement or addition of teeth to dentures or bridgework
  - General anesthesia on the extraction of teeth when rendered in connection with an 80% service
  - Dentures, full or partial
  - Bridges, fixed and removable
  - Periodontal Treatment
  - Gingival Curettage treatments
  - Simple Extractions
  - Oral Surgery
  - Denture and bridge repair
  - Inlays and crowns

**ORTHODONTIA SERVICES ARE NOT COVERED!**

Deductibles and Maximums

Annual Deductible: \$25 per Single

\$75 per Family

(No more than \$25 is applied to one family member)

Annual Maximums: \$1000 per person per benefit period

Benefit Period: (March 1, 2010 – February, 2011)

Predetermination

If treatment is expected to cost in excess of \$200, a *predetermination* or an estimate of the dentist's charges should be sent to Health Care Payer's Coalition (HCP) before treatment begins. This procedure is explained in the Lucas County Dental Benefit Plan Document.

UCR=Usual, customary and reasonable charge

This information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Lucas County Benefit Plan Certificate of Coverage" if further clarification is needed. In the event of a conflict between this information and the "Lucas County Dental Benefit Plan Certificate of Coverage" the Certificate shall control.

**SECTION V  
CENSUS INFORMATION**

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

AGE	GENDER	MEDICAL	COVERAGE	ZIP	CODE
36	M	LCHP	Family w/S	43035	
44	F	1HPFF	Family	43402	
44	F	1HPFF	Family	43402	
45	F	1HPFF	Family	43402	
44	F	1HPFF	Family	43402	
62	F	1HPFF	Family	43402	
32	F	1HPFF2	Family w/S	43402	
42	F	2HPFF	Family	43402	
57	F	2HPFF	Family	43402	
34	F	2HPFF	Family	43402	
29	F	2HPFF	Family w/S	43402	
51	F	2HPFF	Family	43402	
48	M	LCHP	Single	43402	
47	M	LCHP	Single	43402	
63	F	LCHP	Family	43402	
59	M	LCHP	Single	43402	
34	F	LCHP	Single	43402	
40	M	LCHP	Single	43402	
55	F	LCHP	Family	43402	
32	F	LCHP	Family	43402	
49	M	LCHP	Family	43402	
43	M	LCHP	Family w/S	43402	
61	F	LCHP	Family	43402	
31	F	LCHP	Single	43402	
44	F	LCHP	Single	43402	
54	F	LCHP	Family	43402	
47	F	LCHP	Single	43402	
23	M	LCHP	Family w/S	43402	
52	F	LCHP	Single	43402	
57	F	LCHP	Family	43410	
60	F	1HPF	Family	43412	
47	M	LCHP	Single	43412	
55	F	LCHP	Single	43412	
38	F	LCHP	Family w/S	43412	
43	M	LCHP	Family w/S	43412	
45	F	LCHP	Family	43412	
46	F	LCHP	Family	43412	
34	F	LCHP	Family	43412	
34	M	LCHP	Family	43412	
50	M	LCHP	Family	43412	
64	M	LCHP	Family	43412	
56	F	LCHP	Family	43412	
57	M	LCHP	Single	43412	
46	M	LCHP	Family w/S	43412	
49	F	LCHP	Family	43412	
63	F	LCHP	Family	43412	
42	F	2HPFF2	Family w/S	43413	
42	M	2HPFF	Family	43414	
38	M	LCHP	Family	43416	
53	M	1HPFF	Family	43420	
45	M	LCHP	Single	43420	
		LCHP	Family	43420	

51 M	LCHP	Family	43420
40 F	LCHP	Single	43420
63 F	2HPFF	Family	43430
55 F	2HPFF	Family	43430
58 F	LCHP	Family	43430
46 F	LCHP	Family	43430
39 M	LCHP	Family	43430
57 F	LCHP	Family	43430
48 M	LCHP	Family	43430
77 F	LCHP	Single	43430
32 M	LCHP	Family	43430
50 M	LCHP	Family w/S	43430
49 M	LCHP	Family	43431
43 F	4LCHP	Single	43432
64 F	LCHP	Family w/S	43432
51 F	LCHP	Single	43432
34 F	LCHP	Family	43432
57 F	LCHP2	Family	43432
39 M	LCHP	Family w/S	43434
58 M	2HPFF	Family w/S	43443
48 F	2HPFF	Family	43447
46 F	LCHP	Family	43447
45 F	LCHP	Family	43447
55 F	1HPFF	Family	43449
51 F	2HPFF	Family	43449
36 F	LCHP	Family	43449
50 F	LCHP	Single	43449
57 M	LCHP	Family	43449
43 M	LCHP2	Family w/S	43450
42 M	LCHP2	Family w/S	43452
51 M	1HPFF	Family	43460
52 F	1HPFF	Family	43460
39 M	2HPFF	Family w/S	43460
61 M	LCHP	Single	43460
43 F	LCHP	Family	43460
42 F	LCHP	Single	43460
41 F	LCHP	Family w/S	43460
64 F	LCHP	Single	43460
38 F	LCHP	Family	43460
55 F	LCHP	Single	43460
44 F	LCHP	Family	43460
38 F	LCHP	Family	43460
40 F	LCHP	Family	43460
56 F	LCHP	Single	43460
58 F	LCHP	Single	43460
51 M	LCHP	Single	43460
54 F	LCHP	Family w/S	43460
44 M	LCHP	Family	43460
46 F	LCHP	Family	43460
57 F	LCHP	Single	43460
25 F	LCHP	Family	43460
54 F	LCHP2	Family w/S	43460

48 F	LCHP	Single	43462
37 F	LCHP	Family	43463
41 F	1HPPF	Family	43465
45 F	LCHP	Family	43465
47 F	LCHP	Family	43465
41 F	LCHP	Family	43465
37 F	LCHP	Family	43465
63 M	LCHP	Family	43465
48 M	LCHP	Family	43465
52 F	LCHP	Family	43465
47 F	LCHP	Family	43465
55 M	LCHP	Single	43466
49 M	LCHP	Family	43466
33 M	LCHP	Family w/S	43466
39 F	LCHP	Family	43468
57 M	LCHP	Single	43469
45 F	LCHP	Family	43469
57 F	LCHP	Single	43469
38 M	LCHP	Family	43469
60 F	LCHP	Single	43469
53 M	LCHP	Single	43469
51 M	LCHP	Family w/S	43469
39 M	LCHP2	Family w/S	43469
42 F	1HPPF	Family w/S	43504
47 F	LCHP	Single	43504
70 M	LCHP2	Family w/S	43504
69 F	LCHP	Family w/S	43505
42 F	LCHP	Family	43512
35 M	1HPPF	Family w/S	43515
53 F	2HPPF	Family	43515
47 F	2HPPF	Family	43515
62 M	LCHP	Family	43515
37 F	LCHP	Family w/S	43515
35 M	LCHP	Family w/S	43515
50 F	LCHP	Family	43515
29 M	LCHP	Family w/S	43515
43 M	LCHP2	Family w/S	43516
29 F	LCHP2	Family w/S	43516
46 M	LCHP	Family	43518
48 F	2HPPF	Family	43522
45 F	LCHP	Family	43522
42 F	LCHP	Family	43522
39 F	LCHP	Family	43522
43 M	LCHP	Family w/S	43522
56 F	LCHP	Family	43522
54 M	LCHP	Family w/S	43522
32 F	LCHP	Family w/S	43522
53 M	LCHP	Family	43522
56 M	LCHP	Family	43525
41 M	LCHP	Family	43525
37 M	LCHP	Single	43525
36 F	1HPPF	Family	43528

25 F	1HPFF	Family	43528
43 F	2HPF2	Family w/S	43528
59 M	2HPFF	Family	43528
47 F	2HPFF	Family	43528
43 F	2HPFF	Family	43528
62 F	2HPFF	Family	43528
60 M	2HPFF	Family	43528
50 M	2HPFF2	Family w/S	43528
60 M	5LCHP	Single	43528
46 M	LCHP	Single	43528
46 F	LCHP	Single	43528
56 F	LCHP	Family	43528
50 F	LCHP	Single	43528
52 M	LCHP	Family	43528
53 F	LCHP	Single	43528
50 F	LCHP	Family	43528
48 F	LCHP	Single	43528
50 M	LCHP	Single	43528
43 M	LCHP	Family	43528
45 F	LCHP	Family	43528
50 M	LCHP	Single	43528
59 F	LCHP	Family	43528
49 F	LCHP	Family	43528
61 F	LCHP	Family	43528
37 F	LCHP	Family w/S	43528
39 F	LCHP	Family	43528
59 F	LCHP	Single	43528
34 F	LCHP	Family	43528
56 M	LCHP	Family	43528
65 F	LCHP	Family	43528
32 F	LCHP	Family	43528
32 M	LCHP	Single	43528
62 F	LCHP	Single	43528
47 F	LCHP	Family	43528
46 M	LCHP	Family	43528
47 M	LCHP	Family	43528
45 F	LCHP	Family	43528
34 M	LCHP	Family w/S	43528
47 M	LCHP	Single	43528
51 M	LCHP2	Family	43528
45 F	LCHP2	Family w/S	43528
45 M	LCHP2	Family w/S	43528
61 F	LCHP2	Family w/S	43528
45 M	LCHP2	Family w/S	43528
42 F	LCHP2	Family w/S	43528
64 M	LCHP2	Family w/S	43528
51 M	LCHP2	Family w/S	43528
44 F	LCHP2	Family w/S	43528
46 M	LCHP	Family w/S	43532
31 F	2HPFF	Family	43534
36 F	2HPFF	Family w/S	43534
34 F	2HPFF	Family	43534

48 M	LCHP	Family	43534
42 F	1HPFF	Family	43537
56 F	1HPFF	Family	43537
65 F	1HPFF	Family	43537
43 F	1HPFF	Family w/S	43537
48 F	1HPFF	Family	43537
67 F	1HPFF	Family w/S	43537
30 M	1HPFF	Family	43537
55 F	1HPFF	Family	43537
53 F	2HPFF	Family	43537
47 F	2HPFF	Family	43537
43 F	2HPFF	Family w/S	43537
37 F	2HPFF	Family	43537
63 M	2HPFF	Family w/S	43537
45 F	2HPFF	Family	43537
47 F	2HPFF2	Family w/S	43537
54 F	2HPFF2	Family w/S	43537
47 F	2TFFB	Family	43537
60 F	5LCHP	Single	43537
60 F	LCHP	Single	43537
45 F	LCHP	Family	43537
48 F	LCHP	Family	43537
46 F	LCHP	Family	43537
49 F	LCHP	Family	43537
57 M	LCHP	Family w/S	43537
48 M	LCHP	Family w/S	43537
44 F	LCHP	Family	43537
42 F	LCHP	Family	43537
56 F	LCHP	Single	43537
58 F	LCHP	Family w/S	43537
61 F	LCHP	Single	43537
62 F	LCHP	Single	43537
41 M	LCHP	Family	43537
54 M	LCHP	Family	43537
44 F	LCHP	Family	43537
42 F	LCHP	Family	43537
57 F	LCHP	Single	43537
41 M	LCHP	Family	43537
39 M	LCHP	Family w/S	43537
53 F	LCHP	Family	43537
63 M	LCHP	Family	43537
56 M	LCHP	Family w/S	43537
62 F	LCHP	Family	43537
59 F	LCHP	Family	43537
36 M	LCHP	Family	43537
59 F	LCHP	Single	43537
40 M	LCHP	Single	43537
47 F	LCHP	Single	43537
41 M	LCHP	Family w/S	43537
42 F	LCHP	Family	43537
41 F	LCHP	Family	43537
58 F	LCHP	Single	43537

58 M	LCHP	Family	43537
53 M	LCHP	Family	43537
55 F	LCHP	Family	43537
52 F	LCHP	Family	43537
53 M	LCHP	Family	43537
61 F	LCHP	Family w/S	43537
34 F	LCHP	Family	43537
55 M	LCHP	Single	43537
42 F	LCHP	Family	43537
45 F	LCHP	Family	43537
33 F	LCHP	Family	43537
44 M	LCHP	Family	43537
63 M	LCHP	Single	43537
39 F	LCHP	Single	43537
50 F	LCHP	Single	43537
51 F	LCHP	Family	43537
54 F	LCHP	Single	43537
48 F	LCHP	Family w/S	43537
46 F	LCHP	Family	43537
31 F	LCHP	Family	43537
50 F	LCHP	Family	43537
52 M	LCHP	Family	43537
29 F	LCHP	Family	43537
62 F	LCHP	Single	43537
27 M	LCHP	Single	43537
60 F	LCHP	Single	43537
51 F	LCHP	Family	43537
28 M	LCHP	Family w/S	43537
41 F	LCHP	Family	43537
40 M	LCHP	Family	43537
30 M	LCHP	Family	43537
32 F	LCHP	Single	43537
48 F	LCHP	Family	43537
25 M	LCHP	Single	43537
27 F	LCHP	Single	43537
38 F	LCHP	Single	43537
25 M	LCHP	Single	43537
46 M	LCHP	Family	43537
59 F	LCHP	Single	43537
26 M	LCHP	Single	43537
36 F	LCHP	Family	43537
52 F	LCHP	Single	43537
24 F	LCHP	Family	43537
40 M	LCHP	Family w/S	43537
25 F	LCHP	Single	43537
52 M	LCHP	Family w/S	43537
44 F	LCHP	Family	43537
41 M	LCHP	Family	43537
34 M	LCHP	Family w/S	43537
26 M	LCHP	Single	43537
31 M	LCHP	Family w/S	43537
26 M	LCHP	Single	43537

56 F	LCHP	Family	43537
55 M	LCHP2	Family w/S	43537
41 F	LCHP2	Family w/S	43537
59 M	LCHP2	Family w/S	43537
40 F	LCHP2	Family w/S	43537
37 M	LCHP2	Family w/S	43537
72 M	LCHP2	Family w/S	43537
71 M	LCHP2	Family w/S	43537
32 F	LCHP2	Family w/S	43537
41 M	LCHP2	Family w/S	43537
49 M	LCHP2	Family w/S	43537
49 F	1HPFF	Family	43542
41 F	1HPFF	Family w/S	43542
49 M	2HPFF	Family	43542
52 F	2HPFF	Family w/S	43542
57 F	LCHP	Single	43542
47 M	LCHP	Family	43542
40 F	LCHP	Family	43542
65 F	LCHP	Single	43542
42 F	LCHP	Family	43542
41 F	LCHP	Family	43542
49 M	LCHP	Family w/S	43542
54 F	LCHP	Family	43542
33 M	LCHP	Family	43542
28 F	LCHP	Family	43542
56 M	LCHP2	Family w/S	43542
51 F	LCHP2	Family w/S	43542
33 F	2HPFF2	Family w/S	43545
43 M	LCHP	Family	43545
49 F	LCHP	Family w/S	43547
44 F	1HPFF	Family	43551
45 M	1HPFF	Family	43551
36 F	1HPFF	Family	43551
41 F	1HPFF2	Family w/S	43551
50 F	1HPFF2	Family w/S	43551
45 F	1TFFB	Family w/S	43551
49 F	2HPFF	Family w/S	43551
49 F	2HPFF	Family	43551
59 M	2HPFF	Family w/S	43551
53 F	2HPFF	Family	43551
58 F	2HPFF	Family	43551
52 F	2HPFF	Family	43551
37 M	2HPFF	Family	43551
60 F	2HPFF	Family	43551
32 F	2HPFF2	Family w/S	43551
44 F	2HPFF2	Family w/S	43551
54 M	LCHP	Family w/S	43551
49 F	LCHP	Family	43551
46 F	LCHP	Single	43551
41 F	LCHP	Family	43551
56 F	LCHP	Family	43551
45 F	LCHP	Family	43551

48 F	LCHP	Single	43551
52 F	LCHP	Single	43551
53 F	LCHP	Family	43551
51 F	LCHP	Family	43551
40 M	LCHP	Single	43551
45 M	LCHP	Family	43551
39 F	LCHP	Family	43551
54 F	LCHP	Single	43551
44 F	LCHP	Single	43551
60 M	LCHP	Family	43551
31 F	LCHP	Family	43551
51 F	LCHP	Family w/S	43551
32 F	LCHP	Family	43551
54 M	LCHP	Family	43551
35 F	LCHP	Family	43551
28 F	LCHP	Family	43551
60 M	LCHP	Single	43551
36 M	LCHP	Family w/S	43551
58 F	LCHP	Single	43551
26 F	LCHP	Single	43551
47 M	LCHP	Family w/S	43551
42 M	LCHP	Family	43551
52 F	LCHP	Single	43551
57 F	LCHP	Family w/S	43551
58 F	LCHP	Family	43551
28 F	LCHP	Family	43551
63 M	LCHP	Family	43551
66 M	LCHP	Family	43551
61 F	LCHP	Single	43551
59 F	LCHP	Single	43551
39 F	LCHP	Family	43551
34 F	LCHP	Single	43551
28 F	LCHP	Single	43551
25 F	LCHP	Single	43551
38 M	LCHP	Family	43551
49 F	LCHP	Family	43551
56 F	LCHP2	Family w/S	43551
34 F	1HPFF	Family	43558
48 F	1HPFF	Family	43558
47 F	2HPFF	Family	43558
48 M	2HPFF2	Family w/S	43558
33 F	5LCHP	Family	43558
50 M	LCHP	Family w/S	43558
48 M	LCHP	Family w/S	43558
54 F	LCHP	Single	43558
50 F	LCHP	Family	43558
65 F	LCHP	Single	43558
47 F	LCHP	Family	43558
50 F	LCHP	Family w/S	43558
51 M	LCHP	Single	43558
63 F	LCHP	Single	43558
58 M	LCHP	Family	43558

44 F	LCHP	Family w/S	43558
48 F	LCHP	Family	43558
47 F	LCHP	Family	43558
54 M	LCHP	Family	43558
52 M	LCHP	Family	43558
35 F	LCHP	Single	43558
57 F	LCHP	Single	43558
35 M	LCHP	Family	43558
41 M	LCHP	Single	43558
61 F	LCHP	Family w/S	43558
50 F	LCHP	Family	43558
53 F	LCHP	Family	43558
48 M	LCHP	Family	43558
54 M	LCHP	Single	43558
52 M	LCHP	Single	43558
49 F	LCHP	Family	43558
49 M	LCHP2	Family w/S	43558
52 M	LCHP2	Family w/S	43558
38 F	1HPF	Family	43560
46 M	1HPFF	Family	43560
54 F	1HPFF	Family	43560
39 F	1HPFF	Family	43560
50 F	1HPFF	Family	43560
46 F	2HPFF	Family	43560
46 F	2HPFF	Family	43560
52 F	2HPFF	Family	43560
36 F	2HPFF	Family	43560
41 F	2HPFF	Family	43560
49 F	2HPFF	Family	43560
39 F	2HPFF	Family	43560
40 F	2HPFF2	Family w/S	43560
32 M	5LCHP	Family w/S	43560
62 M	LCHP	Family	43560
50 M	LCHP	Family	43560
62 M	LCHP	Family	43560
45 F	LCHP	Family	43560
55 M	LCHP	Family w/S	43560
52 F	LCHP	Single	43560
55 M	LCHP	Family	43560
59 F	LCHP	Single	43560
59 M	LCHP	Family	43560
61 M	LCHP	Family	43560
43 F	LCHP	Family	43560
40 F	LCHP	Family	43560
50 F	LCHP	Family	43560
42 F	LCHP	Family	43560
58 F	LCHP	Single	43560
52 F	LCHP	Single	43560
48 F	LCHP	Family	43560
36 M	LCHP	Single	43560
56 M	LCHP	Family	43560
38 F	LCHP	Family	43560

59 M	LCHP	Single	43560
46 F	LCHP	Family	43560
39 F	LCHP	Family	43560
53 M	LCHP	Single	43560
55 F	LCHP	Single	43560
46 F	LCHP	Family	43560
53 F	LCHP	Family	43560
55 F	LCHP	Family	43560
34 F	LCHP	Single	43560
56 M	LCHP	Family w/S	43560
56 M	LCHP	Family	43560
51 M	LCHP	Single	43560
36 M	LCHP	Family	43560
48 F	LCHP	Family	43560
62 F	LCHP	Family w/S	43560
56 F	LCHP	Single	43560
53 F	LCHP	Family	43560
58 M	LCHP	Family	43560
64 M	LCHP	Family w/S	43560
36 F	LCHP	Family	43560
50 F	LCHP	Single	43560
55 M	LCHP	Family	43560
35 M	LCHP	Family	43560
31 F	LCHP	Single	43560
54 F	LCHP	Family w/S	43560
53 M	LCHP	Family	43560
57 F	LCHP	Family w/S	43560
26 F	LCHP	Single	43560
32 F	LCHP	Family	43560
61 F	LCHP	Family	43560
68 F	LCHP	Family	43560
54 F	LCHP	Single	43560
41 F	LCHP	Family w/S	43560
46 F	LCHP	Single	43560
63 F	LCHP	Single	43560
27 M	LCHP	Family	43560
46 M	LCHP	Single	43560
25 M	LCHP	Family w/S	43560
63 M	LCHP	Family	43560
51 F	LCHP	Family	43560
53 M	LCHP	Family	43560
51 M	LCHP	Family	43560
49 F	LCHP	Family	43560
57 F	LCHP2	Family w/S	43560
45 M	LCHP2	Family w/S	43560
45 F	LCHP2	Family w/S	43560
54 F	LCHP2	Family w/S	43560
54 F	LCHP2	Family w/S	43560
41 F	LCHP2	Family w/S	43560
43 F	LCHP2	Family w/S	43560
36 F	LCHP2	Family w/S	43560
59 F	LCHP2	Family w/S	43560

52 M	LCHP2	Family w/S	43560
54 F	LCHP2	Family w/S	43560
58 M	LCHP2	Family w/S	43560
52 M	LCHP2	Family w/S	43560
55 F	1HPFF	Family w/S	43566
55 F	1HPFF	Family	43566
45 F	2HPFF	Family w/S	43566
29 F	2HPFF	Family	43566
54 F	LCHP	Single	43566
52 M	LCHP	Family w/S	43566
59 F	LCHP	Family w/S	43566
57 M	LCHP	Family	43566
36 F	LCHP	Family	43566
62 M	LCHP	Family	43566
53 F	LCHP	Family	43566
49 M	LCHP	Family w/S	43566
50 F	LCHP	Single	43566
57 M	LCHP	Family	43566
53 M	LCHP	Family w/S	43566
51 F	LCHP	Family	43566
39 M	LCHP	Family	43566
57 F	LCHP	Single	43566
31 F	LCHP	Family	43566
49 M	LCHP	Family	43566
53 M	LCHP	Single	43566
43 M	LCHP	Family	43566
30 F	LCHP	Single	43566
51 M	LCHP	Family	43566
31 M	LCHP	Family	43566
37 F	LCHP	Single	43566
53 M	LCHP	Family	43566
48 M	LCHP	Family	43566
29 F	LCHP	Family	43566
40 M	LCHP	Family	43566
38 M	LCHP	Family	43566
35 M	LCHP	Family w/S	43566
60 M	LCHP2	Family w/S	43566
67 M	LCHP2	Family w/S	43566
39 M	LCHP2	Family w/S	43566
53 M	LCHP2	Family w/S	43566
64 M	LCHP2	Family w/S	43566
51 M	LCHP2	Family w/S	43566
60 M	LCHP2	Family w/S	43566
36 F	2HPFF	Family w/S	43567
51 F	LCHP	Family	43567
50 F	LCHP	Family	43567
49 F	LCHP	Family w/S	43567
39 F	LCHP	Family	43567
38 M	LCHP2	Family w/S	43567
29 F	2HPFF	Family	43569
38 F	LCHP	Family	43569
45 F	1HPFF	Family	43571

53 F	1HPFF	Family	43571
44 F	1HPFF	Family w/S	43571
46 F	2HPFF	Family	43571
59 F	LCHP	Single	43571
57 M	LCHP	Family	43571
56 F	LCHP	Family	43571
46 F	LCHP	Family	43571
48 M	LCHP	Family	43571
43 M	LCHP	Family w/S	43571
39 M	LCHP	Family	43571
42 M	LCHP	Family	43571
52 F	LCHP	Family	43571
39 M	LCHP	Single	43571
35 F	LCHP	Family	43571
41 F	LCHP	Family	43571
62 M	LCHP	Single	43571
51 F	LCHP	Family	43571
47 M	LCHP	Family w/S	43571
39 M	LCHP	Family	43571
53 F	LCHP	Single	43571
38 M	LCHP	Family	43571
59 M	LCHP	Single	43571
37 F	LCHP2	Family w/S	43571
56 M	LCHP2	Family w/S	43571
42 F	LCHP	Family w/S	43602
58 M	LCHP	Single	43603
28 F	LCHP	Single	43603
43 F	1HPFF	Family	43604
41 M	2HPFF	Family w/S	43604
58 M	LCHP	Family	43604
49 M	LCHP	Family	43604
48 F	LCHP	Family	43604
54 F	LCHP	Single	43604
62 F	LCHP	Single	43604
32 F	LCHP	Single	43604
54 M	LCHP	Family w/S	43604
28 F	LCHP	Family	43604
48 F	LCHP	Family	43604
29 M	LCHP	Family	43604
31 F	LCHP	Single	43604
39 M	LCHP	Single	43604
47 M	LCHP	Family	43604
30 F	LCHP	Family	43604
39 F	LCHP	Family	43604
25 F	LCHP	Single	43604
39 M	LCHP	Family w/S	43604
57 F	1HPFF	Family	43605
37 M	2DTFFF2	Family w/D	43605
59 F	2HPFF	Family w/S	43605
54 F	2HPFF	Family	43605
55 F	LCHP	Family w/S	43605
43 F	LCHP	Family w/S	43605

51 F	LCHP	Family w/S	43605
58 M	LCHP	Family w/S	43605
62 F	LCHP	Family w/S	43605
54 F	LCHP	Single	43605
56 F	LCHP	Family	43605
63 F	LCHP	Family w/S	43605
80 F	LCHP	Single	43605
39 F	LCHP	Family w/S	43605
39 F	LCHP	Family w/S	43605
60 F	LCHP	Family w/S	43605
36 F	LCHP	Family	43605
44 F	LCHP	Family	43605
53 M	LCHP	Family w/S	43605
49 F	LCHP	Single	43605
39 F	LCHP	Family	43605
61 F	LCHP	Family	43605
44 F	LCHP	Family w/S	43605
53 M	LCHP	Single	43605
54 M	LCHP	Single	43605
57 F	LCHP	Family	43605
35 F	LCHP	Family	43605
64 M	LCHP	Single	43605
40 M	LCHP	Single	43605
59 F	LCHP	Single	43605
59 M	LCHP	Family w/S	43605
41 M	LCHP	Family	43605
33 M	LCHP	Family	43605
33 M	LCHP	Family w/S	43605
36 M	LCHP	Family	43605
44 F	LCHP	Family w/S	43605
47 F	LCHP	Family	43605
39 F	LCHP	Family w/S	43605
30 F	LCHP	Family	43605
25 M	LCHP	Single	43605
53 F	LCHP	Single	43605
61 M	LCHP	Family w/S	43605
25 M	LCHP	Single	43605
61 M	LCHP2	Family w/S	43605
58 F	1HPFF	Family	43606
54 F	1HPFF	Family	43606
48 F	1HPFF	Family	43606
53 F	1HPFF	Family	43606
58 M	2HPFF	Family	43606
44 F	2HPFF	Family w/S	43606
60 F	2HPFF	Family	43606
38 F	2HPFF	Family	43606
58 F	2HPFF	Family	43606
52 F	2HPFF	Family	43606
55 F	2HPFF	Family	43606
52 M	2HPFF	Family	43606
49 F	2HPFF	Family	43606
63 F	2HPFF	Family	43606

52 M	2HPFF	Family	43606
38 F	2HPFF	Family	43606
32 F	2HPFF	Family	43606
50 F	2HPFF	Family	43606
33 F	2HPFF	Family	43606
42 F	2HPFF	Family	43606
53 F	5LCHP	Single	43606
60 F	LCHP	Single	43606
66 F	LCHP	Single	43606
53 F	LCHP	Single	43606
63 F	LCHP	Single	43606
67 M	LCHP	Family	43606
59 F	LCHP	Single	43606
55 F	LCHP	Family w/S	43606
51 M	LCHP	Family	43606
46 M	LCHP	Family	43606
49 F	LCHP	Family	43606
62 F	LCHP	Single	43606
58 M	LCHP	Family	43606
57 M	LCHP	Single	43606
58 F	LCHP	Family w/S	43606
63 F	LCHP	Single	43606
46 F	LCHP	Single	43606
57 F	LCHP	Single	43606
48 F	LCHP	Single	43606
42 F	LCHP	Family w/S	43606
48 M	LCHP	Family	43606
68 F	LCHP	Family	43606
48 M	LCHP	Family	43606
59 F	LCHP	Single	43606
67 M	LCHP	Single	43606
40 M	LCHP	Family	43606
57 F	LCHP	Single	43606
58 M	LCHP	Family	43606
39 F	LCHP	Family	43606
40 F	LCHP	Single	43606
61 F	LCHP	Family	43606
66 F	LCHP	Single	43606
60 M	LCHP	Family	43606
37 F	LCHP	Family	43606
67 M	LCHP	Family	43606
38 F	LCHP	Family	43606
57 M	LCHP	Family w/S	43606
41 M	LCHP	Family w/S	43606
63 F	LCHP	Family	43606
46 F	LCHP	Single	43606
45 F	LCHP	Family	43606
58 M	LCHP	Family	43606
45 F	LCHP	Family	43606
42 F	LCHP	Family	43606
50 M	LCHP	Family	43606
30 F	LCHP	Family	43606

72 M	LCHP	Family	43606
42 F	LCHP	Family w/S	43606
45 F	LCHP	Single	43606
43 F	LCHP	Family	43606
51 M	LCHP	Family w/S	43606
62 F	LCHP	Single	43606
32 F	LCHP	Single	43606
72 F	LCHP	Single	43606
28 M	LCHP	Family	43606
29 F	LCHP	Single	43606
44 F	LCHP	Single	43606
30 F	LCHP	Single	43606
47 F	LCHP	Single	43606
40 M	LCHP	Family	43606
42 M	LCHP	Family	43606
35 M	LCHP	Single	43606
30 M	LCHP	Family	43606
51 F	LCHP	Single	43606
40 F	LCHP	Single	43606
36 M	LCHP	Single	43606
39 M	LCHP	Single	43606
28 F	LCHP	Single	43606
30 F	LCHP	Single	43606
57 M	LCHP	Family	43606
66 F	LCHP	Single	43606
52 F	LCHP	Single	43606
36 F	LCHP	Family	43606
37 M	LCHP	Family	43606
43 F	LCHP	Single	43606
27 F	LCHP	Family	43606
38 M	LCHP	Family w/S	43606
56 M	LCHP	Single	43606
33 M	LCHP	Family w/S	43606
31 F	LCHP	Single	43606
33 F	LCHP	Family	43606
25 F	LCHP	Single	43606
55 F	LCHP	Single	43606
26 M	LCHP	Family	43606
31 F	LCHP	Family	43606
60 M	LCHP	Family	43606
30 M	LCHP	Single	43606
51 F	LCHP	Family	43606
38 F	LCHP	Single	43606
30 F	LCHP	Single	43606
40 F	LCHP	Family w/S	43606
52 F	LCHP	Single	43606
31 F	LCHP	Family	43606
41 M	LCHP	Family w/S	43606
32 F	LCHP	Single	43606
32 F	LCHP	Family	43606
46 F	LCHP	Single	43606
45 F	LCHP	Family	43606

25 F	LCHP	Single	43606
47 F	LCHP	Single	43606
48 F	LCHP	Single	43606
55 F	LCHP	Single	43606
45 M	LCHP	Single	43606
24 M	LCHP	Single	43606
51 M	LCHP	Single	43606
28 F	LCHP	Single	43606
59 F	LCHP	Single	43606
47 F	LCHP	Family	43606
59 M	LCHP2	Family w/S	43606
55 M	LCHP2	Family w/S	43606
51 F	LCHP2	Family w/S	43606
55 F	LCHP2	Family w/S	43606
56 F	LCHP2	Family w/S	43606
29 F	LCHP2	Family w/S	43606
50 F	1HPFF	Family	43607
49 F	1HPFF	Family	43607
34 F	1HPFF	Family	43607
49 M	1HPFF	Family	43607
60 M	1HPFF	Family	43607
59 F	1HPFF	Family	43607
48 F	2HPFF	Family	43607
55 F	2HPFF	Family	43607
41 F	2HPFF	Family	43607
64 M	2HPFF	Family	43607
53 F	2HPFF2	Family w/S	43607
56 F	5LCHP	Single	43607
62 F	LCHP	Single	43607
61 F	LCHP	Single	43607
46 F	LCHP	Family	43607
61 F	LCHP	Single	43607
60 F	LCHP	Single	43607
59 F	LCHP	Family w/S	43607
44 F	LCHP	Family	43607
48 M	LCHP	Single	43607
48 F	LCHP	Family w/S	43607
36 F	LCHP	Single	43607
55 F	LCHP	Single	43607
37 F	LCHP	Family	43607
48 M	LCHP	Family	43607
40 F	LCHP	Single	43607
50 F	LCHP	Family	43607
55 F	LCHP	Single	43607
49 F	LCHP	Single	43607
50 F	LCHP	Family	43607
46 F	LCHP	Family	43607
42 F	LCHP	Single	43607
45 F	LCHP	Family	43607
56 F	LCHP	Single	43607
51 F	LCHP	Single	43607
45 M	LCHP	Family	43607

50 F	LCHP	Single	43607
46 F	LCHP	Family	43607
44 F	LCHP	Family w/S	43607
45 F	LCHP	Family w/S	43607
44 F	LCHP	Family	43607
52 F	LCHP	Family	43607
48 F	LCHP	Family	43607
54 F	LCHP	Single	43607
41 M	LCHP	Family	43607
51 F	LCHP	Family	43607
50 F	LCHP	Family w/S	43607
49 F	LCHP	Family	43607
55 M	LCHP	Family	43607
37 F	LCHP	Family	43607
58 F	LCHP	Single	43607
63 F	LCHP	Single	43607
53 F	LCHP	Family w/S	43607
39 F	LCHP	Family w/S	43607
37 F	LCHP	Family	43607
39 F	LCHP	Single	43607
56 F	LCHP	Family	43607
66 M	LCHP	Single	43607
46 F	LCHP	Single	43607
45 F	LCHP	Single	43607
59 F	LCHP	Single	43607
65 F	LCHP	Family	43607
48 F	LCHP	Family w/S	43607
52 F	LCHP	Family w/S	43607
40 M	LCHP	Single	43607
47 M	LCHP	Family	43607
48 F	LCHP	Family	43607
55 F	LCHP	Single	43607
41 M	LCHP	Family w/S	43607
38 M	LCHP	Single	43607
52 F	LCHP	Single	43607
40 F	LCHP	Family	43607
44 F	LCHP	Single	43607
52 F	LCHP	Single	43607
61 F	LCHP	Single	43607
36 F	LCHP	Family	43607
40 F	LCHP	Family	43607
30 M	LCHP	Family	43607
29 F	LCHP	Family	43607
27 F	LCHP	Family w/S	43607
24 F	LCHP	Single	43607
46 M	LCHP	Family	43607
40 F	LCHP	Single	43607
50 F	LCHP	Single	43607
30 M	LCHP	Family	43607
36 F	LCHP	Family	43607
59 F	LCHP	Single	43607
60 F	LCHP	Single	43607

30 M	LCHP	Family	43607
35 M	LCHP	Single	43607
58 M	LCHP	Single	43607
26 M	LCHP	Single	43607
33 F	LCHP	Family	43607
53 F	LCHP	Family	43607
44 M	LCHP2	Family w/S	43607
49 M	LCHP2	Family w/S	43607
36 F	1HPFF	Family w/S	43608
45 F	1HPFF	Family	43608
39 F	1HPFF	Family	43608
65 M	2HPFF	Family	43608
42 F	2HPFF	Family w/S	43608
44 F	2HPFF	Family	43608
46 F	LCHP	Single	43608
55 F	LCHP	Family w/S	43608
58 M	LCHP	Family w/S	43608
52 F	LCHP	Family w/S	43608
56 F	LCHP	Single	43608
45 F	LCHP	Single	43608
65 F	LCHP	Single	43608
44 F	LCHP	Family	43608
48 F	LCHP	Family	43608
55 M	LCHP	Family w/S	43608
48 M	LCHP	Family	43608
67 F	LCHP	Single	43608
54 F	LCHP	Family	43608
56 F	LCHP	Single	43608
37 F	LCHP	Single	43608
63 M	LCHP	Family w/S	43608
39 F	LCHP	Family	43608
48 F	LCHP	Family	43608
41 F	LCHP	Single	43608
56 F	LCHP	Family	43608
37 F	LCHP	Family	43608
49 F	LCHP	Family	43608
47 M	LCHP	Single	43608
32 F	LCHP	Single	43608
43 F	LCHP	Family	43608
41 M	LCHP	Family	43608
56 M	LCHP	Family w/S	43608
42 F	LCHP	Family	43608
43 M	LCHP	Single	43608
43 F	LCHP	Single	43608
47 M	LCHP	Family	43608
42 F	LCHP	Family w/S	43608
60 F	LCHP	Single	43608
55 F	LCHP	Single	43608
62 F	LCHP	Single	43608
50 F	LCHP	Single	43608
44 F	LCHP	Family	43608
37 M	LCHP	Family	43608

51 F	LCHP	Single	43608
61 F	LCHP	Single	43608
35 F	LCHP	Family	43608
27 M	LCHP	Family	43608
32 F	1HPE	Family w/S	43609
56 F	1HPFF	Family	43609
38 F	1HPFF	Family	43609
50 F	1HPFF	Family	43609
46 F	2HPFF	Family w/S	43609
44 F	2HPFF	Family	43609
44 M	2HPFF	Family w/S	43609
49 F	2HPFF	Family	43609
31 F	2HPFF	Family	43609
48 F	2HPFF	Family	43609
38 M	2HPFF	Family	43609
46 F	2HPFF	Family	43609
55 M	2HPFF	Family	43609
57 F	LCHP	Family	43609
62 M	LCHP	Single	43609
61 F	LCHP	Single	43609
55 F	LCHP	Single	43609
63 F	LCHP	Single	43609
42 F	LCHP	Single	43609
61 F	LCHP	Family	43609
54 M	LCHP	Single	43609
49 F	LCHP	Family	43609
42 F	LCHP	Single	43609
40 F	LCHP	Single	43609
45 M	LCHP	Single	43609
49 M	LCHP	Single	43609
38 M	LCHP	Family	43609
44 F	LCHP	Single	43609
52 F	LCHP	Single	43609
69 F	LCHP	Single	43609
47 M	LCHP	Family	43609
33 F	LCHP	Family	43609
43 M	LCHP	Family	43609
51 F	LCHP	Family w/S	43609
62 F	LCHP	Single	43609
39 M	LCHP	Single	43609
38 M	LCHP	Single	43609
32 F	LCHP	Family	43609
52 F	LCHP	Family w/S	43609
61 M	LCHP	Family	43609
30 F	LCHP	Family	43609
51 F	LCHP	Family	43609
57 F	LCHP	Single	43609
47 F	LCHP	Single	43609
21 M	LCHP	Single	43609
28 F	LCHP	Family	43609
51 M	LCHP	Family	43609
59 F	LCHP	Single	43609

34 F	LCHP	Single	43609
31 F	LCHP	Single	43609
48 F	LCHP	Single	43609
45 M	LCHP	Single	43609
34 F	LCHP	Family	43609
40 F	LCHP	Single	43609
49 F	LCHP	Single	43609
49 M	LCHP	Family w/S	43609
46 M	LCHP2	Family w/S	43609
50 F	2HPFF	Family	43610
63 F	2HPFF	Family w/S	43610
46 F	2HPFF	Family	43610
54 F	2HPFF	Family	43610
49 F	2HPFF	Family	43610
39 F	2HPFF	Family	43610
61 F	LCHP	Family	43610
56 M	LCHP	Single	43610
65 F	LCHP	Single	43610
47 M	LCHP	Family	43610
49 M	LCHP	Family	43610
46 F	LCHP	Single	43610
44 F	LCHP	Family	43610
45 M	LCHP	Family w/S	43610
49 F	LCHP	Family w/S	43610
48 F	LCHP	Family	43610
39 M	LCHP	Family	43610
62 F	LCHP	Single	43610
36 F	LCHP	Family	43610
63 F	LCHP2	Family w/S	43610
44 M	1HPF	Family	43611
56 F	1HPFF	Family w/S	43611
25 F	1HPFF	Family	43611
61 F	2HPFF	Family	43611
45 F	2HPFF	Family	43611
35 F	2HPFF	Family	43611
49 F	2HPFF	Family	43611
59 F	LCHP	Single	43611
44 M	LCHP	Family	43611
59 F	LCHP	Family	43611
63 M	LCHP	Family w/S	43611
60 F	LCHP	Single	43611
50 F	LCHP	Family	43611
55 F	LCHP	Family w/S	43611
43 F	LCHP	Family	43611
62 F	LCHP	Family w/S	43611
66 F	LCHP	Single	43611
52 M	LCHP	Family	43611
54 F	LCHP	Family	43611
43 F	LCHP	Single	43611
62 M	LCHP	Family	43611
49 M	LCHP	Family w/S	43611
53 M	LCHP	Single	43611

63 F	LCHP	Single	43611
37 M	LCHP	Family	43611
39 M	LCHP	Family	43611
42 F	LCHP	Family w/S	43611
53 F	LCHP	Family	43611
49 F	LCHP	Family	43611
47 F	LCHP	Family	43611
37 M	LCHP	Family	43611
41 M	LCHP	Family	43611
35 M	LCHP	Single	43611
51 M	LCHP	Single	43611
57 F	LCHP	Single	43611
57 F	LCHP	Single	43611
40 F	LCHP	Family	43611
34 M	LCHP	Family w/S	43611
33 F	LCHP	Family	43611
42 F	LCHP	Family	43611
55 F	LCHP	Family	43611
35 F	LCHP	Family w/S	43611
57 F	LCHP	Family w/S	43611
27 F	LCHP	Single	43611
55 M	LCHP	Single	43611
59 F	LCHP	Single	43611
49 F	LCHP	Family	43611
49 F	LCHP	Family	43611
36 M	LCHP	Family w/S	43611
52 M	LCHP	Single	43611
42 F	LCHP	Family	43611
45 F	LCHP	Family	43611
39 F	LCHP	Family	43611
48 M	LCHP	Single	43611
29 F	LCHP	Single	43611
37 F	LCHP	Single	43611
26 M	LCHP	Single	43611
33 M	LCHP	Family	43611
56 M	LCHP	Family w/S	43611
24 F	LCHP	Single	43611
43 F	LCHP	Family w/S	43611
25 F	LCHP	Family	43611
65 F	LCHP	Single	43611
60 F	LCHP2	Family w/S	43611
54 M	LCHP2	Family w/S	43611
51 F	LCHP2	Family w/S	43611
52 F	LCHP2	Family w/S	43611
43 M	LCHP2	Family w/S	43611
29 F	1HPF	Family w/S	43612
43 F	1HPFF	Family	43612
38 F	1HPFF	Family w/S	43612
34 F	1HPFF	Family	43612
43 F	1HPFF	Family	43612
38 F	1HPFF	Family	43612
34 F	1HPFF	Family w/S	43612

45 M	1HPFF	Family	43612
51 F	1HPFF2	Family w/S	43612
53 F	2HPFF	Family w/S	43612
56 F	2HPFF	Family	43612
36 F	2HPFF	Family	43612
59 M	2HPFF	Family	43612
45 F	2HPFF	Family	43612
51 M	DPLCP2	Family w/D	43612
47 M	LCHP	Single	43612
43 F	LCHP	Single	43612
46 F	LCHP	Single	43612
58 M	LCHP	Single	43612
60 M	LCHP	Family	43612
59 F	LCHP	Family	43612
48 F	LCHP	Family	43612
62 F	LCHP	Family w/S	43612
61 F	LCHP	Single	43612
45 F	LCHP	Family	43612
58 F	LCHP	Family	43612
67 F	LCHP	Single	43612
36 F	LCHP	Family	43612
51 F	LCHP	Single	43612
52 M	LCHP	Family	43612
67 F	LCHP	Single	43612
42 M	LCHP	Family w/S	43612
47 F	LCHP	Single	43612
44 F	LCHP	Single	43612
38 M	LCHP	Family	43612
40 F	LCHP	Family	43612
39 F	LCHP	Family	43612
39 F	LCHP	Family	43612
39 M	LCHP	Family	43612
38 F	LCHP	Family w/S	43612
60 F	LCHP	Single	43612
42 M	LCHP	Family	43612
46 F	LCHP	Family	43612
56 M	LCHP	Single	43612
39 F	LCHP	Family	43612
41 M	LCHP	Family	43612
51 F	LCHP	Single	43612
46 F	LCHP	Family	43612
38 F	LCHP	Family w/S	43612
59 F	LCHP	Family w/S	43612
60 F	LCHP	Single	43612
46 F	LCHP	Family	43612
56 F	LCHP	Single	43612
55 M	LCHP	Family w/S	43612
35 F	LCHP	Family	43612
37 F	LCHP	Family	43612
52 F	LCHP	Single	43612
35 F	LCHP	Family	43612
64 F	LCHP	Single	43612
33 M	LCHP	Single	43612

59 F	LCHP	Single	43612
37 F	LCHP	Family	43612
41 F	LCHP	Single	43612
33 F	LCHP	Family	43612
39 F	LCHP	Single	43612
38 M	LCHP	Family w/S	43612
45 F	LCHP	Single	43612
53 F	LCHP	Family	43612
54 F	LCHP	Family	43612
67 F	LCHP	Single	43612
48 F	LCHP	Single	43612
43 M	LCHP	Family w/S	43612
31 F	LCHP	Single	43612
26 F	LCHP	Family w/S	43612
30 M	LCHP	Single	43612
50 F	LCHP	Single	43612
36 M	LCHP	Family w/S	43612
52 F	LCHP	Family w/S	43612
34 F	LCHP	Single	43612
63 F	LCHP	Single	43612
37 F	LCHP	Family	43612
42 F	LCHP	Single	43612
28 M	LCHP	Single	43612
28 M	LCHP	Single	43612
30 F	LCHP	Family	43612
32 M	LCHP	Family	43612
56 F	LCHP	Family w/S	43612
39 M	LCHP	Family w/S	43612
43 F	LCHP	Family	43612
30 F	LCHP	Family	43612
30 M	LCHP	Family w/S	43612
32 M	LCHP	Family w/S	43612
38 F	LCHP	Single	43612
27 F	LCHP	Single	43612
27 M	LCHP	Single	43612
48 M	LCHP	Family w/S	43612
31 M	LCHP	Single	43612
38 F	LCHP	Family	43612
33 F	LCHP	Family	43612
33 F	LCHP	Single	43612
37 F	LCHP	Family	43612
33 M	LCHP	Single	43612
29 M	LCHP	Single	43612
31 M	LCHP	Single	43612
49 M	LCHP	Family	43612
37 M	LCHP	Family	43612
26 M	LCHP	Single	43612
54 F	LCHP	Single	43612
24 F	LCHP	Single	43612
37 F	LCHP	Single	43612
44 M	LCHP	Family w/S	43612
52 M	LCHP	Single	43612

45 F	LCHP	Single	43612
30 M	LCHP	Family	43612
53 M	LCHP	Family	43612
49 M	LCHP	Family	43612
46 M	LCHP2	Family w/S	43612
38 F	LCHP2	Family w/S	43612
69 M	LCHP2	Family w/S	43612
54 M	LCHP2	Family w/S	43612
59 M	LCHP2	Family w/S	43612
31 F	LCHP2	Family w/S	43612
28 F	1HPF	Family	43613
44 F	1HPFF	Family	43613
45 F	1HPFF	Family	43613
59 F	1HPFF	Family	43613
38 F	1HPFF	Family	43613
34 M	1HPFF	Family	43613
53 F	2HPFF	Family	43613
52 F	2HPFF	Family	43613
48 F	2HPFF	Family w/S	43613
52 F	2HPFF	Family	43613
41 F	2HPFF	Family	43613
34 F	2HPFF	Family w/S	43613
41 M	2HPFF	Family	43613
41 F	2TFFB	Family	43613
51 F	2TFFB	Family	43613
48 M	LCHP	Family	43613
63 F	LCHP	Single	43613
49 F	LCHP	Family	43613
60 F	LCHP	Single	43613
65 F	LCHP	Single	43613
46 F	LCHP	Family	43613
58 F	LCHP	Family	43613
59 M	LCHP	Family	43613
40 F	LCHP	Single	43613
48 F	LCHP	Single	43613
61 F	LCHP	Single	43613
53 F	LCHP	Family	43613
53 M	LCHP	Family	43613
47 F	LCHP	Single	43613
39 F	LCHP	Single	43613
42 M	LCHP	Family	43613
46 F	LCHP	Family	43613
41 M	LCHP	Family	43613
36 F	LCHP	Family w/S	43613
61 F	LCHP	Single	43613
65 F	LCHP	Single	43613
40 F	LCHP	Family w/S	43613
40 F	LCHP	Family	43613
50 F	LCHP	Family	43613
45 F	LCHP	Family	43613
54 F	LCHP	Family w/S	43613
45 M	LCHP	Family	43613

60 M	LCHP	Single	43613
47 F	LCHP	Family	43613
58 F	LCHP	Family w/S	43613
53 M	LCHP	Single	43613
51 M	LCHP	Family w/S	43613
36 F	LCHP	Family w/S	43613
40 F	LCHP	Single	43613
37 F	LCHP	Single	43613
56 M	LCHP	Family	43613
55 F	LCHP	Family	43613
39 F	LCHP	Family	43613
45 F	LCHP	Family	43613
36 M	LCHP	Family	43613
59 M	LCHP	Single	43613
33 F	LCHP	Family	43613
55 F	LCHP	Single	43613
64 F	LCHP	Single	43613
58 M	LCHP	Single	43613
44 F	LCHP	Family	43613
50 M	LCHP	Family	43613
35 M	LCHP	Family w/S	43613
42 F	LCHP	Family	43613
47 F	LCHP	Family	43613
52 M	LCHP	Family	43613
41 F	LCHP	Family	43613
60 M	LCHP	Family	43613
40 M	LCHP	Family w/S	43613
31 M	LCHP	Single	43613
41 F	LCHP	Family	43613
47 M	LCHP	Family	43613
60 F	LCHP	Single	43613
55 F	LCHP	Single	43613
49 F	LCHP	Family	43613
35 M	LCHP	Family	43613
51 M	LCHP	Single	43613
27 M	LCHP	Single	43613
59 M	LCHP	Family	43613
29 M	LCHP	Single	43613
38 M	LCHP	Single	43613
29 F	LCHP	Single	43613
64 F	LCHP	Single	43613
43 F	LCHP	Family	43613
26 M	LCHP	Single	43613
28 F	LCHP	Single	43613
38 M	LCHP	Single	43613
44 M	LCHP	Family w/S	43613
39 M	LCHP	Family w/S	43613
31 M	LCHP	Family w/S	43613
27 M	LCHP	Single	43613
26 M	LCHP	Single	43613
48 M	LCHP	Single	43613
36 F	LCHP	Family w/S	43613

26	M	LCHP	Family	43613
63	M	LCHP	Single	43613
39	F	LCHP	Family	43613
29	F	LCHP	Single	43613
49	F	LCHP	Family w/S	43613
40	F	LCHP	Family	43613
31	M	LCHP	Family w/S	43613
25	F	LCHP	Single	43613
41	F	LCHP	Family	43613
33	F	LCHP	Single	43613
24	M	LCHP	Single	43613
53	F	LCHP	Single	43613
29	F	LCHP	Single	43613
61	M	LCHP	Family w/S	43613
32	F	LCHP	Single	43613
49	F	LCHP	Single	43613
63	M	LCHP2	Family w/S	43613
41	M	LCHP2	Family w/S	43613
50	M	LCHP2	Family w/S	43613
45	F	LCHP2	Family w/S	43613
45	M	LCHP2	Family w/S	43613
67	F	1HPFF	Family	43614
54	F	1HPFF	Family w/S	43614
32	F	1HPFF	Family w/S	43614
31	M	1HPFF	Family w/S	43614
57	F	1HPFF	Family	43614
53	F	1HPFF2	Family w/S	43614
58	F	2HPFF	Family	43614
39	F	2HPFF	Family w/S	43614
50	F	2HPFF	Family	43614
34	F	2HPFF	Family w/S	43614
48	F	2HPFF	Family	43614
48	F	2HPFF	Family	43614
34	F	2HPFF	Family w/S	43614
60	M	2HPFF2	Family w/S	43614
57	F	2HPFF2	Family w/S	43614
29	F	2TFFB	Family	43614
60	M	5LCHP2	Family w/S	43614
57	M	LCHP	Family	43614
64	F	LCHP	Single	43614
57	F	LCHP	Family	43614
51	M	LCHP	Single	43614
43	F	LCHP	Family	43614
55	F	LCHP	Family w/S	43614
54	F	LCHP	Family	43614
53	M	LCHP	Single	43614
43	M	LCHP	Family w/S	43614
48	M	LCHP	Family w/S	43614
48	F	LCHP	Single	43614
46	F	LCHP	Family	43614
51	F	LCHP	Single	43614
46	F	LCHP	Family	43614

47 F	LCHP	Family	43614
43 F	LCHP	Family w/S	43614
52 F	LCHP	Single	43614
55 F	LCHP	Family	43614
72 F	LCHP	Single	43614
58 F	LCHP	Single	43614
48 F	LCHP	Single	43614
64 F	LCHP	Single	43614
55 F	LCHP	Single	43614
57 M	LCHP	Single	43614
47 M	LCHP	Family	43614
46 M	LCHP	Family	43614
41 F	LCHP	Single	43614
53 M	LCHP	Family	43614
62 F	LCHP	Family	43614
39 M	LCHP	Single	43614
45 M	LCHP	Family w/S	43614
40 F	LCHP	Family	43614
39 F	LCHP	Family	43614
42 F	LCHP	Family w/S	43614
53 M	LCHP	Family	43614
53 F	LCHP	Single	43614
62 F	LCHP	Family w/S	43614
62 M	LCHP	Family	43614
45 F	LCHP	Single	43614
52 F	LCHP	Family	43614
55 F	LCHP	Single	43614
62 F	LCHP	Single	43614
43 F	LCHP	Family w/S	43614
52 F	LCHP	Single	43614
37 M	LCHP	Family	43614
34 M	LCHP	Family	43614
56 F	LCHP	Single	43614
50 F	LCHP	Single	43614
52 F	LCHP	Single	43614
67 F	LCHP	Single	43614
61 F	LCHP	Single	43614
33 F	LCHP	Family w/S	43614
54 M	LCHP	Single	43614
38 F	LCHP	Family	43614
48 M	LCHP	Family	43614
68 F	LCHP	Single	43614
44 M	LCHP	Family w/S	43614
36 M	LCHP	Family	43614
42 F	LCHP	Family w/S	43614
33 F	LCHP	Single	43614
67 F	LCHP	Single	43614
35 F	LCHP	Family w/S	43614
29 F	LCHP	Family	43614
62 F	LCHP	Family w/S	43614
58 M	LCHP	Family	43614
40 F	LCHP	Family	43614

57 F	LCHP	Single	43614
62 M	LCHP	Family	43614
55 F	LCHP	Family	43614
47 F	LCHP	Family	43614
53 F	LCHP	Family	43614
30 F	LCHP	Family	43614
47 F	LCHP	Family	43614
69 M	LCHP	Single	43614
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51 F	LCHP	Single	43614
54 F	LCHP	Family	43614
33 F	LCHP	Family	43614
50 M	LCHP	Family	43614
31 F	LCHP	Family	43614
47 M	LCHP	Family	43614
38 M	LCHP	Family w/S	43614
63 F	LCHP	Single	43614
27 F	LCHP	Single	43614
29 F	LCHP	Family w/S	43614
39 F	LCHP	Single	43614
58 M	LCHP	Single	43614
58 M	LCHP	Family	43614
42 M	LCHP	Family	43614
58 F	LCHP	Single	43614
49 M	LCHP	Family	43614
52 F	LCHP	Family w/S	43614
44 F	LCHP	Family	43614
42 F	LCHP	Family	43614
62 F	LCHP	Single	43614
36 M	LCHP	Family	43614
53 F	LCHP	Family	43614
29 F	LCHP	Single	43614
25 M	LCHP	Family w/S	43614
32 F	LCHP	Family	43614
28 F	LCHP	Single	43614
35 F	LCHP	Single	43614
49 F	LCHP	Family	43614
28 M	LCHP	Single	43614
44 M	LCHP	Family w/S	43614
31 F	LCHP	Single	43614
47 F	LCHP	Family	43614
53 M	LCHP	Family w/S	43614
55 M	LCHP	Single	43614
53 M	LCHP	Family	43614
29 F	LCHP	Single	43614
28 M	LCHP	Single	43614
25 M	LCHP	Family w/S	43614
27 F	LCHP	Single	43614
33 M	LCHP	Family w/S	43614
31 F	LCHP	Single	43614
47 F	LCHP	Family w/S	43614
68 F	LCHP	Single	43614

53 M	LCHP	Family	43614
50 F	LCHP	Family	43614
24 M	LCHP	Single	43614
50 M	LCHP	Family	43614
51 F	LCHP	Single	43614
23 F	LCHP	Single	43614
24 F	LCHP	Single	43614
33 F	LCHP	Family	43614
52 M	LCHP	Family w/S	43614
55 F	LCHP	Single	43614
55 M	LCHP	Family	43614
51 F	LCHP2	Family w/S	43614
45 F	LCHP2	Family w/S	43614
42 M	LCHP2	Family w/S	43614
66 M	LCHP2	Family w/S	43614
59 M	LCHP2	Family w/S	43614
53 M	LCHP2	Family w/S	43614
58 M	LCHP2	Family w/S	43614
51 M	LCHP2	Family w/S	43614
35 F	LCHP2	Family w/S	43614
53 M	LCHP2	Family w/S	43614
54 M	LCHP2	Family w/S	43614
83 M	LCHP2	Family w/S	43614
48 F	1HPF	Family	43615
54 F	1HPFF	Family w/S	43615
44 F	1HPFF	Family	43615
43 F	1HPFF	Family	43615
41 F	1HPFF	Family	43615
37 F	1HPFF	Family	43615
34 F	1HPFF	Family	43615
36 F	1HPFF	Family	43615
45 F	1HPFF	Family	43615
38 F	1HPFF	Family	43615
40 F	2HPFF	Family	43615
44 F	2HPFF	Family w/S	43615
34 F	2HPFF	Family w/S	43615
38 F	2HPFF	Family	43615
47 F	2HPFF	Family w/S	43615
37 F	2HPFF	Family	43615
41 F	2HPFF	Family	43615
41 F	2HPFF	Family	43615
37 F	2HPFF	Family	43615
49 F	2HPFF	Family	43615
51 F	5LCHP	Single	43615
50 M	LCHP	Family	43615
52 M	LCHP	Family	43615
63 F	LCHP	Single	43615
60 F	LCHP	Single	43615
54 F	LCHP	Single	43615
58 M	LCHP	Family	43615
55 F	LCHP	Single	43615
45 M	LCHP	Family	43615

55 F	LCHP	Single	43615
58 F	LCHP	Single	43615
67 F	LCHP	Single	43615
49 F	LCHP	Single	43615
54 M	LCHP	Single	43615
45 F	LCHP	Family	43615
49 F	LCHP	Single	43615
45 F	LCHP	Single	43615
49 F	LCHP	Family	43615
70 F	LCHP	Family w/S	43615
55 F	LCHP	Family	43615
51 F	LCHP	Single	43615
52 F	LCHP	Single	43615
58 F	LCHP	Single	43615
45 F	LCHP	Family	43615
68 F	LCHP	Single	43615
63 F	LCHP	Single	43615
59 F	LCHP	Family	43615
58 F	LCHP	Single	43615
41 F	LCHP	Family	43615
34 F	LCHP	Single	43615
51 M	LCHP	Single	43615
40 M	LCHP	Family w/S	43615
49 F	LCHP	Family	43615
65 F	LCHP	Single	43615
41 F	LCHP	Single	43615
51 F	LCHP	Family	43615
65 F	LCHP	Single	43615
59 M	LCHP	Single	43615
38 F	LCHP	Family	43615
40 M	LCHP	Family	43615
52 F	LCHP	Single	43615
52 F	LCHP	Single	43615
44 F	LCHP	Single	43615
58 F	LCHP	Family	43615
52 F	LCHP	Single	43615
50 F	LCHP	Family w/S	43615
44 F	LCHP	Family	43615
47 M	LCHP	Family	43615
52 F	LCHP	Family	43615
55 F	LCHP	Family	43615
35 M	LCHP	Single	43615
53 F	LCHP	Single	43615
38 F	LCHP	Single	43615
37 M	LCHP	Family	43615
50 F	LCHP	Family	43615
56 F	LCHP	Family	43615
65 F	LCHP	Family w/S	43615
61 M	LCHP	Single	43615
56 F	LCHP	Family	43615
45 F	LCHP	Family	43615
59 M	LCHP	Single	43615

48 M	LCHP	Family w/S	43615
36 F	LCHP	Family	43615
40 F	LCHP	Family	43615
55 F	LCHP	Family w/S	43615
32 F	LCHP	Family w/S	43615
53 M	LCHP	Single	43615
34 F	LCHP	Single	43615
40 M	LCHP	Family	43615
44 F	LCHP	Single	43615
51 F	LCHP	Single	43615
38 M	LCHP	Family	43615
36 F	LCHP	Family	43615
40 F	LCHP	Family w/S	43615
31 F	LCHP	Single	43615
51 F	LCHP	Single	43615
31 F	LCHP	Single	43615
29 M	LCHP	Family	43615
59 F	LCHP	Single	43615
36 F	LCHP	Family	43615
31 M	LCHP	Single	43615
44 F	LCHP	Family w/S	43615
32 F	LCHP	Family w/S	43615
30 M	LCHP	Family	43615
29 M	LCHP	Family w/S	43615
49 F	LCHP	Single	43615
66 M	LCHP	Single	43615
53 F	LCHP	Single	43615
33 M	LCHP	Single	43615
62 F	LCHP	Single	43615
57 F	LCHP	Single	43615
57 M	LCHP	Family w/S	43615
56 M	LCHP	Family	43615
47 F	LCHP	Family	43615
45 F	LCHP	Family w/S	43615
31 F	LCHP	Family	43615
28 M	LCHP	Family	43615
35 M	LCHP	Family	43615
54 F	LCHP	Single	43615
59 M	LCHP	Single	43615
31 F	LCHP	Family w/S	43615
46 F	LCHP	Family	43615
62 F	LCHP	Family	43615
45 M	LCHP	Family	43615
26 F	LCHP	Family	43615
47 M	LCHP	Single	43615
34 F	LCHP	Family	43615
44 F	LCHP	Family	43615
39 M	LCHP	Family	43615
57 F	LCHP	Single	43615
44 F	LCHP	Family	43615
44 M	LCHP	Family	43615
26 F	LCHP	Family w/S	43615

25 M	LCHP	Single	43615
56 M	LCHP	Single	43615
58 F	LCHP	Single	43615
50 F	LCHP	Single	43615
26 F	LCHP	Family	43615
42 M	LCHP	Family	43615
29 F	LCHP	Single	43615
55 F	LCHP	Single	43615
54 F	LCHP	Single	43615
54 F	LCHP	Single	43615
49 M	LCHP	Family	43615
49 F	LCHP2	Family w/S	43615
35 M	LCHP2	Family w/S	43615
36 M	LCHP2	Family w/S	43615
57 M	LCHP2	Family w/S	43615
40 F	1HPFF	Family w/S	43616
38 F	1HPFF2	Family w/S	43616
61 F	2HPFF	Family	43616
47 M	2HPFF	Family w/S	43616
50 F	2HPFF	Family	43616
41 F	2HPFF	Family	43616
54 F	2HPFF	Family	43616
62 F	LCHP	Single	43616
60 M	LCHP	Family	43616
54 F	LCHP	Family	43616
50 M	LCHP	Family w/S	43616
53 F	LCHP	Single	43616
59 F	LCHP	Family	43616
43 F	LCHP	Family	43616
44 M	LCHP	Family	43616
58 F	LCHP	Family	43616
60 F	LCHP	Single	43616
61 F	LCHP	Single	43616
55 M	LCHP	Family	43616
57 F	LCHP	Family w/S	43616
61 F	LCHP	Family w/S	43616
54 M	LCHP	Family	43616
44 M	LCHP	Family	43616
53 F	LCHP	Family w/S	43616
40 F	LCHP	Family	43616
40 M	LCHP	Family	43616
48 M	LCHP	Family	43616
45 M	LCHP	Family w/S	43616
64 F	LCHP	Single	43616
61 F	LCHP	Single	43616
42 F	LCHP	Family w/S	43616
38 F	LCHP	Family	43616
40 F	LCHP	Single	43616
37 F	LCHP	Family	43616
48 M	LCHP	Family	43616
38 M	LCHP	Family	43616
48 F	LCHP	Single	43616

69 F	LCHP	Single	43616
50 F	LCHP	Family	43616
51 M	LCHP	Family	43616
33 F	LCHP	Family w/S	43616
46 F	LCHP	Family w/S	43616
35 M	LCHP	Family w/S	43616
67 F	LCHP	Family w/S	43616
43 F	LCHP	Family	43616
40 F	LCHP	Family w/S	43616
34 M	LCHP	Family	43616
30 F	LCHP	Family w/S	43616
38 M	LCHP	Family	43616
55 M	LCHP	Family	43616
52 F	LCHP	Family	43616
50 M	LCHP	Family w/S	43616
37 F	LCHP	Family	43616
50 M	LCHP	Single	43616
51 F	LCHP	Family	43616
74 F	LCHP	Single	43616
49 F	LCHP	Family	43616
55 M	LCHP	Family	43616
28 M	LCHP	Family	43616
49 M	LCHP	Family	43616
28 M	LCHP	Family	43616
28 M	LCHP	Single	43616
36 M	LCHP	Family	43616
59 F	LCHP	Family	43616
26 F	LCHP	Single	43616
42 M	LCHP	Family	43616
52 M	LCHP	Family	43616
28 M	LCHP	Single	43616
41 M	LCHP	Family	43616
61 M	LCHP	Single	43616
51 M	LCHP	Single	43616
26 M	LCHP	Single	43616
57 F	LCHP	Single	43616
53 M	LCHP	Single	43616
45 F	LCHP2	Family w/S	43616
49 F	LCHP2	Family w/S	43616
58 F	LCHP2	Family w/S	43616
63 F	2HPFF	Family	43617
56 F	2HPFF	Family	43617
54 F	LCHP	Family	43617
41 F	LCHP	Family w/S	43617
42 F	LCHP	Family	43617
51 F	LCHP	Family	43617
61 M	LCHP	Single	43617
50 F	LCHP	Family	43617
46 F	LCHP	Single	43617
27 M	LCHP	Family w/S	43617
42 F	LCHP	Family	43617
42 M	LCHP	Family	43617
43 F	LCHP	Single	43617

44 F	LCHP2	Family w/S	43617
58 F	LCHP2	Family w/S	43617
43 M	LCHP2	Family w/S	43617
70 M	LCHP2	Family w/S	43617
56 F	LCHP2	Family w/S	43617
45 F	LCHP2	Family w/S	43617
52 M	2HPFF	Family w/S	43618
40 M	LCHP	Family w/S	43618
34 F	LCHP	Family w/S	43618
60 F	LCHP	Family	43618
36 M	LCHP	Family w/S	43618
38 M	LCHP	Family	43618
65 M	LCHP2	Family w/S	43618
43 F	1HPFF	Family	43619
46 F	1HPFF2	Family w/S	43619
64 M	LCHP	Family	43619
59 F	LCHP	Single	43619
51 M	LCHP	Family	43619
64 M	LCHP	Single	43619
37 M	LCHP	Family	43619
54 M	LCHP	Family w/S	43619
50 F	LCHP	Family	43619
34 M	LCHP	Family	43619
30 F	LCHP	Single	43619
60 F	LCHP	Family	43619
59 M	LCHP	Family w/S	43619
60 F	LCHP	Single	43619
59 M	LCHP	Family	43619
57 M	LCHP	Family	43619
35 F	LCHP	Family	43619
54 F	1HPFF	Family	43620
52 F	1HPFF	Family w/S	43620
34 M	1HPFF	Family	43620
52 F	2HPFF	Family	43620
39 F	2HPFF2	Family w/S	43620
67 F	LCHP	Single	43620
52 F	LCHP	Single	43620
59 M	LCHP	Single	43620
55 M	LCHP	Single	43620
43 F	LCHP	Family w/S	43620
61 F	LCHP	Single	43620
37 F	LCHP	Family	43620
43 M	LCHP	Family	43620
58 M	LCHP	Single	43620
29 M	LCHP	Single	43620
52 M	LCHP	Single	43620
30 M	LCHP	Family	43620
32 M	LCHP	Family w/S	43620
43 M	LCHP	Family	43620
45 F	LCHP	Single	43620
63 M	LCHP	Single	43620
31 F	LCHP	Single	43620

32 F	LCHP	Single	43620
36 F	LCHP	Family	43620
22 F	LCHP	Single	43620
58 F	LCHP	Single	43620
51 F	1HPPF	Family	43623
55 F	1HPPF	Family	43623
28 M	1HPPF	Family w/S	43623
48 F	2HPPF	Family	43623
63 M	2HPPF	Family w/S	43623
33 F	2HPPF	Family w/S	43623
51 M	2TFPB	Family w/S	43623
62 F	5LCHPZ	Single	43623
48 M	LCHP	Family	43623
53 F	LCHP	Single	43623
59 F	LCHP	Single	43623
45 F	LCHP	Single	43623
47 M	LCHP	Family w/S	43623
61 M	LCHP	Single	43623
48 M	LCHP	Single	43623
72 F	LCHP	Family w/S	43623
42 F	LCHP	Family	43623
59 F	LCHP	Single	43623
58 F	LCHP	Single	43623
43 F	LCHP	Family	43623
59 F	LCHP	Family w/S	43623
42 M	LCHP	Family	43623
44 F	LCHP	Family	43623
49 M	LCHP	Family w/S	43623
40 M	LCHP	Family	43623
70 F	LCHP	Single	43623
40 M	LCHP	Single	43623
50 F	LCHP	Single	43623
40 F	LCHP	Family	43623
45 F	LCHP	Single	43623
50 M	LCHP	Family w/S	43623
44 F	LCHP	Family	43623
46 M	LCHP	Family	43623
52 M	LCHP	Family w/S	43623
47 M	LCHP	Family	43623
44 F	LCHP	Family	43623
63 F	LCHP	Single	43623
66 M	LCHP	Family	43623
54 F	LCHP	Single	43623
53 M	LCHP	Single	43623
43 F	LCHP	Family	43623
58 M	LCHP	Single	43623
38 M	LCHP	Family	43623
60 F	LCHP	Single	43623
56 F	LCHP	Family	43623
34 M	LCHP	Family	43623
59 F	LCHP	Single	43623
41 M	LCHP	Family	43623

29 M	LCHP	Family	43623
40 M	LCHP	Family	43623
50 M	LCHP	Family	43623
38 F	LCHP	Family	43623
49 M	LCHP	Family	43623
27 F	LCHP	Single	43623
28 M	LCHP	Family	43623
27 F	LCHP	Family	43623
62 F	LCHP	Single	43623
28 M	LCHP	Single	43623
28 F	LCHP	Single	43623
55 M	LCHP	Family	43623
35 M	LCHP	Single	43623
26 M	LCHP	Single	43623
41 F	LCHP	Single	43623
33 F	LCHP	Single	43623
33 M	LCHP	Single	43623
52 M	LCHP	Family	43623
31 F	LCHP	Family w/S	43623
42 M	LCHP	Single	43623
59 F	LCHP	Single	43623
64 F	LCHP2	Family w/S	43623
67 M	LCHP2	Family w/S	43623
59 F	LCHP2	Family w/S	43623
52 F	LCHP2	Family w/S	43623
53 F	LCHP	Single	43635
61 F	LCHP	Family w/S	43635
57 F	LCHP	Single	43635
62 M	LCHP	Single	43635
55 M	LCHP	Family	43650
57 F	LCHP	Family w/S	44830
43 F	LCHP	Family	44836
61 M	LCHP	Family	44870
39 F	LCHP	Family	44883
62 M	LCHP2	Family w/S	45817
25 F	1HPPFF	Family	45840
40 F	LCHP	Family	45840
51 F	LCHP	Single	45872
39 M	LCHP	Family	46317
26 M	LCHP	Family w/S	48131
24 F	LCHP	Single	48131
54 F	2HPPFF	Family	48133
43 F	2HPPFF2	Family w/S	48133
66 F	LCHP	Single	48133
48 F	LCHP	Single	48133
40 M	LCHP	Family w/S	48133
51 F	LCHP	Single	48140
41 F	LCHP	Family	48140
63 M	LCHP	Family	48140
51 F	LCHP	Family	48140
31 F	2HPPFF	Family	48144
30 F	2HPPFF	Family	48144

59 M	5LCHP2	Family w/S	48144
44 F	LCHP	Family	48144
48 M	LCHP	Family w/S	48144
66 F	LCHP	Family w/S	48144
56 M	LCHP	Family	48144
47 F	LCHP	Family	48144
50 F	LCHP	Family	48144
39 F	LCHP	Family w/S	48144
40 M	LCHP	Family	48144
63 F	LCHP	Family	48144
31 F	LCHP	Family	48144
38 F	LCHP	Family	48144
40 M	LCHP	Family w/S	48144
31 F	LCHP	Family	48144
44 M	LCHP	Family w/S	48144
43 M	5LCHP	Family	48145
56 F	LCHP	Family	48145
29 F	LCHP	Family	48145
63 F	2HPFF	Family	48176
53 F	1HPF	Family w/S	48182
51 F	1HPFF	Family	48182
47 F	1HPFF	Family	48182
50 F	2HPFF	Family	48182
43 F	2HPFF	Family	48182
62 F	2HPFF	Family	48182
53 F	2HPFF	Family	48182
46 F	2HPFF	Family	48182
29 F	2HPFF	Family	48182
55 F	2HPFF2	Family w/S	48182
46 M	LCHP	Family w/S	48182
63 F	LCHP	Family	48182
55 F	LCHP	Family	48182
58 F	LCHP	Family	48182
41 F	LCHP	Family	48182
42 M	LCHP	Family	48182
47 M	LCHP	Family	48182
55 F	LCHP	Family w/S	48182
53 M	LCHP	Family w/S	48182
33 M	LCHP	Family w/S	48182
57 F	LCHP	Family w/S	48182
40 F	LCHP	Family	48182
40 F	LCHP	Single	48182
53 M	LCHP	Single	48182
41 M	LCHP	Family w/S	48182
39 F	LCHP2	Family w/S	48182
57 F	LCHP2	Family w/S	48182
36 F	LCHP	Single	48183
52 M	LCHP	Family w/S	48183
32 F	LCHP	Single	48186
53 F	LCHP	Family w/S	48192
39 F	LCHP	Single	48195
58 F	LCHP	Family	49220

54 F	LCHP	Single	49221
31 F	LCHP	Family	49221
59 F	LCHP	Family	49221
48 F	1HPFF	Family	49228
50 M	LCHP2	Family w/S	49228
35 M	LCHP2	Family w/S	49228
46 F	LCHP	Family w/S	49230
33 F	1HPFF	Family	49247
59 F	LCHP	Single	49256
37 F	1HPFF	Family w/S	49267
46 F	LCHP	Family	49267
46 M	LCHP	Family w/S	49267
38 F	LCHP	Family	49267
55 M	LCHP	Family w/S	49267
57 F	LCHP	Single	49267
37 F	LCHP	Family	49267
54 F	LCHP	Family	49267
38 F	LCHP	Family	49267
51 F	2HPFF2	Family w/S	49270
62 F	LCHP	Family	49270
42 F	LCHP	Family w/S	49270
44 M	LCHP	Single	49270
35 M	LCHP	Single	49270
55 F	LCHP	Family	49270
35 M	LCHP	Family	49276

AGE	GENDER	DENTAL P COVERAGE	ZIP CODE
44 F		1DPFF Family	43402
42 F		2DPFF Family	43402
40 M		DENPPPO Family	43402
40 F		DENPPPO Family	43402
23 M		DENPPPO Single	43402
46 F		DENPPPO Family	43412
46 M		DENPPPO Family	43412
33 F		DENPPPO Family	43413
42 F		2DPFF Family	43414
38 M		1DPFF Family	43420
46 F		DENPPPO Family	43430
39 M		DENPPPO Family	43430
37 F		DENPPPO Family	43430
50 M		DENPPPO Family	43430
57 M		2DPFF Family	43431
27 F		DENPPPO Family	43443
48 F		2DPFF Family	43447
34 F		2DPFF Family	43447
60 F		DENPPPO Single	43447
55 F		DENPPPO Family	43447
40 M		DENPPPO Family	43447
50 F		DENPPPO Single	43449
48 F		DENPPPO Family	43450
35 F		DENPPPO Family	43460
44 M		DENPPPO Family	43460
41 F		1DPFF Family	43465
44 F		2DPFF Family	43465
47 F		DENPPPO Family	43465
45 M		DENPPPO Family	43465
33 F		DENPPPO Family	43465
57 F		DENPPPO Single	43465
70 F		DENPPPO Single	43466
55 M		DENPPPO Single	43466
45 M		2DPFF Family	43469
53 M		DENPPPO Single	43469
50 M		DENPPPO Family	43469
42 F		DENPPPO Family	43512
47 F		2DPFF Family	43515
48 F		2DPFF Family	43515
41 F		DENPPPO Family	43515
62 M		DENPPPO Family	43515
37 F		DENPPPO Family	43515
50 F		DENPPPO Family	43515
29 F		DENPPPO Family	43516
46 M		DENPPPO Family	43518
38 M		2DPFF Family	43522
45 F		DENPPPO Family	43522
39 F		DENPPPO Family	43522
43 M		DENPPPO Family	43522
45 M		DENPPPO Single	43522
51 M		1DPFF Family	43528

60 F	2DPFF	Family	43528
59 M	2DPFF	Family	43528
47 F	2DPFF	Family	43528
60 M	2DPFF	Family	43528
37 M	2DPFF	Family	43528
47 F	2DPFF	Family	43528
40 M	2DPFF	Family	43528
52 M	DENPP0	Single	43528
51 M	DENPP0	Family	43528
51 M	DENPP0	Family	43528
53 F	DENPP0	Single	43528
50 F	DENPP0	Family	43528
40 F	DENPP0	Family	43528
45 M	DENPP0	Family	43528
39 M	DENPP0	Family	43528
35 M	DENPP0	Family	43528
38 M	DENPP0	Family	43528
46 F	DENPP0	Family	43528
46 M	DENPP0	Family	43528
62 F	DENPP0	Single	43528
38 M	DENPP0	Family	43528
54 M	DENPP0	Single	43528
29 F	DENPP0	Family	43528
45 F	DENPP0	Family	43528
58 F	DENPP0	Single	43528
39 F	DENPP0	Family	43528
44 F	DENPP0	Family	43532
47 F	2DPFF	Family	43533
31 F	2DPFF	Family	43534
36 F	2DPFF	Family	43534
34 F	2DPFF	Family	43534
43 F	1DPFF	Family	43537
53 F	1DPFF	Family	43537
38 F	2DPFF	Family	43537
41 F	4DENPP	Family	43537
45 F	DENPP0	Family	43537
46 F	DENPP0	Family	43537
59 M	DENPP0	Family	43537
45 M	DENPP0	Family	43537
55 F	DENPP0	Family	43537
48 F	DENPP0	Family	43537
41 F	DENPP0	Family	43537
67 F	DENPP0	Single	43537
38 F	DENPP0	Family	43537
42 M	DENPP0	Family	43537
63 M	DENPP0	Family	43537
38 F	DENPP0	Family	43537
45 F	DENPP0	Single	43537
48 M	DENPP0	Family	43537
36 M	DENPP0	Single	43537
45 M	DENPP0	Family	43537
53 M	DENPP0	Family	43537

51 F	DENPP0	Single	43537
39 F	DENPP0	Family	43537
37 M	DENPP0	Family	43537
39 F	DENPP0	Single	43537
43 F	DENPP0	Single	43537
33 F	DENPP0	Family	43537
31 F	DENPP0	Family	43537
53 F	DENPP0	Single	43537
38 F	DENPP0	Single	43537
49 M	DENPP0	Family	43537
41 M	DENPP0	Family	43537
34 M	DENPP0	Family	43537
34 F	DENPP0	Single	43537
33 M	DENPP0	Family	43537
31 M	DENPP0	Family	43537
26 M	DENPP0	Single	43537
48 M	DENPP0	Family	43537
36 F	1DPFF	Family	43542
49 F	1DPFF	Family	43542
41 F	1DPFF	Family	43542
42 F	2DPFF	Family	43542
57 F	DENPP0	Single	43542
42 F	DENPP0	Family	43542
63 M	DENPP0	Family	43542
41 F	DENPP0	Family	43542
40 F	DENPP0	Single	43542
44 F	DENPP0	Family	43542
33 F	2DPFF	Family	43545
38 F	1DPFF	Family	43551
45 M	1DPFF	Family	43551
33 F	2DPFF	Family	43551
46 F	DENPP0	Family	43551
45 F	DENPP0	Family	43551
52 F	DENPP0	Single	43551
46 M	DENPP0	Family	43551
39 F	DENPP0	Family	43551
41 M	DENPP0	Family	43551
44 F	DENPP0	Single	43551
39 M	DENPP0	Family	43551
42 F	DENPP0	Family	43551
51 F	DENPP0	Single	43551
31 F	DENPP0	Family	43551
40 F	DENPP0	Family	43551
32 F	DENPP0	Family	43551
36 M	DENPP0	Family	43551
35 F	DENPP0	Family	43551
28 F	DENPP0	Family	43551
31 F	DENPP0	Single	43551
59 M	DENPP0	Family	43551
28 F	DENPP0	Family	43551
40 F	DENPP0	Family	43551
61 F	DENPP0	Single	43551

34 F	1DPFF	Family	43558
39 F	2DPFF	Family	43558
62 F	2DPFF	Family	43558
50 M	DENPPPO	Family	43558
57 F	DENPPPO	Family	43558
48 F	DENPPPO	Family	43558
43 F	DENPPPO	Family	43558
32 M	DENPPPO	Family	43558
53 F	DENPPPO	Family	43558
54 M	DENPPPO	Single	43558
50 F	1DPFF	Family	43560
39 F	2DPFF	Family	43560
40 F	2DPFF	Family	43560
33 F	2DPFF	Family	43560
41 F	2DPFF	Family	43560
49 F	2DPFF	Family	43560
39 F	2DPFF	Family	43560
62 M	DENPPPO	Family	43560
51 F	DENPPPO	Family	43560
42 M	DENPPPO	Family	43560
59 M	DENPPPO	Family	43560
43 F	DENPPPO	Family	43560
38 M	DENPPPO	Family	43560
42 F	DENPPPO	Family	43560
41 M	DENPPPO	Family	43560
49 F	DENPPPO	Family	43560
38 M	DENPPPO	Family	43560
46 F	DENPPPO	Family	43560
36 F	DENPPPO	Single	43560
36 M	DENPPPO	Family	43560
48 F	DENPPPO	Family	43560
35 F	DENPPPO	Single	43560
48 F	DENPPPO	Family	43560
31 F	DENPPPO	Single	43560
53 F	DENPPPO	Single	43560
27 F	DENPPPO	Family	43560
32 F	DENPPPO	Family	43560
41 F	DENPPPO	Family	43560
38 F	DENPPPO	Family	43560
28 M	DENPPPO	Single	43560
48 M	DENPPPO	Single	43560
46 M	2DPFF	Family	43566
45 F	2DPFF	Family	43566
37 F	2DPFF	Family	43566
49 F	2DPFF	Family	43566
55 M	DENPPPO	Family	43566
37 M	DENPPPO	Family	43566
48 M	DENPPPO	Family	43566
50 F	DENPPPO	Single	43566
31 F	DENPPPO	Family	43566
43 M	DENPPPO	Family	43566
40 M	DENPPPO	Family	43566

49 M	DENPP0	Single	43566
36 F	2DPFF	Family	43567
38 M	DENPP0	Family	43567
64 F	1DPFF	Family	43571
46 F	DENPP0	Single	43571
56 F	DENPP0	Family	43571
43 M	DENPP0	Family	43571
39 M	DENPP0	Family	43571
41 F	DENPP0	Family	43571
34 F	DENPP0	Family	43571
42 F	DENPP0	Single	43571
46 F	DENPP0	Family	43571
40 F	DENPP0	Family	43571
27 M	DENPP0	Family	43571
33 F	2DPFF	Family	43602
60 M	DENPP0	Single	43602
62 M	DENPP0	Family	43602
38 F	DENPP0	Family	43603
43 F	1DPFF	Family	43604
41 M	2DPFF	Family	43604
32 F	DENPP0	Single	43604
53 F	DENPP0	Family	43604
48 F	DENPP0	Family	43604
29 M	DENPP0	Family	43604
31 F	DENPP0	Single	43604
47 M	DENPP0	Family	43604
39 M	DENPP0	Family	43604
48 F	1DPFF	Family	43605
33 F	1DPFF	Family	43605
40 F	2DPFF	Family	43605
37 M	2DPFF	Family + D	43605
54 F	DENPP0	Family	43605
57 F	DENPP0	Single	43605
36 F	DENPP0	Family	43605
44 F	DENPP0	Family	43605
38 M	DENPP0	Single	43605
35 F	DENPP0	Family	43605
35 M	DENPP0	Family	43605
31 F	DENPP0	Family	43605
41 F	DENPP0	Family	43605
36 M	DENPP0	Family	43605
47 F	DENPP0	Family	43605
39 F	DENPP0	Family	43605
30 F	DENPP0	Family	43605
25 M	DENPP0	Single	43605
61 M	DENPP0	Family	43605
32 F	DENPP0	Single	43605
53 F	DENPP0	Single	43605
43 F	1DPFF	Family	43606
42 M	1DPFF	Family	43606
52 F	1DPFF	Family	43606
33 F	1DPFF	Family	43606

23 F	1DPFF	Family	43606
52 F	2DPFF	Family	43606
55 F	2DPFF	Family	43606
33 F	2DPFF	Family	43606
50 F	2DPFF	Family	43606
49 F	2DPFF	Family	43606
46 F	2DPFF	Family	43606
52 M	2DPFF	Family	43606
50 F	2DPFF	Family	43606
50 F	2DPFF	Family	43606
42 F	2DPFF	Family	43606
55 F	DENPP0	Family	43606
55 M	DENPP0	Family	43606
45 F	DENPP0	Family	43606
42 F	DENPP0	Family	43606
62 F	DENPP0	Single	43606
46 F	DENPP0	Single	43606
68 F	DENPP0	Family	43606
48 M	DENPP0	Family	43606
59 F	DENPP0	Single	43606
42 F	DENPP0	Family	43606
45 F	DENPP0	Family	43606
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52 M	DENPP0	Family	43606
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36 F	DENPP0	Single	43606
62 F	DENPP0	Family	43606
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36 M	DENPP0	Family	43606
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38 F	DENPP0	Single	43606
72 F	DENPP0	Single	43606
47 F	DENPP0	Single	43606
42 M	DENPP0	Family	43606
37 F	DENPP0	Family	43606
29 M	DENPP0	Family	43606
35 F	DENPP0	Single	43606
30 F	DENPP0	Single	43606
52 M	DENPP0	Family	43606
52 F	DENPP0	Family	43606
36 F	DENPP0	Family	43606
29 M	DENPP0	Family	43606
29 F	DENPP0	Family	43606
33 M	DENPP0	Family	43606
60 M	DENPP0	Family	43606
37 F	DENPP0	Family	43606
52 F	DENPP0	Single	43606
49 F	DENPP0	Family	43606
27 F	DENPP0	Family	43606
44 F	DENPP0	Family	43606
24 M	DENPP0	Single	43606
32 F	DENPP0	Family	43606

55 F	DENPPO	Single	43606
24 M	DENPPO	Single	43606
51 M	DENPPO	Single	43606
47 F	DENPPO	Single	43606
39 F	1DPFF	Family	43607
34 F	1DPFF	Family	43607
49 M	1DPFF	Family	43607
48 F	2DPFF	Family	43607
55 F	2DPFF	Family	43607
49 F	2DPFF	Family	43607
60 M	2DPFF	Family	43607
43 F	2DPFF	Family	43607
35 F	2DPFF	Family	43607
44 F	2DPFF	Family	43607
60 F	2DPFF	Family	43607
58 F	2DPFF	Family	43607
50 F	DENPPO	Family	43607
60 F	DENPPO	Single	43607
52 F	DENPPO	Single	43607
54 F	DENPPO	Family	43607
48 M	DENPPO	Family	43607
48 M	DENPPO	Family	43607
46 F	DENPPO	Family	43607
56 F	DENPPO	Single	43607
60 F	DENPPO	Family	43607
44 F	DENPPO	Family	43607
44 F	DENPPO	Family	43607
43 M	DENPPO	Single	43607
47 F	DENPPO	Single	43607
47 M	DENPPO	Single	43607
51 F	DENPPO	Single	43607
55 F	DENPPO	Family	43607
51 M	DENPPO	Family	43607
63 F	DENPPO	Single	43607
39 F	DENPPO	Family	43607
38 M	DENPPO	Family	43607
36 F	DENPPO	Family	43607
45 F	DENPPO	Single	43607
34 F	DENPPO	Family	43607
43 F	DENPPO	Single	43607
40 M	DENPPO	Single	43607
47 M	DENPPO	Family	43607
40 F	DENPPO	Family	43607
45 F	DENPPO	Family	43607
41 M	DENPPO	Family	43607
32 F	DENPPO	Single	43607
53 F	DENPPO	Single	43607
52 F	DENPPO	Single	43607
40 F	DENPPO	Family	43607
31 F	DENPPO	Family	43607
61 F	DENPPO	Single	43607
36 F	DENPPO	Family	43607

64 F	DENPO	Single	43607
32 F	DENPO	Family	43607
33 F	DENPO	Single	43607
41 F	DENPO	Family	43607
27 F	DENPO	Family	43607
53 F	DENPO	Single	43607
27 F	DENPO	Family	43607
46 M	DENPO	Family	43607
30 F	DENPO	Family	43607
51 F	DENPO	Single	43607
28 F	DENPO	Single	43607
30 F	DENPO	Family	43607
53 F	DENPO	Family	43607
45 F	1DPFF	Family	43608
48 F	1DPFF	Family	43608
39 F	1DPFF	Family	43608
48 F	2DPFF	Family	43608
57 F	2DPFF	Family	43608
33 F	2DPFF	Family	43608
55 F	DENPO	Family	43608
51 F	DENPO	Single	43608
52 F	DENPO	Family	43608
44 F	DENPO	Family	43608
45 F	DENPO	Family	43608
40 M	DENPO	Family	43608
46 F	DENPO	Single	43608
48 M	DENPO	Family	43608
42 F	DENPO	Single	43608
27 F	DENPO	Family	43608
43 F	DENPO	Family	43608
51 F	DENPO	Single	43608
39 M	DENPO	Family	43608
37 M	DENPO	Family	43608
51 F	DENPO	Single	43608
27 F	DENPO	Family	43608
27 F	DENPO	Single	43608
32 F	1DENPP	Family	43609
46 F	1DPFF	Family	43609
38 F	1DPFF	Family	43609
46 F	2DPFF	Family	43609
39 F	2DPFF	Family	43609
41 F	2DPFF	Family	43609
31 F	2DPFF	Family	43609
30 F	2DPFF	Family	43609
48 F	2DPFF	Family	43609
47 F	2DPFF	Family	43609
44 F	2DPFF	Family	43609
38 M	2DPFF	Family	43609
51 M	DENPO	Family	43609
59 M	DENPO	Single	43609
63 F	DENPO	Single	43609
49 M	DENPO	Single	43609

44 F	DENPO	Single	43609
47 M	DENPO	Family	43609
42 F	DENPO	Family	43609
42 F	DENPO	Family	43609
45 M	DENPO	Family	43609
55 F	DENPO	Single	43609
32 F	DENPO	Family	43609
32 F	DENPO	Single	43609
52 F	DENPO	Family	43609
48 F	DENPO	Single	43609
30 F	DENPO	Family	43609
59 F	DENPO	Single	43609
29 F	DENPO	Single	43609
31 F	DENPO	Single	43609
33 F	1DPFF	Family	43610
38 F	2DPFF	Family	43610
54 F	2DPFF	Family	43610
38 F	2DPFF	Family	43610
39 F	2DPFF	Family	43610
43 F	DENPO	Family	43610
46 F	DENPO	Single	43610
45 M	DENPO	Family	43610
44 M	DENPO	Family	43610
39 F	DENPO	Family	43610
36 F	DENPO	Family	43610
54 F	DENPO	Family	43610
56 F	1DPFF	Family	43611
47 F	2DPFF	Family	43611
59 M	2DPFF	Family	43611
45 F	2DPFF	Family	43611
35 F	2DPFF	Family	43611
29 F	2DPFF	Family	43611
60 F	DENPO	Single	43611
50 F	DENPO	Family	43611
62 F	DENPO	Family	43611
66 F	DENPO	Single	43611
43 M	DENPO	Family	43611
53 M	DENPO	Single	43611
38 F	DENPO	Family	43611
37 M	DENPO	Family	43611
42 F	DENPO	Family	43611
47 F	DENPO	Family	43611
35 M	DENPO	Single	43611
40 F	DENPO	Family	43611
42 F	DENPO	Family	43611
59 F	DENPO	Single	43611
53 F	DENPO	Single	43611
50 F	DENPO	Family	43611
49 F	DENPO	Family	43611
51 F	DENPO	Single	43611
50 F	DENPO	Family	43611
42 F	DENPO	Family	43611

37 F	DENPP0	Family	43611
36 M	DENPP0	Family	43611
50 F	DENPP0	Family	43611
24 M	DENPP0	Single	43611
59 F	DENPP0	Family	43611
47 F	DENPP0	Family	43611
56 M	DENPP0	Family	43611
55 F	DENPP0	Single	43611
43 F	DENPP0	Family	43611
51 F	1DPFF	Family	43612
38 F	1DPFF	Family	43612
38 F	1DPFF	Family	43612
34 F	1DPFF	Family	43612
30 F	1DPFF	Family	43612
43 F	1DPFF	Family	43612
45 M	1DPFF	Family	43612
40 F	1DPFF	Family	43612
51 M	2DPFF	Family	43612
42 F	2DPFF	Family	43612
50 F	2DPFF	Family	43612
47 M	2DPFF	Family	43612
54 F	2DPFF	Family	43612
36 F	2DPFF	Family	43612
60 F	2DPFF	Family	43612
59 M	2DPFF	Family	43612
42 F	2DPFF	Family	43612
28 F	2DPFF	Family	43612
41 M	2DPFF	Family	43612
26 F	2DPFF	Family	43612
28 F	2DPFF	Family	43612
33 F	2DPFF	Family + D	43612
48 F	DENPP0	Family	43612
36 F	DENPP0	Family	43612
52 F	DENPP0	Family	43612
44 F	DENPP0	Single	43612
39 M	DENPP0	Family	43612
60 F	DENPP0	Single	43612
31 F	DENPP0	Single	43612
39 F	DENPP0	Family	43612
49 F	DENPP0	Family	43612
46 F	DENPP0	Family	43612
70 F	DENPP0	Single	43612
55 M	DENPP0	Family	43612
43 F	DENPP0	Single	43612
37 F	DENPP0	Family	43612
43 M	DENPP0	Family	43612
64 F	DENPP0	Single	43612
47 F	DENPP0	Family	43612
34 F	DENPP0	Family	43612
37 F	DENPP0	Family	43612
33 F	DENPP0	Family	43612
38 M	DENPP0	Family	43612

67 F	DENPP0	Single	43612
48 F	DENPP0	Single	43612
31 F	DENPP0	Single	43612
52 F	DENPP0	Single	43612
28 F	DENPP0	Family	43612
35 F	DENPP0	Family	43612
28 F	DENPP0	Family	43612
37 F	DENPP0	Family	43612
42 F	DENPP0	Single	43612
35 M	DENPP0	Family	43612
32 F	DENPP0	Family	43612
30 F	DENPP0	Family	43612
35 M	DENPP0	Family	43612
30 M	DENPP0	Family	43612
62 F	DENPP0	Single	43612
27 F	DENPP0	Single	43612
27 F	DENPP0	Single	43612
27 M	DENPP0	Single	43612
48 M	DENPP0	Family	43612
34 F	DENPP0	Family	43612
38 F	DENPP0	Family	43612
39 F	DENPP0	Family	43612
28 M	DENPP0	Family	43612
25 F	DENPP0	Single	43612
24 F	DENPP0	Single	43612
37 F	DENPP0	Single	43612
44 M	DENPP0	Family	43612
45 F	DENPP0	Single	43612
30 M	DENPP0	Family	43612
49 F	DENPP0	Family	43612
38 F	DENPP0	Single	43612
38 F	1DPFF	Family	43613
36 F	1DPFF	Family	43613
43 F	1DPFF	Family	43613
33 M	1DPFF	Family	43613
33 F	1DPFF	Family	43613
28 F	1DPFF	Family	43613
41 F	2DPFF	Family	43613
32 F	2DPFF	Family	43613
51 F	2DPFF	Family	43613
34 F	2DPFF	Family	43613
45 F	2DPFF	Family	43613
28 F	2DPFF	Family	43613
41 M	2DPFF	Family	43613
60 F	DENPP0	Single	43613
51 F	DENPP0	Single	43613
58 F	DENPP0	Family	43613
43 F	DENPP0	Family	43613
56 F	DENPP0	Family	43613
47 F	DENPP0	Single	43613
56 F	DENPP0	Single	43613
42 M	DENPP0	Family	43613
41 M	DENPP0	Family	43613
48 M	DENPP0	Single	43613

65 F	DENPP0	Single	43613
40 F	DENPP0	Family	43613
52 F	DENPP0	Family	43613
50 F	DENPP0	Family	43613
45 F	DENPP0	Family	43613
60 F	DENPP0	Single	43613
37 M	DENPP0	Family	43613
35 M	DENPP0	Family	43613
47 F	DENPP0	Family	43613
35 F	DENPP0	Single	43613
52 M	DENPP0	Family	43613
58 F	DENPP0	Single	43613
41 F	DENPP0	Family	43613
50 F	DENPP0	Family	43613
60 M	DENPP0	Family	43613
41 F	DENPP0	Family	43613
47 M	DENPP0	Family	43613
33 F	DENPP0	Family	43613
56 M	DENPP0	Single	43613
30 F	DENPP0	Single	43613
35 F	DENPP0	Family	43613
31 F	DENPP0	Single	43613
48 F	DENPP0	Family	43613
39 F	DENPP0	Family	43613
26 F	DENPP0	Family	43613
27 F	DENPP0	Family	43613
25 F	DENPP0	Single	43613
36 F	DENPP0	Family	43613
23 F	DENPP0	Single	43613
32 F	DENPP0	Single	43613
57 F	DENPP0	Single	43613
37 M	1DPFF	Family	43614
31 M	1DPFF	Family	43614
43 F	2DPFF	Family	43614
53 F	2DPFF	Family	43614
55 F	2DPFF	Family	43614
57 F	2DPFF	Family	43614
50 F	2DPFF	Family	43614
42 F	2DPFF	Family	43614
48 F	2DPFF	Family	43614
48 F	2DPFF	Family	43614
34 F	2DPFF	Family	43614
46 F	2DPFF	Family	43614
48 M	DENPP0	Single	43614
64 F	DENPP0	Single	43614
74 F	DENPP0	Family	43614
57 F	DENPP0	Family	43614
46 F	DENPP0	Family	43614
43 F	DENPP0	Family	43614
48 F	DENPP0	Single	43614
47 F	DENPP0	Family	43614
53 M	DENPP0	Single	43614

45 F	DENPP0	Family	43614
42 F	DENPP0	Family	43614
42 M	DENPP0	Family	43614
40 F	DENPP0	Family	43614
53 M	DENPP0	Family	43614
62 F	DENPP0	Single	43614
52 F	DENPP0	Family	43614
37 M	DENPP0	Family	43614
34 F	DENPP0	Family	43614
62 M	DENPP0	Family	43614
44 M	DENPP0	Family	43614
63 M	DENPP0	Family	43614
46 M	DENPP0	Family	43614
54 M	DENPP0	Family	43614
64 M	DENPP0	Family	43614
33 M	DENPP0	Family	43614
38 F	DENPP0	Family	43614
59 M	DENPP0	Family	43614
51 F	DENPP0	Single	43614
49 M	DENPP0	Family	43614
30 F	DENPP0	Family	43614
30 M	DENPP0	Family	43614
32 F	DENPP0	Single	43614
27 F	DENPP0	Single	43614
42 M	DENPP0	Family	43614
58 F	DENPP0	Single	43614
40 F	DENPP0	Family	43614
44 F	DENPP0	Family	43614
32 F	DENPP0	Family	43614
32 M	DENPP0	Family	43614
34 F	DENPP0	Single	43614
29 F	DENPP0	Single	43614
35 F	DENPP0	Single	43614
40 F	DENPP0	Family	43614
55 F	DENPP0	Family	43614
55 M	DENPP0	Single	43614
39 F	DENPP0	Family	43614
33 M	DENPP0	Family	43614
34 F	DENPP0	Family	43614
54 M	DENPP0	Family	43614
24 M	DENPP0	Single	43614
23 F	DENPP0	Single	43614
62 F	DENPP0	Family	43614
44 F	1DPFF	Family	43615
43 F	1DPFF	Family	43615
44 M	1DPFF	Family	43615
42 F	1DPFF	Family	43615
40 F	1DPFF	Family	43615
37 F	1DPFF	Family	43615
34 F	1DPFF	Family	43615
46 F	1DPFF	Family	43615
27 F	1DPFF	Family	43615

42 F	2DPDFF	Family + D	43615
46 M	2DPFF	Family	43615
44 F	2DPFF	Family	43615
35 F	2DPFF	Family	43615
39 F	2DPFF	Family	43615
41 F	2DPFF	Family	43615
54 F	DENPP0	Single	43615
45 M	DENPP0	Family	43615
39 F	DENPP0	Family	43615
45 F	DENPP0	Single	43615
46 F	DENPP0	Family	43615
49 F	DENPP0	Family	43615
55 F	DENPP0	Family	43615
58 F	DENPP0	Single	43615
58 F	DENPP0	Single	43615
52 M	DENPP0	Single	43615
39 F	DENPP0	Family	43615
40 M	DENPP0	Family	43615
37 F	DENPP0	Family	43615
36 F	DENPP0	Family	43615
39 F	DENPP0	Family	43615
35 M	DENPP0	Family	43615
44 F	DENPP0	Family	43615
36 F	DENPP0	Family	43615
55 F	DENPP0	Family	43615
36 F	DENPP0	Family	43615
46 F	DENPP0	Family	43615
38 F	DENPP0	Single	43615
37 M	DENPP0	Family	43615
43 M	DENPP0	Single	43615
44 F	DENPP0	Single	43615
51 F	DENPP0	Single	43615
40 F	DENPP0	Family	43615
51 F	DENPP0	Single	43615
29 M	DENPP0	Family	43615
36 F	DENPP0	Family	43615
62 F	DENPP0	Single	43615
26 F	DENPP0	Single	43615
43 F	DENPP0	Family	43615
31 F	DENPP0	Family	43615
31 F	DENPP0	Family	43615
46 F	DENPP0	Family	43615
29 F	DENPP0	Family	43615
53 M	DENPP0	Single	43615
36 F	DENPP0	Family	43615
34 F	DENPP0	Family	43615
44 F	DENPP0	Family	43615
39 M	DENPP0	Family	43615
57 F	DENPP0	Single	43615
44 M	DENPP0	Family	43615
36 M	DENPP0	Family	43615
58 F	DENPP0	Single	43615

42 M	DENPO	Family	43615
29 F	DENPO	Single	43615
55 F	DENPO	Single	43615
42 F	2DPFF	Family	43616
44 F	2DPFF	Family	43616
49 M	DENPO	Family	43616
60 M	DENPO	Family	43616
50 M	DENPO	Family	43616
42 F	DENPO	Family	43616
44 M	DENPO	Family	43616
57 F	DENPO	Family	43616
48 M	DENPO	Family	43616
61 F	DENPO	Single	43616
49 M	DENPO	Family	43616
45 M	DENPO	Family	43616
61 F	DENPO	Single	43616
42 F	DENPO	Family	43616
36 M	DENPO	Family	43616
48 M	DENPO	Family	43616
50 F	DENPO	Single	43616
33 F	DENPO	Family	43616
43 F	DENPO	Family	43616
44 M	DENPO	Single	43616
37 F	DENPO	Family	43616
36 M	DENPO	Family	43616
42 M	DENPO	Family	43616
36 M	DENPO	Single	43616
33 F	DENPO	Family	43616
29 M	DENPO	Single	43616
52 M	DENPO	Family	43616
57 M	DENPO	Family	43616
44 F	1DPFF	Family	43617
40 F	2DPFF	Family	43617
56 F	2DPFF	Family	43617
42 F	DENPO	Family	43617
63 M	DENPO	Family	43617
54 M	DENPO	Family	43617
41 F	DENPO	Family	43617
48 M	DENPO	Family	43617
52 M	2DPFF	Family	43618
33 F	DENPO	Family	43618
35 F	1DPFF	Family	43619
51 M	DENPO	Family	43619
55 M	DENPO	Family	43619
40 F	DENPO	Family	43619
34 M	1DPFF	Family	43620
41 F	2DPFF	Family	43620
52 F	2DPFF	Family	43620
43 F	DENPO	Family	43620
51 F	DENPO	Family	43620
37 F	DENPO	Family	43620
37 F	DENPO	Family	43620

43 M	DENPPO	Family	43620
29 M	DENPPO	Single	43620
43 M	DENPPO	Family	43620
63 M	DENPPO	Single	43620
31 F	DENPPO	Single	43620
28 M	1DPFF	Family	43623
48 F	2DPFF	Family	43623
63 M	2DPFF	Family	43623
33 F	2DPFF	Family	43623
59 F	DENPPO	Single	43623
61 M	DENPPO	Family	43623
42 M	DENPPO	Family	43623
46 M	DENPPO	Family	43623
38 F	DENPPO	Family	43623
66 M	DENPPO	Family	43623
60 F	DENPPO	Single	43623
34 M	DENPPO	Family	43623
41 M	DENPPO	Family	43623
35 F	DENPPO	Family	43623
40 M	DENPPO	Family	43623
32 F	DENPPO	Family	43623
27 F	DENPPO	Family	43623
27 F	DENPPO	Family	43623
41 F	DENPPO	Single	43623
61 F	DENPPO	Family	43623
31 F	DENPPO	Family	43623
59 F	DENPPO	Single	43623
38 F	DENPPO	Family	43650
53 M	DENPPO	Single	43697
50 F	DENPPO	Single	44811
43 F	DENPPO	Family	44836
33 F	1DPFF	Family	44839
39 F	DENPPO	Family	44883
25 F	1DPFF	Family	45840
40 F	DENPPO	Family	45840
41 F	2DPFF	Family	45858
37 F	1DPFF	Family	45872
30 F	DENPPO	Family	48117
24 F	DENPPO	Single	48131
43 F	2DPFF	Family	48133
42 M	DENPPO	Family	48133
66 F	DENPPO	Single	48133
40 M	DENPPO	Family	48133
40 F	2DPFF	Family	48144
66 F	DENPPO	Family	48144
47 F	DENPPO	Family	48144
40 F	DENPPO	Family	48144
61 F	DENPPO	Single	48144
40 M	DENPPO	Family	48144
29 F	DENPPO	Family	48145
34 F	2DPFF	Family	48162
47 F	1DPFF	Family	48182

43 F	2DPFF	Family	48182
36 F	2DPFF	Family	48182
39 M	2DPFF	Family	48182
63 F	DENPO	Family	48182
41 F	DENPO	Family	48182
47 M	DENPO	Family	48182
39 F	DENPO	Family	48182
33 M	DENPO	Family	48182
50 M	DENPO	Family	48182
40 F	DENPO	Single	48182
36 F	DENPO	Single	48183
32 F	DENPO	Single	48186
39 F	DENPO	Single	48195
54 F	DENPO	Single	49221
38 F	DENPO	Family	49221
31 F	DENPO	Family	49221
46 F	DENPO	Family	49230
37 F	1DPFF	Family	49267
42 F	DENPO	Family	49267
46 M	DENPO	Family	49267
38 F	DENPO	Family	49267

## **SECTION VI CLAIMS HISTORY**

Interested parties should note the 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.



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>HPCP - 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>HPCP - 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  
\$642 + \$16.72*

2009 Rates		
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		

<b>2010 Rates</b>			
Dept. Charges Effective 01/01/10			
Contract Rates & COBRA Rates Effective 03/01/10			
	Single		Family
<b>Paramount Health Care</b>			
Admin. Fee.	\$39.50		\$39.50
COBRA	\$280.05		\$737.15
Department	\$274.56		\$722.70
<b>HPCP - 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	\$3.95		\$11.88
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>HPCP- dental</b>			
Admin. Fee	\$2.14		\$2.14
COBRA	\$24.17		\$67.17
Department	\$23.70		\$65.85
<b>MetLife Dental PPO</b>			
Premium	\$18.68		\$51.22
COBRA	\$19.05		\$52.24
Department	\$23.70		\$65.85
<b>MetLife Silver Executive I</b>			
Life	\$0.130		per 1000
AD&D	\$0.02		per 1000
Total:	\$0.150		per 1000
	\$6.00 per EE per month		per 40,000

LUCAS COUNTY HEALTH 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	Total
Claims Cost	\$724,792.21	\$829,845.89	\$666,056.86	\$974,584.86	\$842,512.63	\$1,762,276.28	\$1,481,186.37	\$1,413,680.42	\$1,578,800.36	\$1,503,509.83	\$1,112,241.46	\$602,576.52	\$13,492,063.69
Administration Fees	\$22,801.50	\$22,720.50	\$26,757.00	\$27,067.50	\$26,811.00	\$26,851.50	\$26,946.00	\$27,108.00	\$27,135.00	\$26,932.50	\$27,108.00	\$27,148.50	\$315,387.00
Stop Loss	\$21,339.84	\$21,187.26	\$24,981.12	\$25,030.08	\$24,996.24	\$24,949.08	\$25,104.24	\$25,271.28	\$25,324.20	\$25,144.92	\$25,271.28	\$25,349.04	\$293,948.58
HCPC Case Management			\$5,316.00	\$2,004.00	\$4,206.50	\$6,984.00	\$6,252.00	\$5,862.00	\$4,356.00	\$7,684.00	\$23,350.02	\$5,580.00	\$71,594.52
HCPC/QUANTUM UTIL.REVII	\$2,111.25	\$2,106.25	\$3,270.30	\$3,283.50	\$3,276.90	\$3,281.85	\$3,293.40	\$3,313.20	\$3,316.50	\$3,293.40	\$3,313.20	\$3,316.50	\$37,176.25
FrontPath Access Fees	\$6,510.35	\$6,491.10	\$7,626.85	\$7,948.00	\$7,936.00	\$7,960.00	\$7,968.00	\$8,008.00	\$8,024.00	\$7,984.00	\$8,032.00	\$8,032.00	\$92,520.30
USA/MCO Network				\$2,084.42	\$148.16	\$401.59	\$3,500.28	\$410.82	\$1,328.56	\$498.74	\$1,780.49	\$1,947.15	\$12,100.21
USA/MCO Audit Balance Due													\$0.00
COBRA Admin. Fees	\$162.00	\$175.50	\$189.00	\$108.00	\$189.00	\$135.00	\$175.50	\$135.00	\$121.50	\$135.00	\$113.85	\$108.00	\$1,747.35
COBRA Stop loss	\$89.34	\$85.34	\$76.68	\$77.04	\$113.76	\$79.92	\$98.28	\$89.28	\$70.56	\$58.32	\$62.12	\$58.32	\$958.96
COBRA Util. Review	\$15.00	\$16.25	\$18.15	\$13.20	\$23.10	\$16.50	\$21.45	\$16.50	\$16.50	\$13.20	\$14.28	\$13.20	\$197.33
COBRA Access Fees	\$50.05	\$50.05	\$46.20	\$52.00	\$48.00	\$44.00	\$40.00	\$36.00	\$32.00	\$36.00	\$36.00	\$36.00	\$506.30
Total Admin. & Access Fees	\$53,079.33	\$52,832.25	\$68,281.30	\$67,667.74	\$67,748.66	\$70,703.44	\$73,399.15	\$70,250.08	\$69,724.82	\$71,780.08	\$89,081.24	\$71,588.71	\$826,136.80
Bank Service Charges													
Total Claims, Admin. & CHN F	\$777,871.54	\$882,678.14	\$734,338.16	\$1,042,252.60	\$910,261.29	\$1,832,979.72	\$1,554,585.52	\$1,483,930.50	\$1,648,525.18	\$1,575,289.91	\$1,201,322.70	\$674,165.23	\$14,318,200.49
Income													
# Single	513	516	608	612	613	619	617	620	620	615	621	620	
Dept. Chg. 274.56	\$140,849.28	\$141,672.96	\$166,932.48	\$168,030.72	\$168,305.28	\$169,952.64	\$169,403.52	\$170,227.20	\$170,227.20	\$168,854.40	\$170,501.76	\$170,227.20	\$1,975,184.64
# Family	1178	1170	1373	1375	1371	1371	1375	1382	1386	1381	1387	1388	
\$722.70	\$851,340.60	\$845,559.00	\$992,267.10	\$993,712.50	\$990,821.70	\$990,821.70	\$993,712.50	\$998,771.40	\$1,001,662.20	\$998,048.70	\$1,002,384.90	\$1,003,107.60	\$11,662,209.90
Total Active Income	\$992,189.88	\$987,231.96	\$1,159,199.58	\$1,161,743.22	\$1,159,126.98	\$1,160,774.34	\$1,163,116.02	\$1,168,998.60	\$1,171,889.40	\$1,166,903.10	\$1,172,886.66	\$1,173,334.80	\$13,637,394.54
Total Active Enrollment	1691	1686	1981	1987	1984	1990	1992	2002	2006	1996	2008	2008	
COBRA Single Income	\$2,333.80	\$2,800.56	\$3,360.60	\$1,474.30	\$3,080.55	\$1,915.74	\$2,800.50	\$2,240.40	\$1,960.35	\$2,520.45	\$2,408.52	\$1,960.35	\$28,856.12
COBRA Family Income	\$1,228.60	\$614.30	\$1,474.30	\$1,400.25	\$2,211.45	\$1,147.80	\$2,211.45	\$1,474.30	\$737.15	\$737.15	\$737.15	\$737.15	\$14,711.05
Total COBRA Income	\$3,562.40	\$3,414.86	\$4,834.90	\$2,874.55	\$5,292.00	\$3,063.54	\$5,011.95	\$3,714.70	\$2,697.50	\$3,257.60	\$3,145.67	\$2,697.50	\$43,567.17
Total COBRA Enrollment	13	13	12	13	12	11	12	9	8	9	10	9	\$131.00
Total Enrollment	1704	1699	1993	2000	1996	2001	2004	2011	2014	2005	2018	2017	23462
Active Income	\$992,189.88	\$987,231.96	\$1,159,199.58	\$1,161,743.22	\$1,159,126.98	\$1,160,774.34	\$1,163,116.02	\$1,168,998.60	\$1,171,889.40	\$1,166,903.10	\$1,172,886.66	\$1,173,334.80	\$13,637,394.54
Adjustments	-\$1,893.56	-\$3,960.74	\$274.56	-\$72.60	\$997.26	-\$1,618.98	\$3,613.50	\$3,888.06	\$4,683.36	\$173.58	\$0.00	\$3,960.00	
Total Active Income	\$990,296.32	\$983,271.22	\$1,159,474.14	\$1,161,670.62	\$1,160,124.24	\$1,159,155.36	\$1,166,729.52	\$1,172,886.66	\$1,176,572.76	\$1,167,076.68	\$1,172,886.66	\$1,177,294.80	\$13,647,438.98
Plus COBRA Income	\$3,562.40	\$3,414.86	\$4,834.90	\$2,874.55	\$5,292.00	\$3,063.54	\$5,011.95	\$3,714.70	\$2,697.50	\$3,257.60	\$3,145.67	\$2,697.50	\$43,567.17
Spouse Primary Contribution													\$239,898.20
Subtotal	\$993,858.72	\$986,686.08	\$1,164,309.04	\$1,164,545.17	\$1,165,416.24	\$1,162,218.90	\$1,171,741.47	\$1,176,601.36	\$1,179,270.26	\$1,170,334.28	\$1,176,032.33	\$1,419,890.50	\$13,930,904.35
Bank Service - Interest Credit													
Overpayments/Refunds	\$2,862.65	\$0.00	\$0.00	\$3,625.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		-\$17,000.00	-\$10,512.33
Stop Loss Settlement	\$0.00	\$0.00	\$0.00	\$68,447.69	\$127,737.71	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$196,185.40
Total Income	\$996,721.37	\$986,686.08	\$1,164,309.04	\$1,236,617.88	\$1,293,153.95	\$1,162,218.90	\$1,171,741.47	\$1,176,601.36	\$1,179,270.26	\$1,170,334.28	\$1,176,032.33	\$1,402,890.50	\$14,116,577.42
Monthly Net	\$218,849.83	\$104,007.94	\$429,970.88	\$194,365.28	\$382,892.66	-\$670,760.82	-\$382,844.05	-\$307,329.14	-\$469,254.92	-\$404,955.63	-\$25,290.37	\$728,725.27	-\$201,623.07

## 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	\$ 27,894.09	\$ 27,823.02	\$ 27,871.72	\$ 27,930.96	\$ 27,867.77	\$ 27,700.62	\$ 27,744.08	\$ 27,609.81	\$ 27,497.94	\$ 328,192.85
HCPC/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	\$ 3,276.90	\$ 3,263.70	\$ 39,552.15
HCPC Case Management	\$ 5,292.00	\$ 6,183.00	\$ 8,244.00	\$ 8,796.00	\$ 7,140.00	\$ 6,819.00	\$ 8,868.00	\$ 9,828.00	\$ 8,328.00	\$ 9,048.00	\$ 4,608.00	\$ 3,912.00	\$ 87,966.00
FrontPath 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
USA/MCO 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
USA/MCO 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	\$ 121.50	\$ 96.75
COBRA Stop loss	\$ 48.96	\$ 73.44	\$ 59.22	\$ 64.88	\$ 59.22	\$ 85.54	\$ 72.38	\$ 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	\$ 78,433.85	\$ 92,646.07	\$ 84,222.45	\$ 75,082.13	\$ 73,403.13	\$ 944,564.73
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	\$ 17,558,228.39
Income													
# Single	616	605	615	617	616	614	603	607	609	606	606	601	601
Dept. Chg	\$274.56	\$ 169,128.96	\$ 166,108.80	\$ 168,854.40	\$ 169,403.52	\$ 169,128.96	\$ 168,579.84	\$ 165,559.68	\$ 166,657.92	\$ 167,207.04	\$ 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	1,381
Dept. Chg	\$722.70	\$ 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	\$ 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
Total Active Enrollment	2,001	1,977	2,011	2,010	2,008	2,005	2,000	1,999	1,996	1,992	1,987	1,982	1,982
COBRA Single 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
COBRA Family Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total 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
Total COBRA Enrollment	9	11	9	9	8	10	10	10	9	9	9	7	7
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
Spouse Primary Contribution													\$ -
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	\$ 1,153,998.97	\$ 13,907,035.35
Bank Service - Interest Credit													\$ -
Overpayments/Refunds	\$ 5,796.75	\$ 11,982.35	\$ -	\$ 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
Stop Loss Settlement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130,578.51	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130,578.51
Total Income	\$ 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	\$ 1,589,709.34	\$ 14,364,603.76
Monthly Net	\$ (748,149.66)	\$ 7,856.14	\$ 20,805.58	\$ (108,337.85)	\$ (540,736.13)	\$ 43,491.77	\$ (161,219.69)	\$ (138,988.48)	\$ (437,694.36)	\$ (275,947.59)	\$ (218,845.62)	\$ (243,592.63)	\$ (2,801,358.52)
YTD Net	\$ (748,149.66)	\$ (740,293.52)	\$ (719,487.94)	\$ (827,825.79)	\$ (1,368,561.92)	\$ (1,325,070.15)	\$ (1,486,289.84)	\$ (1,625,278.32)	\$ (2,062,972.68)	\$ (2,338,920.27)	\$ (2,557,765.89)	\$ (2,801,358.52)	\$ (2,801,358.52)
Avg. Cost/Contract	\$ 960.29	\$ 584.95	\$ 573.00	\$ 640.22	\$ 768.87	\$ 573.67	\$ 733.17	\$ 655.63	\$ 801.64	\$ 837.85	\$ 701.98	\$ 921.72	\$ 729.22

## LUCAS COUNTY HEALTH PLAN 2009 FRONTPATH NETWORK

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Total	
Claims Cost	\$ 1,402,349.10	\$ 1,342,131.60	\$ 1,774,984.79	\$ 1,362,461.12	\$ 1,385,544.70	\$ 1,444,069.82	\$ 1,239,952.99	\$ 1,085,850.58	\$ 1,326,449.12	\$ 1,210,424.87	\$ 1,167,449.99	\$ 1,030,150.96	\$ 15,771,819.64	
Administration Fees	\$ 26,892.00	\$ 26,487.00	\$ 33,157.96	\$ 32,854.84	\$ 33,006.40	\$ 32,955.88	\$ 32,871.68	\$ 32,753.80	\$ 32,804.32	\$ 32,551.72	\$ 32,602.24	\$ 32,551.72	\$ 381,489.56	
Stop Loss	\$ 27,720.37	\$ 27,163.63	\$ 15,920.60	\$ 15,988.72	\$ 16,012.93	\$ 15,940.76	\$ 15,916.78	\$ 15,872.41	\$ 15,906.93	\$ 15,828.04	\$ 15,800.70	\$ 15,776.72	\$ 213,848.59	
HPCP/QUANTUM Util. Review	\$ 3,528.00	\$ 2,424.00	\$ -	\$ 236.94	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,188.94	
HPCP HCS Case Management	\$ 3,286.80	\$ 3,237.30	\$ -	\$ 592.00	\$ 296.00	\$ 500.00	\$ 2,007.00	\$ 296.00	\$ 296.00	\$ 1,620.00	\$ 1,332.00	\$ 861.00	\$ 14,324.10	
FrontPath Access Fees	\$ 7,924.00	\$ 7,864.00	\$ 10,851.50	\$ 10,835.00	\$ 10,796.50	\$ 10,758.00	\$ 10,741.50	\$ 10,703.00	\$ 10,780.00	\$ 10,664.50	\$ 10,642.50	\$ 10,626.00	\$ 123,186.50	
USA/MCO Network	\$ -	\$ 8,273.51	\$ 3,356.03	\$ 1,330.72	\$ 225.40	\$ 1,046.76	\$ 370.51	\$ 985.26	\$ 82.65	\$ 3,955.34	\$ 151.32	\$ 1,020.62	\$ 20,798.12	
COBRA Admin. Fees	\$ 162.00	\$ 94.50	\$ 144.88	\$ 117.88	\$ 117.88	\$ 235.76	\$ 185.24	\$ 252.60	\$ 168.40	\$ 151.56	\$ 202.08	\$ 168.40	\$ 2,001.18	
COBRA Stop loss	\$ 78.96	\$ 46.06	\$ 33.83	\$ 40.32	\$ 23.52	\$ 74.84	\$ 50.86	\$ 71.25	\$ 54.22	\$ 37.19	\$ 40.55	\$ 61.40	\$ 613.00	
COBRA Util. Review	\$ 19.80	\$ 13.20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33.00	
COBRA Access Fees	\$ 36.00	\$ 24.00	\$ 44.00	\$ 44.00	\$ 38.50	\$ 55.00	\$ 71.50	\$ 71.50	\$ 66.00	\$ 60.50	\$ 55.00	\$ 60.50	\$ 626.50	
Total Admin. & Access Fees	\$ 69,647.93	\$ 75,627.20	\$ 63,508.80	\$ 62,040.42	\$ 60,517.13	\$ 61,567.00	\$ 62,215.07	\$ 61,005.82	\$ 60,158.52	\$ 64,868.85	\$ 60,826.39	\$ 61,126.36	\$ 763,109.49	
Bank Service Charges													\$ -	
Total Claims, Admin & FP Fees	\$ 1,471,997.03	\$ 1,417,758.80	\$ 1,838,493.59	\$ 1,424,501.54	\$ 1,446,061.83	\$ 1,505,636.82	\$ 1,302,168.06	\$ 1,146,856.40	\$ 1,386,607.64	\$ 1,275,293.72	\$ 1,228,276.38	\$ 1,091,277.32	\$ 16,534,929.13	
Income														
# Single	598	605	609	610	608	608	607	603	601	599	597	596		
Dept. Chg	\$274.56	\$ 164,186.88	\$ 166,108.80	\$ 167,207.04	\$ 167,481.60	\$ 166,932.48	\$ 166,657.92	\$ 165,559.68	\$ 165,010.56	\$ 164,461.44	\$ 163,912.32	\$ 163,637.76	\$ 1,988,088.96	
# Family	1,383	1,361	1,364	1,352	1,355	1,348	1,346	1,343	1,347	1,340	1,338	1,336		
Dept. Chg	\$722.70	\$ 999,494.10	\$ 983,594.70	\$ 985,762.80	\$ 977,090.40	\$ 979,258.50	\$ 974,199.60	\$ 972,754.20	\$ 970,586.10	\$ 973,476.90	\$ 968,418.00	\$ 966,972.60	\$ 965,527.20	\$ 11,717,135.10
Total Active Income	\$ 1,163,680.98	\$ 1,149,703.50	\$ 1,152,969.84	\$ 1,144,572.00	\$ 1,146,190.98	\$ 1,141,132.08	\$ 1,139,412.12	\$ 1,136,145.78	\$ 1,138,487.46	\$ 1,132,879.44	\$ 1,130,884.92	\$ 1,129,164.96	\$ 13,705,224.06	
Total Active Enrollment	1,981	1,966	1,973	1,962	1,963	1,956	1,953	1,946	1,948	1,939	1,935	1,932		
COBRA Single Income	\$ 3,360.60	\$ 1,960.35	\$ 1,960.35	\$ 1,960.35	\$ 1,960.35	\$ 2,800.50	\$ 2,520.45	\$ 2,800.50	\$ 2,520.45	\$ 2,240.40	\$ 2,800.50	\$ 1,680.30	\$ 28,565.10	
COBRA Family Income	\$ -	\$ -	\$ 737.15	\$ -	\$ -	\$ 2,948.60	\$ 1,474.30	\$ 2,211.45	\$ 1,474.30	\$ 737.15	\$ 1,474.30	\$ 2,211.45	\$ 13,268.70	
Total COBRA Income	\$ 3,360.60	\$ 1,960.35	\$ 2,697.50	\$ 1,960.35	\$ 1,960.35	\$ 5,749.10	\$ 3,994.75	\$ 5,011.95	\$ 3,994.75	\$ 2,977.55	\$ 4,274.80	\$ 3,891.75	\$ 41,833.80	
COBRA Single Enrollment	8	6	7	8	7	8	10	10	10	9	9	8		
COBRA Family Enrollment	1	0	1	0	0	2	3	3	2	2	1	3		
Total COBRA Enrollment	9	6	8	8	7	10	13	13	12	11	10	11		
Total Enrollment	1,990	1,972	1,981	1,970	1,970	1,966	1,966	1,959	1,960	1,950	1,945	1,943	23,572	
Active Income	\$ 1,163,680.98	\$ 1,149,703.50	\$ 1,152,969.84	\$ 1,144,572.00	\$ 1,146,190.98	\$ 1,141,132.08	\$ 1,139,412.12	\$ 1,136,145.78	\$ 1,138,487.46	\$ 1,132,879.44	\$ 1,130,884.92	\$ 1,129,164.96	\$ 13,705,224.06	
Adjustments	\$ 5,882.58	\$ (5,131.50)	\$ (3,338.94)	\$ (7,501.56)	\$ 72.60	\$ 722.70	\$ (1,893.54)	\$ 3,136.98	\$ 3,237.96	\$ (3,469.92)	\$ (173.58)	\$ 1,170.84	\$ (7,285.38)	
Total Active Income	\$ 1,169,563.56	\$ 1,144,572.00	\$ 1,149,630.90	\$ 1,137,070.44	\$ 1,146,263.58	\$ 1,141,854.78	\$ 1,137,518.58	\$ 1,139,282.76	\$ 1,141,725.42	\$ 1,129,409.52	\$ 1,130,711.34	\$ 1,130,335.80	\$ 13,697,938.68	
Plus COBRA Income	\$ 3,360.60	\$ 1,960.35	\$ 2,697.50	\$ 1,960.35	\$ 1,960.35	\$ 5,749.10	\$ 3,994.75	\$ 5,011.95	\$ 3,994.75	\$ 2,977.55	\$ 4,274.80	\$ 3,891.75	\$ 41,833.80	
Subtotal	\$ 1,172,924.16	\$ 1,146,532.35	\$ 1,152,328.40	\$ 1,139,030.79	\$ 1,148,223.93	\$ 1,147,603.88	\$ 1,141,513.33	\$ 1,144,294.71	\$ 1,145,720.17	\$ 1,132,387.07	\$ 1,134,986.14	\$ 1,134,227.55	\$ 13,739,772.48	
Bank Service - Credit				\$ 14,442.98									\$ 14,442.98	
Overpayments/Refunds	\$ 30,682.63	\$ 27,742.61	\$ 161,795.20	\$ 35,985.27	\$ 2,751.99	\$ 6,440.29	\$ 17,773.18	\$ 1,180.94	\$ 2,727.88	\$ 108.57	\$ 18,973.69	\$ 1,454.79	\$ 307,617.04	
Stop Loss Settlement	\$ -	\$ -	\$ -	\$ 169,333.24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 169,333.24	
Spouse Primary Contributions												\$ 433,333.25		
Total Income	\$ 1,203,606.79	\$ 1,174,274.96	\$ 1,314,123.60	\$ 1,358,792.28	\$ 1,150,975.92	\$ 1,154,044.17	\$ 1,159,286.51	\$ 1,145,475.65	\$ 1,148,448.05	\$ 1,132,495.64	\$ 1,153,959.83	\$ 1,569,015.59	\$ 14,231,165.74	
Monthly Net	\$ (268,390.24)	\$ (243,483.84)	\$ (524,369.99)	\$ (65,709.26)	\$ (295,085.91)	\$ (351,592.65)	\$ (142,881.55)	\$ (1,380.75)	\$ (238,159.60)	\$ (142,798.08)	\$ (74,316.55)	\$ 477,738.27		
YTD Net	\$ (268,390.24)	\$ (511,874.08)	\$ (1,036,244.07)	\$ (1,101,953.33)	\$ (1,397,039.24)	\$ (1,748,631.89)	\$ (1,891,513.44)	\$ (1,892,894.19)	\$ (2,131,053.79)	\$ (2,273,851.87)	\$ (2,348,168.42)	\$ (1,870,430.15)	\$ (1,870,430.15)	
Avg. Cost/Contract	739.697	718.9446247	928.0633973	723.0972284	734.0415381	765.8376501	662.3438759	585.4295048	707.4528776	653.9967795	631.5045656	561.6455584	701.4648367	

LUCAS COUNTY HEALTH PLAN FRONTPATH

	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sept. 10	Total
Claims Cost	\$ 1,437,798.59	\$ 1,198,749.89	\$ 1,680,607.28	\$ 1,690,604.13	\$ 1,488,680.52	\$ 1,272,499.41	\$ 1,273,704.98	\$ 1,581,260.41	\$ -	\$ 11,623,905.21
Administration Fees	\$ 32,383.32	\$ 32,063.36	\$ 32,770.64	\$ 32,905.36	\$ 33,141.12	\$ 32,898.94	\$ 32,821.16	\$ 32,753.80	\$ -	\$ 261,737.70
Stop Loss	\$ 15,697.83	\$ 15,526.38	\$ 18,367.50	\$ 18,487.09	\$ 18,582.19	\$ 18,491.19	\$ 18,419.91	\$ 18,392.20	\$ -	\$ 141,964.29
HPCP/QUANTUM Util. Review										\$ -
HCPC HCS Case Management	\$ 148.00	\$ 296.00	\$ 444.00	\$ 592.00	\$ 888.00	\$ 1,184.00				\$ 3,552.00
FrontPath Access Fees	\$ 10,576.50	\$ 10,466.50	\$ 10,780.00	\$ 10,802.00	\$ 10,824.00	\$ 10,752.50	\$ 10,670.00	\$ 10,703.00	\$ -	\$ 85,574.50
USA/MCO Network		\$ 2,516.93	\$ 1,168.93	\$ (584.59)	\$ 209.40		\$ 777.17			\$ 4,087.84
COBRA Admin. Fees	\$ 168.40	\$ 185.24	\$ 185.24	\$ 185.24	\$ 218.92	\$ 151.56	\$ 151.56	\$ 151.56	\$ -	\$ 1,397.72
COBRA Stop loss	\$ 40.73	\$ 50.86	\$ 58.72	\$ 51.38	\$ 83.07	\$ 51.41	\$ 43.48	\$ 43.48	\$ -	\$ 423.13
COBRA Util. Review		\$ -								\$ -
COBRA Access Fees	\$ 60.50	\$ 60.50	\$ 60.50	\$ 71.50	\$ 66.00	\$ 66.00	\$ 49.50	\$ 49.50	\$ -	\$ 484.00
Total Admin. & Access Fees	\$ 59,075.28	\$ 61,165.77	\$ 63,835.53	\$ 62,509.98	\$ 64,012.70	\$ 63,595.60	\$ 62,932.78	\$ 62,093.54	\$ -	\$ 499,221.18
Bank Service Charges										
Total Claims, Admin.&FP Fees	\$ 1,496,873.87	\$ 1,259,915.66	\$ 1,744,442.81	\$ 1,753,114.11	\$ 1,552,693.22	\$ 1,336,095.01	\$ 1,336,637.76	\$ 1,643,353.95	\$ -	\$ 12,123,126.39
Income										
# Single	594	589	615	611	605	597	597	596		
Dept. Chg.	\$274.56	\$ 163,088.64	\$ 161,715.84	\$ 168,854.40	\$ 167,756.16	\$ 166,108.80	\$ 163,912.32	\$ 163,637.76	\$ -	\$ 1,318,986.24
# Family	1,329	1,314	1,345	1,353	1,363	1,358	1,352	1,350		
Dept. Chg.	\$722.70	\$ 960,468.30	\$ 949,627.80	\$ 972,031.50	\$ 977,813.10	\$ 985,040.10	\$ 981,426.60	\$ 977,090.40	\$ -	\$ 7,779,142.80
Total Active Income	\$ 1,123,556.94	\$ 1,111,343.64	\$ 1,140,885.90	\$ 1,145,569.26	\$ 1,151,148.90	\$ 1,145,338.92	\$ 1,141,002.72	\$ 1,139,282.76	\$ -	\$ 9,098,129.04
Total Active Enrollment	1,923	1,903	1,960	1,964	1,968	1,955	1,949	1,946	0	
COBRA Single Income	\$ 2,520.45	\$ 2,520.45	\$ 2,520.45	\$ 2,800.50	\$ 2,520.45	\$ 1,960.35	\$ 2,240.40	\$ 2,240.40		\$ 10,361.85
COBRA Family Income	\$ 737.15	\$ 1,474.30	\$ 1,474.30	\$ 737.15	\$ 2,948.60	\$ 737.15	\$ 737.15	\$ 737.15		\$ 4,422.90
Total COBRA Income	\$ 3,257.60	\$ 3,994.75	\$ 3,994.75	\$ 3,537.65	\$ 5,469.05	\$ 2,697.50	\$ 2,977.55	\$ 2,977.55	\$ -	\$ 28,906.40
COBRA Single Enrollment	9	9	9	10	9	8	8	8		
COBRA Family Enrollment	2	2	2	3	3	2	1	1		
Total Enrollment	1,925	1,905	1,962	1,967	1,971	1,957	1,950	1,947	0	7,759
Active Income	\$ 1,123,556.94	\$ 1,111,343.64	\$ 1,140,885.90	\$ 1,145,569.26	\$ 1,151,148.90	\$ 1,145,338.92	\$ 1,141,002.72	\$ 1,139,282.76	\$ -	\$ 9,098,129.04
Adjustments	\$ 1,344.42	\$ (795.00)	\$ (12,806.64)	\$ (2,991.78)	\$ 3,310.56	\$ (1,546.38)	\$ 1,618.98	\$ (3,237.96)		\$ (15,249.00)
Total Active Income	\$ 1,124,901.36	\$ 1,110,548.64	\$ 1,128,079.26	\$ 1,142,577.48	\$ 1,154,459.46	\$ 1,143,792.54	\$ 1,142,621.70	\$ 1,136,044.80	\$ -	\$ 9,083,025.24
Plus COBRA Income	\$ 3,257.60	\$ 3,994.75	\$ 3,994.75	\$ 3,537.65	\$ 5,469.05	\$ 2,697.50	\$ 2,977.55	\$ 2,977.55	\$ -	\$ 28,906.40
Subtotal	\$ 1,128,158.96	\$ 1,114,543.39	\$ 1,132,074.01	\$ 1,146,115.13	\$ 1,159,928.51	\$ 1,146,490.04	\$ 1,145,599.25	\$ 1,139,022.35	\$ -	\$ 9,111,931.64
Bank Service - Credit										
Overpayments/Refunds	\$ 25,813.35	\$ 45,243.64	\$ 3,142.08	\$ 24,743.14	\$ 43,319.66	\$ 4,330.35	\$ 11,698.22	\$ 16,009.60		\$ 98,954.75

## 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
<i>Premium</i>	\$ 29,630.68	\$ 29,519.10	\$ 29,730.01	\$ 29,889.60	\$ 30,226.08	\$ 29,928.67	\$ 30,010.70	\$ 30,312.58	\$ 30,398.50	\$ 29,987.81	\$ 30,195.95	\$ 30,169.71	\$ 359,999.39
COBRA Premium	\$ 17.30	\$ 34.60	\$ 100.28	\$ 131.36	\$ 64.73	\$ 64.73	\$ 112.16	\$ 112.16	\$ 64.73	\$ 64.73	\$ 64.73	\$ 64.73	\$ 896.24
Total Premium	\$ 29,647.98	\$ 29,553.70	\$ 29,830.29	\$ 30,020.96	\$ 30,290.81	\$ 29,993.40	\$ 30,122.86	\$ 30,424.74	\$ 30,463.23	\$ 30,052.54	\$ 30,260.68	\$ 30,234.44	\$ 360,895.63
<i>Income</i>													
#Single	162	167	165	166	168	169	172	173	171	170	170	168	
	\$ 3,839.40	\$ 3,957.90	\$ 3,910.50	\$ 3,934.20	\$ 3,981.60	\$ 4,005.30	\$ 4,076.40	\$ 4,100.10	\$ 4,052.70	\$ 4,029.00	\$ 4,029.00	\$ 3,981.60	\$ 47,897.70
#Family	565	565	567	570	574	573	570	573	577	572	573	573	
	\$ 37,205.25	\$ 37,205.25	\$ 37,336.95	\$ 37,534.50	\$ 37,797.90	\$ 37,732.05	\$ 37,534.50	\$ 37,732.05	\$ 37,995.45	\$ 37,666.20	\$ 37,732.05	\$ 37,732.05	\$ 451,204.20
Total 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	\$ 42,048.15	\$ 41,695.20	\$ 41,761.05	\$ 41,713.65	\$ 499,101.90
COBRA Single Income	\$ 17.65	\$ 35.30	\$ 70.60	\$ 35.30	\$ 17.65	\$ 17.65	\$ 17.65	\$ 17.65	\$ 17.65	\$ 17.65	\$ 17.65	\$ 17.65	\$ 300.05
COBRA Family Income	\$ -	\$ -	\$ -	\$ 96.76	\$ 48.38	\$ 48.38	\$ 96.76	\$ 96.76	\$ 48.38	\$ 48.38	\$ 48.38	\$ 48.38	\$ 580.56
Total COBRA Income	\$ 17.65	\$ 35.30	\$ 70.60	\$ 132.06	\$ 66.03	\$ 66.03	\$ 114.41	\$ 114.41	\$ 66.03	\$ 66.03	\$ 66.03	\$ 66.03	\$ 880.61
COBRA Single Enrollment	2	2	2	2	1	1	1	1	1	1	1	1	1
COBRA Family Enrollment	0	0	1	1	1	1	2	2	1	1	1	1	1
COBRA Enrollment	2	2	3	3	2	2	3	3	2	2	2	2	2
Total Enrollment	729	734	735	739	744	744	745	749	750	744	745	743	8,901
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	\$ 42,048.15	\$ 41,695.20	\$ 41,761.05	\$ 41,713.65	\$ 499,101.90
Adjustments	\$ 42.15	\$ (234.45)	\$ (221.25)	\$ (23.70)	\$ 131.70	\$ (131.70)	\$ -	\$ 197.55	\$ 102.75	\$ (89.55)	\$ 108.00	\$ 121.20	\$ 2.70
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	\$ 42,150.90	\$ 41,605.65	\$ 41,869.05	\$ 41,834.85	\$ 499,104.60
Plus COBRA Income	\$ 17.65	\$ 35.30	\$ 70.60	\$ 132.06	\$ 66.03	\$ 66.03	\$ 114.41	\$ 114.41	\$ 66.03	\$ 66.03	\$ 66.03	\$ 66.03	\$ 880.61
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	\$ 42,216.93	\$ 41,671.68	\$ 41,935.08	\$ 41,900.88	\$ 499,985.21
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	\$ 11,753.70	\$ 11,619.14	\$ 11,674.40	\$ 11,666.44	\$ 139,089.58
YTD Net	\$ 11,456.47	\$ 22,866.77	\$ 34,133.28	\$ 45,689.38	\$ 57,375.80	\$ 69,054.08	\$ 80,656.53	\$ 92,375.90	\$ 104,129.60	\$ 115,748.74	\$ 127,423.14	\$ 139,089.58	
Avg. Cost/Contract	\$ 40.67	\$ 40.26	\$ 40.59	\$ 40.62	\$ 40.71	\$ 40.31	\$ 40.43	\$ 40.62	\$ 40.62	\$ 40.39	\$ 40.62	\$ 40.69	\$ 40.55

LUCAS COUNTY DENTAL PPO 2010

	Jan. 2010	Feb. 2010	Mar. 2010	Apr-10	May-10	Jun-10	Jul-10	Aug. 2010	Sept. 2010	Oct. 2010	Nov. 2010	Dec. 2010	Total
<i>Premium</i>	\$ 30,092.13	\$ 30,006.23	\$ 36,489.08	\$ 36,214.30	\$ 36,945.24	\$ 36,907.88	\$ 37,033.82	\$ 37,121.80					\$ 280,810.48
COBRA Premium	\$ 64.73	\$ 99.33	\$ 87.20	\$ 88.58	\$ 69.90	\$ 37.36	\$ 158.48	\$ 88.58					\$ 694.16
Total Premium	\$ 30,156.86	\$ 30,105.56	\$ 36,576.28	\$ 36,302.88	\$ 37,015.14	\$ 36,945.24	\$ 37,192.30	\$ 37,210.38	\$ -	\$ -	\$ -	\$ -	\$ 281,504.64
<i>Income</i>													
#Single	172	169	204	205	201	199	202	201					
\$	\$ 4,076.40	\$ 4,005.30	\$ 4,834.80	\$ 4,858.50	\$ 4,763.70	\$ 4,716.30	\$ 4,787.40	\$ 4,763.70	\$ -	\$ -	\$ -	\$ -	\$ 36,806.10
#Family	572	571	640	639	644	647	649	648					
\$	\$ 37,666.20	\$ 37,600.35	\$ 42,144.00	\$ 42,078.15	\$ 42,407.40	\$ 42,604.95	\$ 42,736.65	\$ 42,670.80	\$ -	\$ -	\$ -	\$ -	\$ 329,908.50
Total Active Income	\$ 41,742.60	\$ 41,605.65	\$ 46,978.80	\$ 46,936.65	\$ 47,171.10	\$ 47,321.25	\$ 47,524.05	\$ 47,434.50	\$ -	\$ -	\$ -	\$ -	\$ 366,714.60
COBRA Single Income	\$17.30	\$ 52.95	\$ 38.10	\$ 38.10	\$ 19.05	\$ 38.10	\$ 57.15	\$ 31.36					\$292.11
COBRA Family Income	\$ 48.38	\$ 48.38	\$ 52.24	\$ 52.24	\$ 52.24	\$ -	\$ 104.48	\$ 51.22					\$ 409.18
Total COBRA Income	\$ 65.68	\$ 101.33	\$ 90.34	\$ 90.34	\$ 71.29	\$ 38.10	\$ 161.63	\$ 82.58	\$ -	\$ -	\$ -	\$ -	\$ 701.29
COBRA Single Enrollmen	1	3	3	2	2	2	2	2.00					
COBRA Family Enrollmen	1	1	1	1	1	1	1	1					
Total Enrollment	746	744	848	847	848	849	854	852	0	0	0	0	6,588
Active Income	\$ 41,742.60	\$ 41,605.65	\$ 46,978.80	\$ 46,936.65	\$ 47,171.10	\$ 47,321.25	\$ 47,524.05	\$ 47,434.50	\$ -	\$ -	\$ -	\$ -	\$ 366,714.60
Adjustments	\$ 126.45	\$ 42.15	\$ (23.70)	\$ (231.75)	\$ 263.40	\$ 65.85	\$ 23.70	\$ 229.20					\$ 495.30
Total Active Income	\$ 41,869.05	\$ 41,647.80	\$ 46,955.10	\$ 46,704.90	\$ 47,434.50	\$ 47,387.10	\$ 47,547.75	\$ 47,663.70	\$ -	\$ -	\$ -	\$ -	\$ 367,209.90
Plus COBRA Income	\$ 65.68	\$ 101.33	\$ 90.34	\$ 90.34	\$ 71.29	\$ 38.10	\$ 161.63	\$ 82.58	\$ -	\$ -	\$ -	\$ -	\$ 701.29
Total Income	\$ 41,934.73	\$ 41,749.13	\$ 47,045.44	\$ 46,795.24	\$ 47,505.79	\$ 47,425.20	\$ 47,709.38	\$ 47,746.28	\$ -	\$ -	\$ -	\$ -	\$ 367,911.19
Monthly Net	\$ 11,777.87	\$ 11,643.57	\$ 10,469.16	\$ 10,492.36	\$ 10,490.65	\$ 10,479.96	\$ 10,517.08	\$ 10,535.90	\$ -	\$ -	\$ -	\$ -	\$ 86,406.55
YTD Net	\$ 11,777.87	\$ 23,421.44	\$ 33,890.60	\$ 44,382.96	\$ 54,873.61	\$ 65,353.57	\$ 75,870.65	\$ 86,406.55	\$ 86,406.55	\$ 86,406.55	\$ 86,406.55	\$ 86,406.55	\$ 86,406.55
Avg. Cost/Contract	40.42474531	40.46446237	43.13240566	42.86054309	43.64992925	43.51618375	43.55070258	43.67415493	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$ 42.73

\$23.70

\$65.85

Lucas County Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2008 through February 2009 and Paid through February 2010

Current Period = Claims Incurred March 2009 through February 2010 and Paid through February 2010

PHC (Paramount Health Care) = Current period data for all groups with same product

**18. Top 10 High Cost Members**

Rank	Total Payments	Relationship	Age	Top Clinical Condition*	Currently Active
1	\$221,976.02	Employee	36	Fracture/Disloc - Hip/Fem Head	Y
2	\$164,621.39	Employee	51	Diabetes	N
3	\$83,464.76	Employee	54	Cancer - Hepatobil Ex Pancreas	N
4	\$77,953.61	Spouse	57	Respiratory Disorder	Y
5	\$60,920.59	Employee	50	Cerebrovascular Disease	Y
6	\$60,582.77	Dependent	8	Cardiovasc Disorder, Congenital	Y
7	\$58,751.49	Employee	60	Chemotherapy Encounters	Y
8	\$56,426.01	Dependent	0	Respiratory Disorder	Y
9	\$54,016.34	Employee	37	Pregnancy w Compl or Abortion	Y
10	\$51,355.44	Employee	61	Coronary Artery Disease	Y

\*If no medical payments, highest cost drug is shown.

**19. Claim Distribution**

Claims \$ Range	Members	% Mbrs	Net Pay	% Paymts
\$0 and under	638	16%	\$0.00	0%
\$0.01-\$4,999.99	3,090	76%	\$2,748,099	37%
\$5,000-\$9,999.99	195	5%	\$1,348,546	18%
\$10,000-\$24,999.9	110	3%	\$1,658,754	22%
\$25,000-\$49,999.9	22	1%	\$730,447	10%
\$50,000 and over	10	0%	\$890,068	12%



## Lucas County Employees

*Product: Commercial HMO*

Prior Period = Claims Incurred March 2009 through May 2009 and Paid through May 2010

Current Period = Claims Incurred March 2010 through May 2010 and Paid through May 2010

PHC (Paramount Health Care) = Current period data for all groups with same product

### 18. Top 10 High Cost Members

Rank	Total Payments	Relationship	Age	Top Clinical Condition*	Currently Active
1	\$45,679.01	Employee	59	Cancer - Breast	Y
2	\$39,129.95	Employee	50	Cardiac Arrhythmias	Y
3	\$34,925.77	Employee	62	Condition Rel to Trauma - Med/Surg	Y
4	\$23,201.09	Employee	56	Hepatobiliary Disorder	Y
5	\$18,616.44	Spouse	72	Condition Rel to Trauma - Med/Surg	Y
6	\$18,454.28	Employee	37	Condition Rel to Trauma - Med/Surg	Y
7	\$17,718.58	Employee	36	Mental Hlth - Substance Abuse	Y
8	\$16,949.90	Employee	65	Osteoarthritis	Y
9	\$15,425.99	Employee	45	Cardiac Arrhythmias	Y
10	\$13,118.53	Employee	47	Rheumatoid Arthritis	Y

\*If no medical payments, highest cost drug is shown.

### 19. Claim Distribution

<u>Claims \$ Range</u>	<u>Members</u>	<u>% Mbrs</u>	<u>Net Pay</u>	<u>% Paymts</u>
\$0 and under	1,824	50%	\$0.00	0%
\$0.01-\$4,999.99	1,787	49%	\$750,692	61%
\$5,000-\$9,999.99	23	1%	\$154,712	12%
\$10,000-\$24,999.9	15	0%	\$212,592	17%
\$25,000-\$49,999.9	3	0%	\$119,735	10%
\$50,000 and over	0	0%	\$0	0%

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/07 THRU: 03/01/09

COVERAGE/TYPE: MM/IND

WARNING %: 25

WARNING AMOUNT: 100,000.00

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

OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
0643			SELF	148,885.49	*WARN*	
6969			SELF	170,135.05	*WARN*	
1689			SPOUSE	152,410.74	*WARN*	
1519			SELF	110,907.44	*WARN*	
6784			SELF	110,706.63	*WARN*	
3523			SPOUSE	439,654.63	*OVER*	
0398			DAUGHTER	279,935.08	*WARN*	
1403			SELF	145,823.57	*WARN*	
4704			SPOUSE	164,205.41	*WARN*	
7024			SELF	127,408.89	*WARN*	
7376			SON	121,365.67	*WARN*	
1034			SPOUSE	133,987.66	*WARN*	
1745			SELF	176,734.48	*WARN*	
2435			SPOUSE	117,176.11	*WARN*	
6356			DAUGHTER	253,688.72	*WARN*	
2161			SELF	210,790.86	*WARN*	

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

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

COVERAGE/TYPE: MM/TND

WARNING % : 25

WARNING AMOUNT: 100,000.00  
OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
1131			SELF	169,618.90	*WARN*	
7075			SELF	216,905.42	*WARN*	
4990			SELF	133,789.58	*WARN*	
6448			SELF	134,464.33	*WARN*	
3523	<i>Decer sed</i>		SPOUSE	499,577.23	*OVER*	
2856			DAUGHTER	105,525.59	*WARN*	
0039			SELF	118,992.40	*WARN*	
7024			SELF	119,924.26	*WARN*	
7376			SON	201,913.87	*WARN*	
2470			SELF	136,960.59	*WARN*	
1603			SELF	167,137.47	*WARN*	
6243			DAUGHTER	279,081.88	*WARN*	
1745			SELF	294,193.39	*WARN*	
1282			SPOUSE	182,232.69	*WARN*	
3269			SELF	147,742.46	*WARN*	

POLICY UNDERWRITER: 100 HEALTH CARE PAYER'S COALITION

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/09 THRU: 02/28/11  
PAID: 03/01/10 THRU: 02/28/11

COVERAGE/TYPE: MM/IND

WARNING %: 25

WARNING AMOUNT: 100,000.00  
OVER AMOUNT: 400,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
4927			SELF	163,547.68	*WARN*	
4813			SELF	199,430.75	*WARN*	
3523			SPOUSE	136,819.82	*WARN*	
0398			DAUGHTER	110,021.45	*WARN*	
6576			SPOUSE	326,206.80	*WARN*	
7376			SON	102,209.66	*WARN*	
4320			DAUGHTER	208,776.43	*WARN*	
1745			SELF	170,970.25	*WARN*	
2443			SELF	107,602.04	*WARN*	

LUCAS COUNTY  
Utilization of Dental Procedures (External)

Summary of Dental Claim Experience by Procedure Class

Report Group By: Customer  
Period: 3/1/2007 through 2/28/2008

Customer #: 122356

	Preventive	Diagnostic	Restorative	Maxillofacial Prosthetics	Endodontics	Periodontics	Oral Surgery	Prosthetics, Fixed	Prosthetics, Removable	Implants	Adjunctive Gen. Services	Orthodontics	Other	Total
(1) # of Procedures ((1a)+(1b)+(1c))	1,324	2,502	987	1	83	127	199	24	12	4	78	293	0	6,234
as a percent of total procedures	30.3%	40.1%	15.8%	0.0%	1.3%	2.0%	3.2%	0.4%	0.2%	0.1%	1.3%	4.7%	0.0%	100.0%
(1a) Paid	1,798	2,257	815	0	69	87	174	21	7	2	38	270	0	5,534
(1b) Adjusted	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(1c) Don't	128	245	172	1	14	40	25	3	5	2	42	23	0	700
(2) Charges as a percent of total charges	\$77,279	\$81,155	\$172,716	\$150	\$40,317	\$15,767	\$29,077	\$11,868	\$6,578	\$5,240	\$8,102	\$97,074	\$0	\$545,322
(3) Cutbacks: Claim Controls ((3a)+(3b)+(3c)+(3d)+(3e))	\$9,285	\$17,063	\$61,772	\$150	\$9,999	\$5,451	\$8,374	\$1,716	\$2,120	\$2,620	\$2,309	\$62,778	\$0	\$181,635
(3a) Deductible	\$5,451	\$8,064	\$44,353	\$150	\$7,880	\$4,080	\$3,469	\$1,851	\$2,120	\$2,620	\$1,970	\$31,272	\$0	\$113,759
(3b) R&C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3c) Profile	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3d) Schedule Plans	\$3,834	\$8,399	\$17,419	\$0	\$2,019	\$1,391	\$2,905	\$65	\$0	\$0	\$339	\$0	\$0	\$36,372
(3e) Other Cutbacks	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(4) Covered Expense ((2)-(3))	\$67,993	\$64,092	\$110,944	\$0	\$30,318	\$10,316	\$22,703	\$10,152	\$4,458	\$2,620	\$5,793	\$34,298	\$0	\$363,687
as a percent of total covered expenses	18.7%	17.6%	30.5%	0.0%	8.3%	2.8%	6.2%	2.8%	1.2%	0.7%	1.6%	9.4%	0.0%	100.0%
(5) Cutbacks: Cost Sharing ((5a)+(5b)+(5c)+(5d)+(5e))	\$9,052	\$8,941	\$41,738	\$0	\$10,042	\$4,068	\$9,611	\$3,488	\$924	\$1,250	\$2,165	\$15,224	\$0	\$106,499
(5a) Deductible	\$4,777	\$5,431	\$8,498	\$0	\$1,034	\$809	\$1,494	\$165	\$40	\$0	\$475	\$0	\$0	\$22,521
(5b) Coinsurance	\$3,914	\$3,332	\$31,152	\$0	\$8,481	\$3,127	\$8,117	\$1,997	\$884	\$524	\$1,690	\$13,854	\$0	\$77,071
(5c) Excess Maximum	\$95	\$80	\$2,058	\$0	\$527	\$332	\$0	\$1,325	\$0	\$728	\$0	\$499	\$0	\$5,683
(5d) Non Duplication	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(5e) Other Cutbacks	\$288	\$288	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	-\$1,058	\$0	-\$702
(6) Total Cutbacks ((3)+(5))	\$18,337	\$26,004	\$103,508	\$150	\$20,041	\$9,519	\$15,385	\$5,204	\$3,044	\$3,870	\$4,474	\$78,000	\$0	\$288,134
(7) Benefits Paid ((4)-(6))	\$58,941	\$55,151	\$68,208	\$0	\$20,276	\$8,248	\$13,092	\$6,864	\$3,534	\$1,370	\$3,628	\$19,074	\$0	\$257,188
as a percent of total benefits paid	22.9%	21.4%	26.9%	0.0%	7.9%	2.4%	5.1%	2.6%	1.4%	0.5%	1.4%	7.4%	0.0%	100.0%
(8) COB Savings	\$1,912	\$2,081	\$3,897	\$0	\$661	-\$81	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$8,915
(9) Other Adjustments	\$290	-\$87	-\$65	\$0	\$0	-\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$158
(10) Net Paid ((7)-(8)-(9))	\$56,740	\$53,137	\$65,577	\$0	\$19,615	\$6,309	\$12,593	\$6,664	\$3,534	\$1,370	\$3,562	\$19,113	\$0	\$248,215
as a percent of total not paid	22.9%	21.4%	28.4%	0.0%	7.9%	2.5%	5.1%	2.7%	1.4%	0.6%	1.4%	7.7%	0.0%	100.0%
(11) Charge Per Procedure ((2)/(1))	\$40.17	\$32.44	\$174.98	\$150.00	\$485.75	\$124.15	\$146.12	\$494.50	\$548.17	\$1,310.00	\$103.87	\$331.31	\$0.00	\$67.48
(12) Net Paid Per Procedure ((10)/(1))	\$29.49	\$21.24	\$66.44	\$0.00	\$236.33	\$48.68	\$63.28	\$277.68	\$294.53	\$342.60	\$45.67	\$65.23	\$0.00	\$39.82
(13) Claim Control Cutbacks as a Percentage of Charges	12.0%	21.0%	35.8%	100.0%	24.8%	34.6%	21.9%	14.5%	32.2%	50.0%	28.5%	64.7%	0.0%	33.3%
(13a) Deductible ((3a)/(2))	7.1%	10.7%	25.7%	100.0%	19.8%	25.7%	11.8%	13.8%	32.2%	50.0%	24.3%	32.2%	0.0%	20.9%
(13b) R&C ((3b)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	32.5%	0.0%	5.8%
(13c) Profile ((3c)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(13d) Schedule Plans ((3d)/(2))	5.0%	10.3%	10.1%	0.0%	5.0%	8.8%	10.0%	0.5%	0.0%	0.0%	4.2%	0.0%	0.0%	6.7%
(14) Cost Sharing Cutbacks as a Percentage of Charges	11.7%	11.0%	24.2%	0.0%	24.9%	25.8%	33.1%	29.4%	14.0%	23.8%	26.7%	15.7%	0.0%	19.5%
(14a) Deductible ((5a)/(2))	8.2%	6.7%	4.9%	0.0%	2.6%	3.9%	5.1%	1.4%	0.6%	0.0%	5.9%	0.0%	0.0%	4.1%
(14b) Coinsurance ((5b)/(2))	5.1%	4.1%	18.0%	0.0%	21.0%	19.8%	27.9%	16.8%	13.4%	10.0%	20.9%	14.3%	0.0%	14.1%
(14c) Excess Maximum ((5c)/(2))	0.1%	0.1%	1.2%	0.0%	1.3%	2.1%	0.0%	11.2%	0.0%	13.8%	0.0%	0.5%	0.0%	1.0%
(14d) Non Duplication ((5d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.4%
(15) Total Cutbacks as a % of Charges (((13)+(14))/(2))	23.7%	32.0%	59.9%	100.0%	49.7%	60.4%	55.0%	43.8%	46.3%	73.8%	55.2%	80.4%	0.0%	52.8%
(16) Benefits Paid as a % of Charges ((7)/(2))	76.3%	68.0%	40.1%	0.0%	50.3%	39.6%	45.0%	56.2%	53.7%	26.2%	44.8%	19.8%	0.0%	47.2%
(17) COB Savings as a % of Charges ((8)/(2))	2.5%	2.6%	2.1%	0.0%	1.8%	-0.4%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.0%	0.0%	1.8%
(18) Other Adjustments as a % of Charges ((9)/(2))	0.4%	-0.1%	-0.0%	0.0%	0.0%	-0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
(19) Net Paid as a % of Charges ((10)/(2))	73.4%	65.5%	38.0%	0.0%	48.7%	40.0%	43.3%	56.2%	53.7%	26.2%	44.0%	19.7%	0.0%	45.3%

**LUCAS COUNTY**  
Utilization of Dental Procedures (External)

Summary of Dental Claim Experience by Procedure Class

Report Group By: Customer  
Period: 3/1/2008 through 2/28/2009

Customer #: 122356

	Preventive	Diagnostic	Restorative	Maxillofacial Prosthetics	Endodontics	Periodontics	Oral Surgery	Prosthodontics, Fixed	Prosthodontics, Removable	Implants	Adjunctive Gen. Services	Orthodontics	Other	Total
(1) # of Procedures ((1a)-(1b)-(1c)) as a percent of total procedures	2,428 29.0%	3,052 36.4%	1,305 15.6%	0 0.0%	113 1.3%	225 2.7%	283 3.4%	48 0.6%	19 0.2%	9 0.1%	120 1.4%	777 9.3%	0 0.0%	6,382 100.0%
(1a) Paid	2,243	2,754	1,029	0	91	144	248	37	14	4	54	731	0	7,247
(1b) Adjusted	17	24	30	0	2	3	3	0	0	0	1	0	0	80
(1c) Denied	168	274	246	0	20	78	34	11	5	5	65	48	0	955
(2) Charges as a percent of total charges	\$99,970 12.3%	\$99,275 12.2%	\$236,046 29.0%	\$0 0.0%	\$52,488 6.5%	\$25,913 3.2%	\$40,931 5.0%	\$25,462 3.1%	\$12,189 1.5%	\$9,605 1.2%	\$14,449 1.8%	\$196,469 24.2%	\$0 0.0%	\$812,823 100.0%
(3) <b>Outbacks: Claim Controls ((3a)-(3b)-(3c)-(3d)-(3e))</b>	\$11,194	\$18,255	\$72,153	\$0	\$9,889	\$5,349	\$8,310	\$6,229	\$3,699	\$6,650	\$3,764	\$110,865	\$0	\$256,283
(3a) Decline	\$7,285	\$0,089	\$57,158	\$0	\$8,788	\$5,678	\$4,355	\$4,104	\$2,719	\$6,228	\$3,442	\$35,990	\$0	\$144,567
(3b) R&C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$75,175	\$0	\$75,175
(3c) Profile	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3d) Schedule Plans	\$3,842	\$9,125	\$16,405	\$0	\$2,856	\$481	\$3,952	\$2,125	\$980	\$424	\$322	\$0	\$0	\$40,333
(3e) Other Outbacks	\$57	\$32	-\$1,410	\$0	-\$1,555	-\$818	\$2	\$0	\$0	\$0	\$0	\$0	\$0	-\$3,692
(4) Covered Expense ((2)-(3)) as a percent of total covered expenses	\$88,776 16.0%	\$81,020 14.6%	\$163,893 29.5%	\$0 0.0%	\$42,599 7.7%	\$20,584 3.7%	\$32,621 5.9%	\$19,233 3.5%	\$8,490 1.5%	\$2,955 0.5%	\$10,685 1.9%	\$85,804 15.4%	\$0 0.0%	\$356,440 100.0%
(5) <b>Outbacks: Cost Sharing ((5a)-(5b)-(5c)-(5d)-(5e))</b>	\$10,352	\$10,098	\$58,098	\$0	\$13,829	\$7,236	\$13,583	\$8,215	\$3,050	\$1,351	\$2,987	\$44,888	\$0	\$173,869
(5a) Deductible	\$8,629	\$7,191	\$8,109	\$0	\$1,417	\$737	\$1,907	\$175	\$175	\$49	\$597	\$25	\$0	\$27,911
(5b) Coinsurance	\$3,783	\$2,817	\$43,542	\$0	\$11,595	\$4,438	\$10,581	\$6,227	\$2,875	\$1,002	\$2,353	\$35,532	\$0	\$125,028
(5c) Excess Maximum	\$207	\$73	\$4,051	\$0	\$817	\$2,061	\$600	\$860	\$0	\$0	\$0	\$7,711	\$0	\$18,417
(5d) Non Duplication	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,991	\$0	\$8,991
(5e) Other Outbacks	-\$288	\$17	\$398	\$0	\$0	\$0	\$315	\$954	\$0	\$0	\$0	-\$5,391	\$0	-\$3,775
(6) Total Outbacks ((3)+(5))	\$21,546	\$28,353	\$128,251	\$0	\$23,718	\$12,585	\$21,893	\$14,444	\$6,749	\$8,001	\$6,752	\$157,733	\$0	\$430,052
(7) Benefits Paid ((4)-(5)) as a percent of total benefits paid	\$78,424 20.5%	\$70,922 18.5%	\$107,795 28.2%	\$0 0.0%	\$28,770 7.5%	\$13,328 3.5%	\$19,038 5.0%	\$11,018 2.9%	\$5,440 1.4%	\$1,604 0.4%	\$7,698 2.0%	\$38,738 10.1%	\$0 0.0%	\$382,771 100.0%
(8) COB Savings	\$3,107	\$3,023	\$3,958	\$0	\$987	\$294	\$566	\$1,342	\$246	\$0	\$622	-\$158	\$0	\$12,987
(9) Other Adjustments	\$18	-\$91	-\$751	\$0	-\$82	\$34	-\$42	\$0	\$0	\$0	\$0	-\$48	\$0	-\$961
(10) Net Paid ((7)-(8)-(9)) as a percent of total net paid	\$75,298 20.4%	\$67,890 18.4%	\$104,588 28.3%	\$0 0.0%	\$27,865 7.5%	\$13,000 3.5%	\$18,514 5.0%	\$9,675 2.6%	\$5,194 1.4%	\$1,604 0.4%	\$7,076 1.9%	\$38,940 10.5%	\$0 0.0%	\$369,744 100.0%
(11) Charge Per Procedure ((2)/(1))	\$41.17	\$32.53	\$180.88	\$0.00	\$464.50	\$115.17	\$144.83	\$530.48	\$841.53	\$1,067.22	\$120.41	\$252.86	\$0.00	\$96.87
(12) Net Paid Per Procedure ((10)/(1))	\$31.01	\$22.28	\$80.14	\$0.00	\$246.59	\$57.78	\$85.42	\$201.57	\$273.37	\$178.18	\$58.97	\$50.12	\$0.00	\$44.11
(13) Claim Control Outbacks as a Percentage of Charges	11.2%	18.4%	30.6%	0.0%	18.8%	20.6%	20.3%	24.5%	30.3%	69.2%	26.1%	56.4%	0.0%	31.5%
(13a) Decline ((3a)/(2))	7.3%	9.2%	24.2%	0.0%	16.7%	21.9%	10.0%	18.1%	22.3%	64.8%	23.6%	18.2%	0.0%	17.8%
(13b) R&C ((3b)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	38.3%	0.0%	9.2%
(13c) Profile ((3c)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(13d) Schedule Plans ((3d)/(2))	3.8%	9.2%	9.0%	0.0%	5.1%	1.9%	9.7%	8.3%	8.0%	4.4%	2.2%	0.0%	0.0%	5.0%
(14) Cost Sharing Outbacks as a Percentage of Charges	10.4%	10.2%	23.8%	0.0%	26.3%	27.9%	33.2%	32.3%	25.0%	14.1%	20.7%	23.3%	0.0%	21.4%
(14a) Deductible ((5a)/(2))	6.8%	7.2%	3.4%	0.0%	2.7%	2.8%	4.7%	0.7%	1.4%	0.5%	4.1%	0.0%	0.0%	3.3%
(14b) Coinsurance ((5b)/(2))	3.8%	2.8%	18.4%	0.0%	22.1%	17.1%	25.8%	24.5%	23.9%	13.6%	18.3%	18.1%	0.0%	15.4%
(14c) Excess Maximum ((5c)/(2))	0.2%	0.1%	1.7%	0.0%	1.6%	8.0%	1.5%	3.4%	0.0%	0.0%	0.3%	3.9%	0.0%	2.0%
(14d) Non Duplication ((5d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	1.1%
(15) Total Outbacks as a % of Charges ((13)+(14)/(2))	21.6%	28.6%	54.3%	0.0%	45.2%	48.6%	53.5%	56.7%	55.4%	83.3%	46.7%	80.3%	0.0%	52.9%
(16) Benefits Paid as a % of Charges ((7)/(2))	78.4%	71.4%	45.7%	0.0%	54.8%	51.4%	48.5%	43.3%	44.6%	16.7%	53.3%	19.7%	0.0%	47.1%
(17) COB Savings as a % of Charges ((8)/(2))	3.1%	3.0%	1.7%	0.0%	1.9%	1.1%	1.4%	5.3%	2.0%	0.0%	4.3%	-0.1%	0.0%	1.7%
(18) Other Adjustments as a % of Charges ((9)/(2))	0.0%	-0.1%	-0.3%	0.0%	-0.2%	0.1%	-0.1%	0.0%	0.0%	0.0%	0.0%	-0.0%	0.0%	-0.1%
(19) Net Paid as a % of Charges ((10)/(2))	75.3%	68.5%	44.3%	0.0%	53.1%	50.2%	45.2%	38.0%	42.6%	16.7%	49.0%	19.8%	0.0%	45.5%

LUCAS COUNTY  
Utilization of Dental Procedures (External)

Summary of Dental Claim Experience by Procedure Class

Report Group By: Customer  
Period: 3/1/2009 through 2/28/2010

Customer #: 122356

	Preventive	Diagnostic	Restorative	Maxillofacial Prosthetics	Endodontics	Periodontics	Oral Surgery	Prosthetics, Fixed	Prosthetics, Removable	Implants	Adjunctive Gen. Services	Orthodontics	Other	Total
(1) # of Procedures ((1a)+(1b)+(1c)) as a percent of total procedures	2,786 28.1%	3,715 37.5%	1,457 14.7%	0 0.0%	105 1.1%	314 3.2%	369 3.7%	56 0.6%	24 0.2%	24 0.2%	124 1.3%	944 9.5%	0 0.0%	9,918 100.0%
(1a) Paid	2,548	3,277	1,209	0	98	190	293	35	15	18	08	859	0	8,529
(1b) Adjusted	2	11	24	0	1	6	27	6	1	0	4	0	0	85
(1c) Denied	238	427	194	0	16	118	49	12	8	8	51	85	0	1,204
(2) Charges as a percent of total charges	\$117,952 13.0%	\$115,733 12.7%	\$256,900 28.3%	\$0 0.0%	\$49,199 5.4%	\$36,391 4.0%	\$54,880 6.0%	\$28,048 3.1%	\$14,771 1.6%	\$23,204 2.6%	\$14,729 1.6%	\$197,248 21.7%	\$0 0.0%	\$909,054 100.0%
(3) Cutbacks: Claim Controls ((3a)+(3b)+(3c)+(3d)+(3e))	\$13,160	\$22,893	\$63,450	\$0	\$8,261	\$12,382	\$11,807	\$5,328	\$3,204	\$8,582	\$4,581	\$116,136	\$0	\$269,884
(3a) Decline	\$9,395	\$14,389	\$45,317	\$0	\$7,994	\$11,988	\$7,591	\$7,155	\$2,482	\$7,383	\$3,894	\$36,721	\$0	\$154,319
(3b) R&C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$79,415	\$0	\$79,415
(3c) Profile	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3d) Schedule Plans	\$3,804	\$8,785	\$18,295	\$0	\$904	\$1,188	\$6,209	\$0	\$1,848	\$1,199	\$887	\$0	\$0	\$43,009
(3e) Other Cutbacks	-\$129	-\$281	-\$162	\$0	-\$637	-\$794	-\$1,993	-\$1,827	-\$1,038	\$0	\$0	\$0	\$0	-\$6,859
(4) Covered Expense ((2)-(3)) as a percent of total covered expenses	\$104,792 16.4%	\$92,840 14.5%	\$193,450 30.3%	\$0 0.0%	\$40,938 6.4%	\$24,609 3.8%	\$43,073 6.7%	\$22,720 3.6%	\$11,467 1.6%	\$14,622 2.3%	\$10,148 1.6%	\$81,112 12.7%	\$0 0.0%	\$639,171 100.0%
(5) Cutbacks: Cost Sharing ((5a)+(5b)+(5c)+(5d)+(5e))	\$9,965	\$10,518	\$62,710	\$0	\$11,486	\$8,169	\$18,047	\$10,885	\$6,691	\$8,317	\$4,256	\$37,596	\$0	\$128,618
(5a) Deductible	\$5,980	\$7,311	\$9,507	\$0	\$1,303	\$942	\$2,148	\$100	\$125	\$150	\$482	\$50	\$0	\$28,108
(5b) Coinsurance	\$3,739	\$2,812	\$49,085	\$0	\$9,310	\$5,043	\$14,954	\$4,524	\$4,189	\$5,085	\$3,528	\$29,456	\$0	\$131,705
(5c) Excess Maximum	\$206	\$333	\$3,158	\$0	\$973	\$2,184	\$285	\$8,241	\$2,377	\$3,082	\$5	\$7,859	\$0	\$26,581
(5d) Non Duplication	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,385	\$0	\$8,385
(5e) Other Cutbacks	\$40	\$62	\$81	\$0	\$0	\$0	\$860	\$0	\$0	\$0	\$0	\$230	\$0	-\$8,140
(6) Total Cutbacks ((3)+(5))	\$23,125	\$33,411	\$126,160	\$0	\$19,747	\$20,951	\$29,854	\$16,193	\$9,995	\$16,899	\$8,837	\$153,732	\$0	\$458,592
(7) Benefits Paid ((4)-(6)) as a percent of total benefits paid	\$94,827 21.0%	\$62,322 18.3%	\$130,740 29.0%	\$0 0.0%	\$29,452 6.5%	\$15,840 3.8%	\$25,026 6.8%	\$11,855 2.6%	\$4,776 1.1%	\$6,305 1.4%	\$5,892 1.3%	\$43,516 9.7%	\$0 0.0%	\$458,592 100.0%
(8) COB Savings	\$3,504	\$3,733	\$7,230	\$0	\$2,832	\$1,925	\$1,206	-\$134	\$0	\$0	\$292	-\$513	\$0	\$19,778
(9) Other Adjustments	-\$8	-\$17	\$183	\$0	-\$438	-\$53	-\$325	\$0	\$13	\$0	-\$208	\$0	\$0	-\$852
(10) Net Paid ((7)-(8)-(9)) as a percent of total not paid	\$91,331 21.2%	\$78,606 18.2%	\$123,027 28.8%	\$0 0.0%	\$27,256 6.3%	\$14,068 3.3%	\$24,146 5.6%	\$11,989 2.8%	\$4,764 1.1%	\$6,305 1.5%	\$5,809 1.3%	\$44,028 10.2%	\$0 0.0%	\$431,628 100.0%
(11) Charge Per Procedure ((2)/(1))	\$42.34	\$31.15	\$176.32	\$0.00	\$468.56	\$115.89	\$148.73	\$500.86	\$815.48	\$966.83	\$118.78	\$208.95	\$0.00	\$91.66
(12) Net Paid Per Procedure ((10)/(1))	\$32.78	\$21.16	\$84.64	\$0.00	\$259.58	\$44.80	\$65.43	\$214.09	\$198.49	\$282.72	\$46.84	\$46.94	\$0.00	\$43.52
(13) Claim Control Cutbacks as a Percentage of Charges	11.2%	19.8%	24.7%	0.0%	16.8%	34.0%	21.5%	19.0%	22.4%	37.0%	31.1%	58.9%	0.0%	29.7%
(13a) Decline ((3a)/(2))	8.0%	12.4%	17.8%	0.0%	16.2%	32.9%	13.8%	25.5%	18.9%	31.8%	28.4%	18.6%	0.0%	17.0%
(13b) R&C ((3b)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.3%	0.0%	8.7%
(13c) Profile ((3c)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(13d) Schedule Plans ((3d)/(2))	3.3%	7.8%	7.1%	0.0%	1.8%	3.3%	11.3%	0.0%	12.5%	5.2%	4.7%	0.0%	0.0%	4.7%
(14) Cost Sharing Cutbacks as a Percentage of Charges	8.4%	9.1%	24.4%	0.0%	23.3%	22.4%	32.8%	38.7%	45.3%	35.8%	28.9%	19.1%	0.0%	20.7%
(14a) Deductible ((5a)/(2))	5.1%	6.5%	3.7%	0.0%	2.0%	2.6%	3.9%	0.4%	0.8%	0.6%	3.3%	0.0%	0.0%	3.1%
(14b) Coinsurance ((5b)/(2))	3.2%	2.4%	19.1%	0.0%	18.9%	13.9%	27.2%	18.1%	28.4%	21.9%	24.0%	14.8%	0.0%	14.5%
(14c) Excess Maximum ((5c)/(2))	0.2%	0.3%	1.2%	0.0%	1.8%	0.0%	0.5%	22.3%	18.1%	13.3%	0.0%	4.0%	0.0%	2.9%
(14d) Non Duplication ((5d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(15) Total Cutbacks as a % of Charges (((13)+(14))/(2))	19.6%	28.9%	49.1%	0.0%	40.1%	56.5%	54.4%	57.7%	67.7%	72.8%	60.0%	77.9%	0.0%	50.4%
(16) Benefits Paid as a % of Charges ((7)/(2))	80.4%	71.1%	50.9%	0.0%	59.9%	43.5%	45.6%	42.3%	32.3%	27.2%	40.0%	22.1%	0.0%	49.6%
(17) COB Savings as a % of Charges ((8)/(2))	3.0%	3.2%	2.8%	0.0%	5.4%	5.0%	2.2%	-0.5%	0.0%	0.0%	2.0%	-0.3%	0.0%	2.3%
(18) Other Adjustments as a % of Charges ((9)/(2))	-0.0%	-0.0%	0.1%	0.0%	-0.9%	-0.1%	-0.8%	0.0%	0.1%	0.0%	-1.4%	0.0%	0.0%	-0.1%
(19) Net Paid as a % of Charges ((10)/(2))	77.4%	67.9%	48.0%	0.0%	55.4%	38.7%	44.0%	42.7%	32.3%	27.2%	39.4%	22.3%	0.0%	47.5%

LUCAS COUNTY  
Utilization of Dental Procedures (External)

Summary of Dental Claim Experience by Procedure Class

Report Group By: Customer  
Period: 3/1/2010 through 6/30/2010

Customer #: 122356

	Preventive	Diagnostic	Restorative	Maxillofacial Prosthetics	Endodontics	Periodontics	Oral Surgery	Prosthodontics, Fixed	Prosthodontics, Removable	Implants	Adjunctive Gen. Services	Orthodontics	Other	Total
(1) # of Procedures ((1a)+(1b)+(1c))	1,054	1,375	580	0	45	107	142	16	7	2	68	259	0	3,655
(1a) Fold	949	1,242	448	0	39	88	112	10	7	1	34	219	0	3,127
(1b) Adjusted	7	11	37	0	2	1	9	0	0	0	2	2	0	71
(1c) Donled	98	122	95	0	4	40	21	6	0	1	32	38	0	457
(2) Charges	\$44,029	\$42,781	\$94,290	\$0	\$18,241	\$10,378	\$21,010	\$10,598	\$3,384	\$2,839	\$8,986	\$54,732	\$0	\$311,368
as a percent of total charges	14.1%	13.7%	30.3%	0.0%	5.9%	3.3%	6.7%	3.4%	1.1%	0.9%	2.9%	17.6%	0.0%	100.0%
(3) Cutbacks: Claim Controls ((3a)+(3b)+(3c)+(3d)+(3e))	\$5,241	\$7,241	\$21,533	\$0	\$713	\$3,388	\$4,449	\$3,484	\$221	\$1,249	\$3,372	\$29,958	\$0	\$80,849
(3a) Decline	\$4,158	\$4,488	\$21,478	\$0	\$1,204	\$3,083	\$3,457	\$3,484	\$0	\$1,240	\$2,854	\$7,457	\$0	\$52,888
(3b) R&C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,786	\$0	\$22,786
(3c) Profile	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3d) Schedule Plans	\$1,447	\$3,025	\$3,818	\$0	\$808	\$325	\$1,534	\$0	\$221	\$0	\$518	\$0	\$0	\$11,794
(3e) Other Cutbacks	-\$362	-\$272	-\$3,759	\$0	-\$1,389	\$0	-\$542	\$0	\$0	\$0	\$0	-\$285	\$0	-\$8,819
(4) Covered Expense ((2)-(3))	\$38,788	\$35,540	\$72,757	\$0	\$17,028	\$8,990	\$16,561	\$7,114	\$3,163	\$1,590	\$5,614	\$24,774	\$0	\$230,519
as a percent of total covered expenses	16.8%	15.4%	31.6%	0.0%	7.2%	3.0%	7.2%	3.1%	1.4%	0.7%	2.4%	10.7%	0.0%	100.0%
(5) Cutbacks: Cost Sharing ((5a)+(5b)+(5c)+(5d)+(5e))	\$3,964	\$4,254	\$21,839	\$0	\$5,556	\$2,564	\$5,945	\$4,533	\$841	\$318	\$2,306	\$11,701	\$0	\$63,821
(5a) Deductible	\$2,884	\$3,379	\$4,378	\$0	\$530	\$759	\$1,091	\$25	\$100	\$0	\$491	\$0	\$0	\$13,835
(5b) Coinsurance	\$697	\$760	\$16,428	\$0	\$4,597	\$1,854	\$4,882	\$1,418	\$741	\$319	\$1,776	\$8,557	\$0	\$42,128
(5c) Excess Maximum	\$98	\$0	\$1,055	\$0	\$429	\$0	\$120	\$3,090	\$0	\$0	\$38	\$3,145	\$0	\$7,976
(5d) Non Duplication	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,835	\$0	\$1,835
(5e) Other Cutbacks	-\$15	\$116	-\$21	\$0	\$0	-\$49	\$53	\$0	\$0	\$0	\$0	-\$1,835	\$0	-\$1,752
(6) Total Cutbacks ((3)+(5))	\$9,205	\$11,495	\$43,372	\$0	\$6,269	\$5,952	\$10,394	\$8,017	\$1,062	\$1,567	\$5,678	\$41,659	\$0	\$144,670
(7) Benefits Paid ((4)-(6))	\$34,824	\$31,286	\$50,918	\$0	\$12,072	\$4,426	\$10,616	\$2,581	\$2,322	\$1,272	\$3,308	\$13,073	\$0	\$166,698
as a percent of total benefits paid	20.9%	18.8%	30.5%	0.0%	7.2%	2.7%	6.4%	1.5%	1.4%	0.8%	2.0%	7.8%	0.0%	100.0%
(8) COB Savings	\$1,123	\$1,002	\$1,717	\$0	\$523	\$108	\$726	\$0	\$0	\$0	\$244	-\$227	\$0	\$5,214
(9) Other Adjustments	-\$437	-\$272	-\$738	\$0	-\$482	-\$170	-\$289	\$0	\$0	\$0	\$0	-\$1,433	\$0	-\$3,820
(10) Net Paid ((7)-(8)-(9))	\$34,139	\$30,556	\$49,937	\$0	\$12,031	\$4,490	\$10,179	\$2,581	\$2,322	\$1,272	\$3,064	\$14,733	\$0	\$165,304
as a percent of total net paid	20.7%	18.5%	30.2%	0.0%	7.3%	2.7%	6.2%	1.6%	1.4%	0.8%	1.9%	8.9%	0.0%	100.0%
(11) Charge Per Procedure ((2)/(1))	\$41.77	\$31.11	\$162.57	\$0.00	\$407.58	\$98.99	\$147.96	\$662.38	\$493.43	\$1,419.50	\$132.15	\$211.32	\$0.00	\$85.19
(12) Net Paid Per Procedure ((10)/(1))	\$32.39	\$22.22	\$86.10	\$0.00	\$287.38	\$41.96	\$71.88	\$161.31	\$331.71	\$636.00	\$45.08	\$58.88	\$0.00	\$45.23
(13) Claim Control Cutbacks as a Percentage of Charges	11.9%	16.9%	22.8%	0.0%	3.9%	32.6%	21.2%	32.9%	6.9%	44.0%	37.5%	54.7%	0.0%	26.0%
(13a) Decline ((3a)/(2))	9.4%	10.5%	22.8%	0.0%	6.6%	28.5%	18.5%	32.9%	0.0%	44.0%	31.8%	13.6%	0.0%	17.0%
(13b) R&C ((3b)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	41.8%	0.0%	7.3%
(13c) Profile ((3c)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(13d) Schedule Plans ((3d)/(2))	3.3%	7.1%	4.0%	0.0%	5.0%	3.1%	7.3%	0.0%	8.5%	0.0%	5.8%	0.0%	0.0%	3.8%
(14) Cost Sharing Cutbacks as a Percentage of Charges	9.0%	9.9%	23.2%	0.0%	30.3%	24.7%	28.3%	42.8%	24.9%	11.2%	25.7%	21.4%	0.0%	20.5%
(14a) Deductible ((5a)/(2))	6.6%	7.9%	4.5%	0.0%	2.9%	7.3%	5.2%	0.2%	3.0%	0.0%	5.5%	0.0%	0.0%	4.4%
(14b) Coinsurance ((5b)/(2))	2.3%	1.8%	17.4%	0.0%	25.1%	17.9%	22.3%	13.4%	21.9%	11.2%	19.8%	15.6%	0.0%	13.5%
(14c) Excess Maximum ((5c)/(2))	0.2%	0.0%	1.1%	0.0%	2.3%	0.0%	0.8%	29.2%	0.0%	0.0%	0.4%	5.7%	0.0%	2.6%
(14d) Non Duplication ((5d)/(2))	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.5%
(15) Total Cutbacks as a % of Charges ((13)+(14))/(2)	20.9%	26.9%	46.0%	0.0%	34.2%	57.4%	49.5%	75.6%	31.4%	55.2%	63.2%	76.1%	0.0%	46.5%
(16) Benefits Paid as a % of Charges ((7)/(2))	79.1%	73.1%	54.0%	0.0%	65.8%	42.6%	50.5%	24.4%	68.6%	44.8%	36.8%	23.9%	0.0%	53.5%
(17) COB Savings as a % of Charges ((8)/(2))	2.5%	2.3%	1.8%	0.0%	2.9%	1.0%	3.5%	0.0%	0.0%	0.0%	2.7%	-0.4%	0.0%	1.7%
(18) Other Adjustments as a % of Charges ((9)/(2))	-1.0%	-0.8%	-0.8%	0.0%	-2.8%	-1.6%	-1.4%	0.0%	0.0%	0.0%	-2.8%	0.0%	0.0%	-1.2%
(19) Net Paid as a % of Charges ((10)/(2))	77.5%	71.4%	53.0%	0.0%	65.6%	43.3%	48.4%	24.4%	68.6%	44.8%	34.1%	26.9%	0.0%	53.1%

## **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>	<b>NON-COLLUSION AFFIDAVIT (MUST BE FILLED OUT BY ALL RESPONDENTS)</b>
<b>FORM 1B</b>	<b>DELINQUENT TAX STATEMENT (MUST BE FILLED OUT BY ALL RESPONDENTS)</b>
<b>FORM 2A</b>	<b>NOT APPLICABLE: ADMINISTRATIVE SERVICES COST QUOTATION (ONE YEAR)</b>
<b>FORM 2B</b>	<b>NOT APPLICABLE: ADMINISTRATIVE SERVICES COST QUOTATION (TWO YEARS)</b>
<b>FORM 2C</b>	<b>NOT APPLICABLE: ADMINISTRATIVE SERVICES QUESTIONNAIRE (MUST BE COMPLETED BY ALL RESPONDENTS FOR ADMINISTRATIVE SERVICES)</b>
<b>FORM 2D</b>	<b>NOT APPLICABLE: ADMINISTRATIVE SERVICES COST QUOTATION (PRESCRIPTION DRUG)</b>
<b>FORM 2E</b>	<b>NOT APPLICABLE: PRESCRIPTION DRUG ADMINISTRATIVE SERVICES QUESTIONNAIRE</b>
<b>FORM 3</b>	<b>ULTIMATE LIABILITY (STOPLOSS) COVERAGE</b>
<b>FORM 4</b>	<b>CONVENTIONAL HEALTH, PPO NETWORK COVERAGE/ACCESS</b>
<b>FORM 4A</b>	<b>NOT APPLICABLE: CONVENTIONAL HMO COVERAGE</b>
<b>FORM 5</b>	<b>NOT APPLICABLE: CONVENTIONAL DENTAL INDEMNITY COVERAGE</b>
<b>FORM 5A</b>	<b>CONVENTIONAL DENTAL DMO OR PPO COVERAGE</b>
<b>FORM 6</b>	<b>NOT APPLICABLE: CONVENTIONAL PRESCRIPTION DRUG COVERAGE</b>
<b>FORM 7</b>	<b>NOT APPLICABLE: EMPLOYEE GROUP TERM LIFE INSURANCE</b>
<b>FORM 8</b>	<b>PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE</b>

**ADDITIONAL FORMS:**  
**DECLARATION REGARDING MATERIAL ASSISTANCE TO A TERRORIST ORGANIZATION**

**FORM #1A  
NON-COLLUSION AFFIDAVIT OF  
PRIME RESPONDENT  
TO BE NOTARIZED AND SUBMITTED BY EACH RESPONDENT**

STATE OF OHIO )  
LUCAS COUNTY )SS

\_\_\_\_\_, being first duly sworn deposes and says that :

(1) He/she is \_\_\_\_\_ of  
(OWNER, PARTNER, OFFICER, REPRESENTATIVE, OR AGENT)  
\_\_\_\_\_ THE RESPONDENT THAT

(2) He/She is fully informed regarding the preparation and contents of the attached proposal and all pertinent circumstances regarding such proposal.

(3) Such offering is genuine and is not a collusive or sham offering

(4) Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly with any other Respondent, firm or person to submit a sham proposal in connection with the Contract for which the attached proposal has been submitted or to refrain from offering in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Respondent, or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against Lucas County, its employees, or citizens.

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

Sworn to before me and subscribed in my presence  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNED

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

\_\_\_\_\_  
TITLE

**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 #3  
ULTIMATE LIABILITY (STOP/LOSS) COVERAGE**

**A: AGGREGATE STOP/LOSS:**

**LINE OF COVERAGE:**           N/A            
**Attachment point...(Assuming 100% Enrollment)... N/A including prescription drug**

**Monthly Premium:**

\$ \_\_\_\_\_ Per Single Employee per month ...X... N/A single plans ...\$ \_\_\_\_\_  
\$ \_\_\_\_\_ Per Family Employee per month ...X... N/A family plans ...\$ \_\_\_\_\_  
**TOTAL MONTHLY PREMIUM** .....\$ \_\_\_\_\_

**B: SPECIFIC STOP/LOSS AT \$400,000 INCURRED PER COVERED PERSON (INCLUDING  
PRESCRIPTION DRUG COVERAGE)**

**Monthly Premium:**

\$ \_\_\_\_\_ Per Single Employee per month ...X... 1044 single plans ...\$ \_\_\_\_\_  
\$ \_\_\_\_\_ Per Family Employee per month ...X 2359 family plans ...\$ \_\_\_\_\_  
**TOTAL MONTHLY PREMIUM** .....\$ \_\_\_\_\_

**UNDERWRITER:**

Please attach additional sheets if enrollee formulas or contingencies are inherent to your proposal.

Insurance Underwriter: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

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

### ONE YEAR PRICE QUOTATION

EMPLOYEE CATEGORIES OF EMPLOYEES	ESTIMATED NO	X	MONTHLY	=	TOTAL MONTHLY
	RATE/ACCESS FEE	PREMIUM	ACCESS FEE	PREMIUM	ACCESS FEE
SINGLE	604	X	\$ _____	=	\$ _____
FAMILY	1351	X	\$ _____	=	\$ _____
<b>TOTAL =</b>					<b>TOTAL = \$ _____</b>

### TWO-YEAR PRICE QUOTATION: SECOND YEAR

EMPLOYEE CATEGORIES OF EMPLOYEES	ESTIMATED NO	X	MONTHLY	=	TOTAL MONTHLY	OR	SECOND YEAR
	RATE	PREMIUM	RATE CAP	RATE CAP	RATE CAP	RATE CAP	RATE CAP
SINGLE	604	X	\$ _____	=	\$ _____	_____ %	_____ %
FAMILY	1351	X	\$ _____	=	\$ _____	_____ %	_____ %
<b>TOTAL =</b>					<b>TOTAL = \$ _____</b>		

### THREE-YEAR PRICE QUOTATION: THIRD YEAR

EMPLOYEE CATEGORIES OF EMPLOYEES	ESTIMATED NO	X	MONTHLY	=	TOTAL MONTHLY	OR	SECOND YEAR
	RATE	PREMIUM	RATE CAP	RATE CAP	RATE CAP	RATE CAP	RATE CAP
SINGLE	604	X	\$ _____	=	\$ _____	_____ %	_____ %
FAMILY	1351	X	\$ _____	=	\$ _____	_____ %	_____ %
<b>TOTAL THIRD YEAR =</b>					<b>TOTAL = \$ _____</b>		

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

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

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

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

<b>Code</b>	<b>Code</b>	<b>Code</b>
99213	99244	90801
93005	V2799	99212
90945	96365	95904
99214	J9035	92004
J2505	77421	J9305
99284	71020	76705
97110	72148	B4197
J1756	99396	20610
99283	95810	76856
J2501	G0378	59510
74160	78452	77059
90806	95811	A9502
77418	98941	90805
85025	84443	88342
45378	59400	99395
96375	A9500	97112
99285	J1644	Q5003
99070	88175	72193
93306	99232	73221
96372	43239	99394
88305	74150	72195
96374	99204	Q9967
99219	78815	45385
J9263	99243	90847
97140	99215	98940
99203	81001	85018
36415	B4185	77280
J9041	70486	76830
70553	97113	45380
85027	80061	84460
77057	71260	80053
92014	93880	J9310
Q5006	73721	L8699
		99245

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

### ONE YEAR PRICE QUOTATION

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

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	203	X	_____	=	\$ _____
FAMILY	649	X	_____	=	\$ _____
<b>TOTAL =</b>					<b>TOTAL = \$ _____</b>

### TWO YEAR PRICE QUOTATION

		<u>FIRST YEAR</u>		<u>SECOND YEAR</u>	
EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	203	X	\$ _____	=	\$ _____
FAMILY	649	X	\$ _____	=	\$ _____
<b>TOTAL =</b>					<b>TOTAL = \$ _____</b>

		<u>FIRST YEAR</u>		<u>SECOND YEAR</u>	
EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY OR SECOND YEAR PREMIUM RATE CAP
SINGLE	203	X	\$ _____	=	\$ _____ _____ %
FAMILY	649	X	\$ _____	=	\$ _____ _____ %
<b>TOTAL =</b>					<b>TOTAL = \$ _____</b>

COMPANY NAME: \_\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 SUBMITTED BY: \_\_\_\_\_  
 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:

- 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 RBRRVS, 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.