REQUEST FOR PROPOSALS

FOR

CONVENTIONALLY INSURED

EMPLOYEE GROUP DENTAL PPO

AND

EMPLOYEE GROUP

DENTAL PPO

ADMINISTRATIVE SERVICES

AND

SPECIFIC STOP/LOSS INSURANCE COVERAGE FOR THE

EMPLOYEE GROUP HEALTH AND PRESCRIPTION DRUG PLANS

FOR

LUCAS COUNTY EMPLOYEES AND THEIR FAMILIES

ONE GOVERNMENT CENTER

SUITE 800

TOLEDO, OHIO 43604

SEPTEMBER, 2014

LEGAL NOTICE

The Board of County Commissioners, Lucas County, Ohio will be receiving proposals for conventionally insured Employee Group Dental PPO coverage and Administrative Services for a self insured Dental PPO option for employees. The Board will also receive proposals for Specific Stop-Loss Reinsurance for the self-insured Lucas County Health, HMO, and Prescription Drug plans.

Written specifications are available through the county website at: www.co.lucas.oh.us under Bid Posting Notifications beginning Monday, September 22, 2014.

Proposals must be completed and returned no later than 2:00 p.m. on Thursday, November 6, 2014. Materials must be stamped for time and date and placed in the bid box in the reception area of the offices of the Lucas County Commissioners, One Government Center, Suite 800, Toledo, Ohio 43604-2259. All proposal materials will be opened and identified at that time. All coverage is effective March 1, 2015. Questions may be directed to James P. 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

Carol Contrada, President

Tina Skeldon Wozniak, Commissioner

Pete Gerken, Commissioner

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SECTION I: INTRODUCTION

As Plan Sponsor, the Board of Commissioners, Lucas County, Ohio (hereinafter referred to as The Board or the County) currently makes available group term health, dental, HMO and prescription drug coverage for more than 3100 employees. Eligibility requirements are defined and administered by Lucas County and for reference are included in the Lucas County Employee Health Benefit Plan Documents. Respondents should note the employee initial eligibility, maintenance of eligibility, dependent child and spouse eligibility criteria. Since 1982 the Board of Commissioners of Lucas County has closely monitored an upward trend in health care costs and has periodically requested proposals from the insurance, HMO, Pharmacy Benefit Management (PBM) and administrative services industry to recommend innovative solutions to the problem without reducing benefits. As a result of this periodic request for proposal process the Board has contracted with, at various times, insurance companies, HMOs, preferred provider organizations (PPOs), pharmacy benefit managers (PBMs) and third party administrators (TPAs).

This request for proposals is intended to solicit quotations from qualified insurance companies for employee group Dental PPO conventional insurance quotations as well as administrative services for possibly self insuring the Dental PPO plan. Additionally, specific reinsurance quotations are being requested for the health and prescription drug portions of the benefits plan. This RFP is for program year 2015 with options to renew for 2016 and 2017. (Program years begin March 1 each year for all benefits.)

THE HEALTH PLANS.

The Board currently provides employees their choice of one HMO plan (Paramount) or one of two health plans (the Lucas County Plan) through a PPO network (FrontPath or Healthspan), their choice of either a traditional dental indemnity plan, a dental plan through a PPO network of dentists (Ameritas), a dental plan through a sole provider (Corner Dental) and one prescription drug plan (Catamaran).

There is no employee payroll deduction required to participate in any of these plans. Effective March 1, 2014 spouses are not eligible to enroll as primary in any of the health care plans. They may enroll as primary in the prescription drug plan or any of the dental plans. Spouses enrolled as primary elsewhere in a qualified health plan with a minimum coinsurance of 60%, are eligible to enroll as secondary with the County. There is no employee payroll deduction for spouses enrolled as secondary with Lucas County.

The health plan through the Healthspan PPO has no deductible, requires a $10 co-payment for primary care physician office visits, a $15 office visit co-payment for specialists, a $15 office visit co-payment for participating urgent care centers and a $100 co-payment for emergency room usage. The plan requires a 10% coinsurance payment for medical services with an annual out of pocket maximum of $1,000 per individual and $2,000 per family. There is no coverage for elective services provided out of network. This plan is not a "grandfathered" plan and complies with the provisions of the PPACA.

The Paramount HMO plan has no deductible, requires a $10 co-payment for primary care office visits, a $15 co-payment for specialists, a $15 office visit co-payment for participating urgent care centers and a $100 co-payment for emergency room usage. The plan requires a 25% coinsurance payment for medical services with an annual out of pocket maximum of $1,500 per individual and $3,000 per family. There is no coverage for elective services provided out of network. This plan is not a "grandfathered" plan and complies with the provisions of the PPACA.

The Lucas County Health Plan through FrontPath (PPO) has no deductible, requires a $10 co-payment for primary care physician office visits, a $15 office visit co-payment for specialists, a $15 co-payment for participating urgent care centers and a $100 co-payment for emergency room usage. The PPO plan requires a 30% coinsurance payment for medical services with an annual out of pocket maximum of $2,000 per individual and $4,000 per family if services are provided within the FrontPath network of participating providers. The First Health network serves as the PPO wrap network. Elective medical services obtained from medical providers not participating in FrontPath and First Health require a 50% co-payment with NO annual out of pocket maximum. The plan is not a "grandfathered" plan and complies with the provisions of the PPACA.

Other than specific stop/loss reinsurance no quotations for any of the health plans are being requested at this time.

THE DENTAL PLANS. The traditional dental plan has no annual deductible for preventative services and pays 100% up to the UCR for preventative dentistry services. For basic restorative services the plan requires a $25 per person annual deductible ($75 per family) and pays 80% up to the UCR. For major restorative services the plan pays up to 70%. The maximum benefit payable by the plan is $1,000 per covered person per plan year. There is no orthodontia coverage. This is the same level of benefit that is provided through the sole provider Corner Dental plan option.

No quotations for these two dental plans are being requested at this time.

The Dental PPO plan (Ameritas) requires all services be provided by a participating network provider for services to be paid at the highest level. There is no annual deductible and the plan pays up to 100% of the contracted rate 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 contracted rate for basic restorative services and 70% for major restorative services. The maximum benefit payable by the plan is $1,500 per covered person per plan year. Participating providers in the dental PPO plan have agreed to accept the 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 non adult member, per lifetime. The PPO plan uses the Ameritas network of dental providers. The County is currently in the second year of a three-year agreement with Ameritas with an option to renew for the third year.

Quotations for the dental PPO option for multiple years ARE being requested at this time.

All three of the dental plans pay 100% up to the reasonable or contracted fee for Type 1 (Preventative), 80% up to the reasonable or contracted fee for Type 2 (Basic Restorative) and up to 70% of the reasonable or contracted fee for Type 3 (Major Restorative) benefits.

THE PRESCRIPTION DRUG PLAN. The prescription drug program is administered by Catamaran. 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, or $40 per script, whichever is greater, is required for any non-preferred brand name medication or 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). 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 a 90 day supply of Tier I and Tier II medications and an annual $350 out of pocket maximum for Tier II brand name medications and $500 for Tier III medications if they enroll in and complete the Lucas County Expanded Prescription Drug Use Review Program with a participating pharmacist. This program is available at no charge for any enrollee. The Catamaran formulary applies. Specialty pharmacy services are available through the mail order program. All medications costing in excess of $500 and all genetic testing must be referred to medical management for review for medical necessity.

Effective March 1, 2011 collective bargaining amendments to the prescription drug plan include the exclusion of all brand name proton pump inhibitors and effective October 1, 2011 the implementation of a therapeutic step therapy program.

The Board is currently under contract with the Not for Profit Benefit Alliance (NFPBA) to provide administrative services for the Lucas County Plan through FrontPath, the Lucas County Plan through Healthspan, the Corner Dental-Patient's Choice plan and the dental indemnity plan. The Dental PPO program is conventionally insured through Ameritas. Health Design Plus is under contract with NFPBA to provide medical management and case management services for the FrontPath enrollees. Healthspan and Paramount provide their own medical management services. A specific stop/loss policy was provided through HM Life and is currently provided through Partner Re.The specific attachment point for 2014-15 is $450,000 for all but two covered persons including the self-insured health and prescription drug benefits. The attachment point for 2013-14 was $425,000.

Coordination of benefit provisions apply to all the above benefits. The above is only a brief summary. Copies of the actual plan documents are included elsewhere in this web site. **To view the actual plan documents** please visit the Lucas County website at www.co.lucas.oh.us accessing "on Line Services," then accessing the "Document Center" and finally accessing the "Employee Benefits Folder" where all of the plan documents are available for viewing.

Plan enrollment, including COBRA enrollment, as of August, 2014 is described below.

	Single	Family	Total
Paramount (HMO)	399	904	1303
Lucas County Plan (PPO HealthSpan)	279	523	802
Lucas County Plan (PPO FrtPath)	350	723	1073
Lucas County Dental Plan	656	1493	2149
Lucas Count Dental PPO (Ameritas)	222	739	961
Lucas County Drug Plan	946	2227	3173
Lucas County Dental Plan (Corner)	47	88	135

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 may be required to be present during open enrollment meetings to present their product offerings.

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

A schedule of the services currently being provided to the County and their respective fees is included in Section VI.

Quotes for Vision coverage are not being requested as part of this RFP process unless a vision feature is included as part of the Dental PPO quotation.

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

The County is interested in receiving proposals for specific stop/loss reinsurance for the three self-insured health plans and the prescription drug plan that will limit the County's financial liability for medical and prescription drug claims to a 15/12 specific level of not more than $450,000 per person per year. Stop/loss attachment points for lesser amounts will be considered. Each of the three health plans include precertification, utilization review and large case management programs with benefit reductions for non compliance. The stop loss attachment point does not include dental claims but does include prescription drug claims. The County's stop loss liability for dental claims is limited to the $1,000 annual maximum allowed in the dental plan of benefits. The County may or may not elect to continue to purchase stop/loss insurance.

Data reporting is considered to be a very important service and the County requires complete and sufficient data regarding every plan's performance. Respondents should, at a minimum, be prepared to maintain the existing reporting formats. 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. Proposal materials submitted should highlight expected paid claims and all provider discounts, if any, and c.o.b. savings anticipated.

Respondents must document that the actual amount billed to the County for any self-insured services is the actual amount reimbursed to medical providers for the services. The County requires electronic support documentation for all self insured invoices submitted for claims. Please see Section III, paragraph 4 for the required claims invoice format.

The County is interested in receiving proposals for conventionally insuring the Dental PPO plan.

The County retains the right to negotiate directly with any carrier.

Respondents interested in submitting a conventional quote for the Lucas County Dental PPO Plan should complete Form # 5A. Forms may be amended as needed to accommodate the concept, entity, and/or product being proposed.

CLAIMS ADMINISTRATION.

The County may wish to purchase claims administration services and Dental PPO network access for a self-insured Dental PPO. The chosen administrator must be licensed in the State of Ohio, demonstrate the expertise to provide all facets of service commonly associated with claims processing including, but not limited to: receiving and adjudicating claims from dental providers and employees, receiving the County's 834 electronic enrollment file, validating enrollment in the plan, determining medical necessity, providing predetermination of benefits, concurrent and retrospective review, validating legitimate expenditures, authorizing payments, cutting and mailing the actual checks and explanation of benefits (EOB) forms, and providing routine monthly and quarterly reports according to the informational requirements specified in Section **III** (General Plan Provisions), as well as any reporting required by federal, state, and/or local statutes applicable to funding arrangements of this type. A monthly electronic report, using the county file format detailing all claims activity, including but not limited to, provider tax ID, medical procedure codes, billed charge amounts and actual amount due for all self-insured plans must be submitted to the County for electronic auditing purposes in addition to a paper invoice. Please see Section III, paragraph #17.

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

The chosen claims administrator will be required to submit a level one SAS-70 report describing its procedures and safeguards or the equivalent. Additionally, the chosen claims administrator will be responsible for all facets of operationalization including the initial enrollment of all employees and dissemination of all personalized identification cards by March 1, 2015. Summary Plan Descriptions will be displayed on the County website. Other than coordination, no agency or staff of the County shall be required to handle claims or provide services other than distribution of claim forms.

It is conceivable, depending upon **Dental PPO** enrollment, that the monthly claims due by the County in a self insured plan, could total as much as $75,000. The County must be protected against the unlikely eventuality that these funds would be used for some purpose other than those for which they are intended: payments to providers as reimbursement for medical services provided. Therefore, the chosen administrator must secure a performance bond, or errors and omissions insurance coverage, sufficient to cover the cost of these claims specifically naming The Board of Commissioners, Lucas County, Ohio as the insured. This performance bond or insurance coverage must be executed entirely and exclusively on behalf of the County's account and should be separate and distinct from any letters of credit and/or performance bonds the chosen administrator may currently or otherwise have in force. This bond or insurance is in addition to any bonding required of third party administrators by state.

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

PREFERRED PROVIDER ORGANIZATIONS (PPOs).

The County is interested in receiving proposals for providing dental coverage through preferred provider networks (PPOs). **Therefore, proposals are welcome from any interested parties wishing to address all or only certain lines of coverage or portions of the services proposed as defined below.** Interested parties are welcome to quote on any or all lines of coverage. Respondents for PPO services under this approach need to clearly identify the network of participating dentists and dental facilities and every area of specialty service provided.

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 shock loss expenditures from March 1, 2009 through July, 2014 paid in actual claims (See Section VI, Claims History).

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

The County may, or may not, elect to purchase reinsurance for these lines of coverage.

Respondents should be aware that this request for proposals is for informational purposes. This information is shared with labor representatives after submission in order to facilitate the collective bargaining process between the County and its employees. As a result the benefits described within this RFP are subject to change. Proposals should not be submitted containing any proprietary or trade secret information. 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 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 Thursday, November 6, 2014 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 Group Dental PPO Services and/or Specific Stop/Loss Reinsurance for Health & Prescription Drug " 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. Revised quotations may be submitted after that date, subject to negotiation, but only if an original proposal has been received by the November 6, 2014 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, 2015. Selected contractors will be notified as soon as possible. The chosen contractor must be prepared to execute a written contract with the Board and should submit as part of their proposal the actual contract they are proposing to enter into with the Board 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 the 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 nor has the respondent colluded with any other respondent or potential respondent. (See Non-Collusion Affidavit).

8. Respondents must provide a detailed listing of similar cases administered by the contractor in the State of Ohio. Past contractual work shall not be construed to provide an advantage.

9. All respondents 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, or an administrative service company, or agency affiliate of the company. These specifications, as of March 1, 2015 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 insurance company's responsibility to designate the agent.

13. Please include, in addition to your original quotation or proposal, one clearly legible copy.

14. The limits and coverage set forth in these specifications are acceptable minimums. The signer of the returned materials, by submission, declares that sufficient investigation has been made to determine the character and extent of the benefits to be contracted and agrees, if the contract is awarded, to contract with Lucas County and provide its employees with insurance coverage and/or administrative services and/or stop/loss coverage as identified in the specifications within the time limits required, for the price quoted in the proposal materials.

15. In selecting a carrier or administrative service agent, the County will consider several factors, including, but not limited to:

    a. Low initial cost;
    b. Low ultimate net cost, including conventional insurance premium cost, 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. Evaluation by professional rating agencies;
    g. Reputation and past experience of the contractor; and,
    h. 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. Not merely a sample. A copy of the claims forms and procedures to be utilized must also be included.

17. All interested parties shall be forewarned that Lucas County reserves the right to disqualify any and all proposals before or after opening upon evidence of collusion with intent to defraud or other illegal practices upon the part of those submitting proposals.

18. The Board has retained Wells & Associates LLC of Toledo, Ohio, on a fee-for-service basis, to provide consultation with regard to these specifications. Mr. 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. 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.

22. The Board 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' judgment, the best interests of the County will not be served by the proposals received.

23. Respondents should be aware that confidential and/or proprietary and/or trade secret information is not being requested as part of this request for proposals. Respondents who feel compelled to submit information the respondent determines to be confidential, proprietary or a trade secret to better promote their proposals are welcome to do so but shall be subject to Ohio's public information laws. In such a case the respondent should clearly indicate which sections of their proposal contains confidential, proprietary or trade secret information.

24. 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. The Board is interested in purchasing employee group Dental PPO insurance or administrative services and stop/loss coverage as economically as possible consistent with good service. As a result, all proposals submitted will be evaluated according to their relative merits in relation to the best interests of County employees and their dependents. All permanent hourly and salaried employees of the County shall become eligible for coverage according to the provisions of the Lucas County Employee Health Benefit Plan as amended and restated effective March 1, 2011.

2. As Plan Sponsor, the Board is responsible for determining eligibility. Briefly, employees become eligible for coverage under this Plan at 12:01 A.M. on the 31st day (91st 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 employees whose employment will not exceed one hundred and twenty (120) calendar days; and intermittent employees whose employment will not exceed one thousand (1000) 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.

Effective March 1, 2014 spouses of eligible employees are no longer eligible to enroll as primary in any of the health plans sponsored by the Board. Spouses who enroll as primary in a qualified health plan with a co-insurance benefit of at least 60% may enroll in a County sponsored health plan as secondary.

3. A complete description of the medical, prescription drug and dental program benefits is contained in the respective plan documents. These coverage's 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 carrier or administrative agent's responsibility to:

a. Prepare summary plan description booklets and certificates for the County's website;
b. Receive the County's 834 enrollment file and update enrollment;
c. Print and issue personalized identification cards within 30 days of contract award;
d. 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.
e. 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

* Dollar value of claims by spouses

* Number of claims by dependents

* Dollar amount of claims by dependents by age

* 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 claims by provider
* Total services provided by diagnostic category by provider
* Dollar amount of services provided by diagnostic category by provider
* Claim charges total
* Claim charges eligible
* Coordination of benefits savings
* Number of subrogation claims and dollar amount recovered
* Number of claimants, claims and dollar amount paid in stop/loss reinsurance reimbursement
* Listing of claimants (providers) by total claims submitted, claims period, billed charges, net paid

5. The carrier or administrative services company is required to:

1. Work in cooperation with the County's health care cost containment consultant in providing the type of detailed information noted in paragraph (d) above in both a timely and cooperative fashion.
2. Provide a detailed annual report, or rate renewal development summary, summarizing all plan activity for the year and including the calculation of rate adjustments.
3. Provide all other services necessary to communicate and administer the plan.
4. Provide 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
5. The health insurer must demonstrate the capability to implement the plan as early as March 1, 2015 and may need to attend open enrollment meetings to explain their product and service the account thereafter.

6. 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 .

7. Rate structures submitted must be guaranteed for a minimum of twelve (12) months with rate caps for subsequent second and third years.

8. The County requires all insurance or ASO contracts to provide for renewal rate quotations within 120 days of contract expiration.

9. 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.

10. The Lucas County staff will be responsible for:

a. Updating enrollment information on all employees. This will include supplying, on a weekly basis, a complete enrollment file of all persons enrolled in the plan for that week. This information is transferred to the selected vendor 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 insurance carrier or administrative services company.
c. Distribute claim forms or kits provided by the carrier or administrative services company to employees utilizing benefits.

11. No reduction of existing benefit schedules will be considered when coverage is assumed under a new contractor.

12. No eligible person shall be denied benefits under the plan due to the error or omission by Lucas County staff or its agents to which such persons would otherwise be entitled solely for reason of transferring coverage from the present program to the new carrier or administrative services agent.

13. The contractor shall waive any "actively at work" clauses or related provisions for purposes of contract takeover.

14. The contractor shall waive any preexisting condition clause and health plan maximum benefits consistent with applicable law and The Lucas County Employee Health Benefit Plan as Amended and Reinstated Effective March 1, 2011.

15. Each contractor shall have a coordination of benefits provision under ALL lines of coverage that will dictate an order of coordination developed to protect the long-range best cost containment concerns of the County and its employees and its benefits as negotiated through the collective bargaining process.

16. All proposals shall include a subrogation plan provision under which the insurer or administrative services company will have the right to recover benefits paid on behalf of an enrollee from a party whose negligent or wrongful actions caused illness or injury to the employee and/or his/her dependents. The carrier or administrator will make a prompt payment of the 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.

17. Monthly reporting requirements will require documentation of savings under each of these plan provisions.

18. It is requested that the successful contractor maintain an office locally or make other provisions to adequately service the account.

19. Data format for individual claim date. The format in the following page(s) entitled Comma Delimited-File must be utilized for submission of self insured claims to the County for payment. 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.

20. All proposals submitted must be in compliance with all laws.

Inquiries may be directed in writing to:

Mr. James P. Wells

Wells & Associates LLC

2820 Rathbun Rd.

Toledo, Ohio 43606

419-471-7451

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

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

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

SECTION IV: PLAN OF BENEFITS

The Lucas County Employee Health Benefit Plan as amended and reinstated effective March 1, 2011 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.

These plan documents are available elsewhere on the Lucas County website by accessing "On Line Services," then accessing the "Document Center," and finally accessing the "Employee Benefits Folder" where all of the plan documents are available for viewing.

Prescription drug coverage requires a co-pay of 20% up to $8 per script for generics, $25 for preferred brand name medication and 20%, or $40, whichever is greater, 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 for a period of 36 months. Effective March 1, 2011 brand name proton pump inhibitors are specifically excluded. Effective October 1, 2011 a step therapy program was implemented.

Effective March 1, 2014 spouses of eligible County employees are no longer eligible to enroll in any of the health plans sponsored by the County as primary. Should spouses of eligible employees enrolled in a health plan sponsored by the County enroll in a qualified health plan with a minimum plan co-insurance benefit of 60% they may then enroll as secondary in that health plan sponsored by the County. Spouses of eligible employees may enroll as primary on the dental and prescription drug plans.

INCLUDED IN THIS SECTION

- COMPARISON OF MEDICAL BENEFITS CHART
- COMPARISON ON DENTAL BENEFITS CHART

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

Summary of Benefits and Coverage

The benefit plan year for ALL benefits begins March 1, 2014 and continues through February 28, 2015.

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" on the Lucas County Employee Benefit website 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.

All non emergency care in the Paramount and the Lucas County HealthSpan plans MUST be delivered by network providers. It is the enrollee's responsibility to use physicians and other medical providers that participate in network.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative) (10% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Paramount Health Care (25% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).	Lucas County Plan thru FrontPath Network (30% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures delivered by network providers. 50% co-insurance applies to non emergency, non network services.)
Pre-Existing Condition	Not applicable	Not applicable	Not applicable
Out-Of-Pocket Maximum	$1000 Single - $2000 Family Co-payments will not accumulate toward satisfying these yearly maximums. Co-payments will continue to apply after out-of-pocket co-insurance maximum is met.	$1500 Single - $3000 Family Co-Payments/Coinsurance for Infertility Services & Vision rebate, do not apply toward Out of Pocket maximums.	$2000 Single - $4000 Family Co-payments will not accumulate toward satisfying these yearly maximums. There is NO out of pocket maximum for non emergency, non network services. Co-payments will continue to apply after out-of-pocket co-insurance maximum is met.
Certain Preventive Care will be covered in network at 100% with no co-pays. Preventive Care will include screenings, checkups, patient counseling to prevent illnesses, diseases or other health problems, including, but not limited to the following:			
Well Child Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Well Baby Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Pap	100% with no co-pay	100% with no co-pay	100% with no co-pay
Mammograms	100% with no co-pay	100% with no co-pay	100% with no co-pay
Prostate Exams	100% with no co-pay	100% with no co-pay	100% with no co-pay
Immunizations	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Preventive Services & Screenings	100% with no co-pay	100% with no co-pay	100% with no co-pay
Diagnostic Testing	100% with no co-pay	100% with no co-pay	100% with no co-pay
Certain Health Education	100% with no co-pay	100% with no co-pay	100% with no co-pay
Hearing Exam	100% with no co-pay	100% with no co-pay	100% with no co-pay

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the FrontPath Network
The following benefits are subject to co-payments and/or co-insurance.			
Office Visits for (non preventive) Medical Problems	$10 co-pay for office visit only with Pediatrician or PCP or IM. Remainder paid at 90%/10%.	$10 co-pay for office visit only with Member's PCP. Remainder paid at 75%/25%.	$10 co-pay for general practitioner office visit only. Remainder paid at 70%/30%.
Specialist Visit	$15 co-pay for office visit only. Remainder paid at 90%/10%.	$15 co-pay for office visit only. Remainder paid at 75%/25%.	$15 co-pay for office visit only. Remainder paid at 70%/30%.
OB/GYN (other than for routine preventive services)	$15 co-pay per visit with a plan physician. Remainder paid at 90%/10%.	$15 co-pay per visit with a plan physician. Remainder paid at 75%/25%.	$10 co-pay for office visit only. Remainder paid at 70%/30%.
Maternity Care	$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 90%/10%.	$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 75%/25%.	$10 co-pay for office visit. Remainder paid at 70%/30%.
Allergy Treatment	$10 co-pay if performed by PCP, $15 co-pay if performed by a Specialist. ($25 co-pay per testing session)	$10 co-pay with PCP, $15 co-pay for Specialist. ($25 co-pay per testing session.	Testing: Plan pays 70% up to $1000. Injection: Employee pays 30%.
Infertility Diagnosis & Testing	10% 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.	25% 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. Not subject to OOPM.	Employee pays 30% of diagnosis and testing. Excludes all reproductive technologies.
Sterilization Services, Vasectomy, Tubiligation	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30%.
Vision Exams/ Hardware	Vision-$15 co-pay for one routine vision exam (must be in network) every 365 days. No PCP referral required. $100 reimbursement every 24 months toward frames, lenses, additional exam or contact lenses, with a paid receipt.	Vision-$15 co-pay for one routine vision exam (must be in network) every 365 days. No PCP referral required. $100 reimbursement every 24 months toward frames, lenses or contact lenses, with a paid receipt.	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.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known asPhysicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the FrontPath Network
Renal Dialysis	Paid at 90%/10%. Requires prior authorization. (Must enroll in Medicre Part A & B if eligible.)	Paid at 75%/25%. Requires prior authorization. (Must enroll in Medicre Part A & B if eligible.)	Paid at 70%/30%. Requires prior authorization. (Must enroll in Medicre Part A & B if eligible.)
Cardiac Rehabilitation	Paid at 90%/10%. May be paid at 100% through the Lucas County Wellness Program.	Paid at 75%/25%. May be paid at 100% through the Lucas County Wellness Program.	Paid at 70%/30%. May be paid at 100% through the Lucas County Wellness Program.
Chemotherapy & Radio-Therapy	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Outpatient Surgery	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Ambulance	Air/Ground - 10% coinsurance applies to emergency transportation.	Air/Ground - 25% coinsurance applies to emergency transportation.	Air/Ground - 30% coinsurance applies to emergency transportation.
Emergency Accident Care, Urgent Care Centers	Emergency Room - $100 co-pay, waived if admitted within 24 hours. If admitted then 10% coinsurance. Urgent Care- $15 co-pay, waived if admitted. If admitted then 10% coinsurance.	Emergency Room - $100 co-pay, waived if admitted within 24 hours. If admitted then 25% coinsurance. Urgent Care- $15 co-pay, waived if admitted. If admitted then 25% coinsurance.	Emergency Room - $100 co-pay, waived if admitted within 48 hours. If admitted then 30% coinsurance. Urgent Care- $15 co-pay per visit. If admitted then 30% coinsurance.
Mental Health (Outpatient)	$15 co-pay for office visit only. Additional services paid at 90%.	$15 co-pay for office visit only. Additional services paid at 75%.	$15 co-pay for office visit only. Additional services paid at 70%.
Mental Health (Inpatient)	Paid at 90%/10%. Requires prior authorization	Paid at 75%/25%. Requires prior authorization	Paid at 70%/30%. Requires prior authorization
Outpatient Chemical Dependency, Substance Abuse	$15 Co-pay per visit	$15 Co-pay per visit	$15 Co-pay per visit
Home Health Care	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Hospice Care	Paid at 90%/10%. Requires prior authorization. Bereavement counseling limited to 2 visits.	Paid at 75%/25%. Bereavement counseling available first 12 months after death of family member.	Paid at 70%/30%. Requires prior authorization. Bereavement counseling limited to 2 visits.
Chiropractic	$20 Co-pay per visit.	$20 Co-pay per visit.	Neuro/Muscular Manipulations – Plan pays 70%.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the FrontPath Network
Room, Board & Ancillary Services in Semiprivate, Intensive Care or Coronary Unit	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Detoxification for Alcohol/Substance Abuse & Rehabilitation	Paid at 90%/10% for Detox. Requires prior authorization.	Paid at 75%/25% for Detox. Requires prior authorization.	Paid at 70%/30% for Detox. Requires prior authorization.
Inpatient, Chemical Dependency/Substance Abuse	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Physical Therapy	$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.	$25 Co-pay per Visit up to 30 Visits per Member, combined with Occupational Therapy.	Employee pays 30%. Limited to 15 visits per Plan Year. Additional visits with prior authorization. Provided in an Outpatient setting or Specialist's Office.
Physician Services in the Hospital, Includes Surgery & Anesthesia	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30% unless otherwise specified in the Plan Document. Assistant Surgeon pays 20% surgical allowance.
Skilled Nursing Facility	Paid at 90%/10%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 75%/25%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Durable Medical Equipment	Employee pays 10%. Requires prior authorization for items over $1,500. Subject to Medicare Part B guidelines.	Employee pays 25%. Requires prior authorization for items over $1,500. Subject to Medicare Part B guidelines. Subject to OOPM.	Employee pays 30%. Requires prior authorization for items over $1,500.
Prescription Drugs	All medications in excess of $500 require prior authorization.	All medications in excess of $500 require prior authorization.	All medications in excess of $500 require prior authorization.

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 blepheroplasty.

Benefits	Lucas County Plan thru HealthSpan Network (Formerly known as Physicians Health Collaborative)	Paramount Health Care	Lucas County Plan thru the FrontPath Network
Hospitals (Toledo area only listed. For complete listing of all in-network hospitals, please refer to appropriate provider directory or website).	Mercy Children's Hospital, Mercy St. Anne Hospital, Mercy St. Charles Hospital, Mercy St. Vincents Med Center, St. Luke's Hospital, UT Medical Center, Wood County Hospital.	Toledo, Toledo Children's, Flower, St. Luke's Hospital, Bay Park, UT Medical Center, Fulton County Health Center, Wood County Hospital.	Toledo, Toledo Children's, Flower, UT Medical Center, St. Charles, St. Vincents Mercy, Mercy Children's, Wood County, St. Luke's Hospital, Bay Park, St. Anne Mercy, & Fulton County Health Center.
Prescription Drug Coverage *All medications in excess of $500 require prior authorization *Any specialty medication costing in excess of $1,000 per script will be subject to medical management review and may be redirected for dispensing only through a specifically selected specialty pharmacy.	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 or $40 whichever is greater– 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. All Brand Name Proton Pump Inhibitors are excluded from coverage. Step Therapy continues to apply.	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 or $40 whichever is greater– 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. All Brand Name Proton Pump Inhibitors are excluded from coverage. Step Therapy continues to apply.	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 or $40 whichever is greater– 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. All Brand Name Proton Pump Inhibitors are excluded from coverage. Step Therapy continues to apply.

Notes:

Lucas County Plan through HealthSpan -This plan pays 90% of all contracted cost of covered services performed within the HealthSpan network. The employee pays 10% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance 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 for non-emergency elective medical services performed by non-participating network medical providers. **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.**

1.) The Lucas County Plan through HealthSpan requires use of network providers except for Emergency Medical Conditions or students who are away at college for conditions described above.
2.) Referrals from a HealthSpan PCP to network Specialists are NOT required. Limited benefits renew each Contract/ PlanYear.
3.) Employees or dependents who are in the middle of treatment **AND** are switching health plans need to coordinate treatment with the new health plan for services on or after March 1, 2014 including rental of medical equipment and services such as maternity care, surgery, dialysis, and mental health care.

Lucas County Plan through FrontPath– This Plan pays 70% of the contracted cost of covered services performed within the FrontPath network. The employee pays 30% of the contracted cost of covered services performed within the FrontPath network up to a yearly maximum out-of-pocket coinsurance of $2000 maximum per individual or $4000 maximum per family. This means that the employee pays 30% of the contracted cost of covered services and the County pays 70% of the contracted cost of covered services up to the annual maximum(s). Once you reach the out-of-pocket coinsurance expense of $2000 per individual or $4000 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 50% up to the Usual Customary and Reasonable amount and the employee will pay 50% up to the Usual Customary and Reasonable amount. The $2000 per individual and the $4000 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 50% will be applicable with no out of pocket maximum.

Paramount Health Care - For those services that have a coinsurance associated with them, the Paramount Plan pays 75% of the contracted cost of covered services performed within the Paramount network. The employee pays 25% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance of $1500 maximum per individual or $3000 maximum per family. Once you reach the out-of-pocket expense of $1500 per individual or $3000 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 for non-emergency elective medical services performed by non-participating network medical providers. Referrals from Paramount PCP to see plan Specialists are NOT required.

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 Paramount'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. Appropriate co-pays will apply, along with a 25% coinsurance for any diagnostic/lab services. For Emergency services, **notification to the member's PCP should 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 Paramount service area.

Paramount Health Care and the Lucas County Plan through HealthSpan require use of plan providers except for Emergency Medical Conditions. Limited benefits renew each Contract/ PlanYear.

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, 2014. Some of the most common treatments needing coordination include, but are not limited to, scheduled surgery, maternity, mental health and substance abuse care. 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 NFP Benefit Alliance, fka Health Care Payer's Coalition at 419-244-0135 for questions and assistance.

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 419-213-2088.

Lucas County Dental Plans
Summary of Benefits and Coverage

The benefit plan year for ALL benefits begins March 1, 2014 and continues through February 28, 2015.

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" on the Lucas County Employee Benefit website 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.

PREDETERMINATION: If treatment is epected to cost in excess of $200, a predetermination or an estimate of the dentist's charges should be sent to (NFP Benefit Alliance or Ameriats) **before** treatment begins. This procedure is explained in the Lucas County Benefit Plan Document and the Ameritas Certificate of Coverage.

Benefits	Lucas County Traditional Dental Plan (Administered by NFP Benefit Alliance)	Ameritas Dental PPO (Administered by Ameritas Life Insurance Company)	Corner Dental- Patient's Choice Dental Plan (Administered by NFP Benefit Alliance)
Network	No network **Does provide a DenteMax overlay. If you utilize a Dentemax provider you may see increased savings.	All dental & orthodontia services must be provided through the Ameritas network of dental providers in order for the maximum benefit to be paid.	All services must be provided through Corner Dental providers or no benefit will be paid.
Deductibles & Maximums	**Annual Deductible:** $25 Single $75 Family (No more than $25 is applied to one family member) **Annual Maximum Benefit:** $1,000 per person *per benefit period*	**Annual Deductible:** $25 Single $75 Family (No more than $25 is applied to one family member) **Annual Maximum Benefit:** $1,500 per person *per benefit period*	**Annual Deductible:** $25 Single $75 Family (No more than $25 is applied to one family member) **Annual Maximum Benefit:** $1,000 per person *per benefit period*
Aid to Preventative Dentistry			
	Covered 100% up to the UCR (Usual Customary $ Reasonable) No deductible required Cost of Services are applied to the annual maximum	Covered 100% No deductible required Cost of Services are applied to the annual maximum	Covered 100% up to the negotiated network reimbursement No deductible required Cost of Services are applied to the annual maximum
Preventative Services Include:	**1.** Prophylaxis (Cleaning)- 2 per benefit period **2.** Topical Fluoride-2 per benefit period **3.** Oral Exam- 2 per benefit period **4.** Bite wing x-ray- 1 per benefit period **5.** Full mouth x-rays- Once every 60 months **6.** Space Maintainers	**1.** Prophylaxis (Cleaning)- 2 per benefit period **2.** Topical Fluoride-2 per benefit period **3.** Oral Exam- 2 per benefit period **4.** Bite wing x-ray- 1 per benefit period **5.** Full mouth x-rays- Once every 60 months **6.** Space Maintainers	**1.** Prophylaxis (Cleaning)- 2 per benefit period **2.** Topical Fluoride-2 per benefit period **3.** Oral Exam- 2 per benefit period **4.** Bite wing x-ray- 1 per benefit period **5.** Full mouth x-rays- Once every 60 months **6.** Space Maintainers

Benefits	Lucas County Traditional Dental Plan (Administered by NFP Benefit Alliance)	Ameritas Dental PPO (Administered by Ameritas Life Insurance Company)	Corner Dental- Patient's Choice Dental Plan (Administered by NFP Benefit Alliance)
Preventative Services cont'd:	7. Sealants on permanent molars-once every 36 months (up to 16)	7. Sealants on permanent molars-once every 36 months (up to 16)	7. Sealants on permanent molars-once every 36 months (up to 16)
Basic Restorative Treatments			
	Covered 80% up to UCR (Usual Customary & Reasonable) Deductible is required Servies are applied to annual maximum	Covered 80% of Contracted Fee Deductible is required Servies are applied to annual maximum	Covered 80% up to negotiated network reimbursement. Deductible is required Servies are applied to annual maximum
Basic Retorative Treatments include, but not limited to:	1. Denture and bridge repair 2. Fillings 3. Simple extractions 4. Emergency treatment-temporary relief of pain 5. Oral surgery and complex extractions 6. Periodontal Cleaning 7. Periodontal therapy & surgery (gum disease) 8. Endodontic therapy & surgery (root canal) 9. Injections 10. Anesthesia & sedation	1. Denture and bridge repair 2. Fillings 3. Simple extractions 4. Emergency treatment-temporary relief of pain 5. Oral surgery and complex extractions 6. Periodontal Cleaning 7. Periodontal therapy & surgery (gum disease) 8. Endodontic therapy & surgery (root canal) 9. Injections 10. Anesthesia & sedation	1. Denture and bridge repair 2. Fillings 3. Simple extractions 4. Emergency treatment-temporary relief of pain 5. Oral surgery and complex extractions 6. Periodontal Cleaning 7. Periodontal therapy & surgery (gum disease) 8. Endodontic therapy & surgery (root canal) 9. Injections 10. Anesthesia & sedation
Major Restorative Treatments			
	Covered 70% up to the UCR (Usual Customary & Reasonable Deductible is required Servies are applied to annual maximum	Covered 70% of Contracted Fee Deductible is required Servies are applied to annual maximum	Covered 70% up to negotiated network reimbursement. Deductible is required Servies are applied to annual maximum
Major Restorative Treaments include, but not limited to:	1. Inlays and crowns 2. Dentures, full or partial 3. Replacement or addition of teeth 4. Implants 5. Bridges, fixed and removable dentures or bridgework	1. Inlays and crowns 2. Dentures, full or partial 3. Replacement or addition of teeth 4. Implants 5. Bridges, fixed and removable dentures or bridgework	1. Inlays and crowns 2. Dentures, full or partial 3. Replacement or addition of teeth 4. Implants 5. Bridges, fixed and removable dentures or bridgework
Orthodontia	No orthodontia coverage	Pays 80% of an approved treatment plan up to $1,000 per member up to age 19.	No orthodontia coverage.

SECTION V CENSUS INFORMATION

Please see the employee census for each of the plans located on the Lucas County website at www.co.lucas.oh.us under 'Bid Posting Notifications'.

SECTION VI CLAIMS HISTORY

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

2011 Rates			
Dept. Charges Effective 01/01/11			
Contract Rates & COBRA Rates Effective 03/01/11			
	Single		Family
Paramount Health Care			
Admin. Fee.	$39.50		$39.50
COBRA	$280.05		$737.15
Department	$274.56		$722.70
HCPC - health (self-insured)			
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
Total Script - drug			
Admin. Fee	$0.00		$0.00
COBRA	$95.63		$211.14
Department	$93.75		$207.00
HCPC- dental			
Admin. Fee	$2.14		$2.14
COBRA	$24.17		$67.17
Department	$23.70		$65.85
Ameritas Dental PPO			
Premium	$20.88		$57.60
COBRA	$21.30		$58.75
Department	$23.70		$65.85
Sun Life			
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

2012			
Dept. Charges Effective 01/01/12			
Contract Rates & COBRA Rates Effective 03/01/12			
	Single		Family
Paramount Health Care			
Admin. Fee.	$33.18		$33.18
COBRA	$308.06		$810.87
Department	$302.02		$794.97
HCPC - health (self-insured)			
Admin. Fee. (Incl. Medical Mgt)	$14.53		$14.53
PHC (network access fees)	$4.50		$4.50
FrontPath (network access fees)	$5.50		$5.50
Stop Loss	$3.96		$12.29
COBRA	$308.06		$810.87
Department	$302.02		$794.97
Total Script - drug			
COBRA	$105.19		$211.14
Department	$103.13		$207.00
HCPC- dental			
Admin. Fee	$1.99		$1.99
COBRA	$26.59		$73.89
Department	$26.07		$72.44
Ameritas Dental PPO			
Premium	$20.88		$57.60
COBRA	$21.30		$58.75
Department	$26.07		$72.44
Corner Dental Plan			
Admin. Fee	$1.99		$1.99
COBRA	$26.59		$73.89
Department	$26.07		$72.44
Sun Life			
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

2013		
Dept. Charges Effective 01/01/13		
Contract Rates & COBRA Rates Effective 03/01/13		
	Single	Family
Paramount Health Care		
Admin. Fee.	$34.17	$34.17
COBRA	$308.06	$810.87
Department	$302.02	$794.97
NFP - health (self-insured)		
Administrative Fee (FrontPath & HealthSpan)	$12.80	$12.80
FrontPath Medical Management	$4.78	$4.78
FrontPath Wrap Network (First Health) 25% of savings		
FrontPath Network Access Fee	$5.00	$5.00
HealthSpan Medical Management	$4.18	$4.18
Health Span Ohio Wrap Network (OHC)	$2.75	$2.75
Health Span Network Access Fee	$4.75	$4.75
Health Span National Wrap Network (First Health) 25% of savings		
COBRA	$308.06	$810.87
Department	$302.02	$794.97
HM Life - Stop Loss	$4.16	$12.89
Total Script - drug		
COBRA	$105.19	$232.25
Department	$103.13	$227.70
NFP- dental		
Admin. Fee	$2.89	$2.89
COBRA	$26.59	$73.89
Department	$26.07	$72.44
Ameritas Dental PPO		
Premium	$22.92	$63.28
COBRA	$23.38	$64.55
Department	$26.07	$72.44
Corner Dental Plan		
Admin. Fee	$1.99	$1.99
COBRA	$26.59	$73.89
Department	$26.07	$72.44
Sun Life		
Life	$0.155	per 1000
AD&D	$0.02	per 1000
Total: ($7.00 pepm)	$0.175	per 1000
Dept. Charge $6.00 pepm		per 40,000

2014		
Dept. Charges Effective 01/01/14		
Contract Rates & COBRA Rates Effective 03/01/14		
	Single	Family
Paramount Health Care		
Admin. Fee.	$34.17	$34.17
COBRA	$308.06	$810.87
Department	$302.02	$794.97
NFP - health (self-insured)		
Administrative Fee (FrontPath & HealthSpan)	$10.53	$10.53
FrontPath Medical Management (Health Design Plus)	$4.78	$4.78
FrontPath Wrap Network (First Health) 25% of savings		
FrontPath Network Access Fee	$5.00	$5.00
HealthSpan Medical Management	$4.18	$4.18
Health Span Ohio Wrap Network (OHC)	$2.75	$2.75
Health Span Network Access Fee	$4.75	$4.75
Health Span National Wrap Network (First Health) 25% of savings		
COBRA	$308.06	$810.87
Department	$302.02	$794.97
HM Life - Stop Loss	$6.70	$16.76
Total Script - drug		
COBRA	$105.19	$232.25
Department	$103.13	$227.70
NFP- dental		
Admin. Fee	$2.89	$2.89
COBRA	$26.59	$73.89
Department	$26.07	$72.44
Ameritas Dental PPO		
Premium	$24.96	$68.92
COBRA	$25.46	$70.30
Department	$26.07	$72.44
Corner Dental Plan		
Admin. Fee	$1.99	$1.99
COBRA	$26.59	$73.89
Department	$26.07	$72.44
Sun Life		
Life	$0.155	per 1000
AD&D	$0.02	per 1000
Total: ($7.00 pepm)	$0.175	per 1000
Dept. Charge $6.00 pepm		per 40,000

2012-2013

our report

on BOARD OF LUCAS COUNTY COMMISSIONERS

Presented by
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3938 KIMBERTON DR
TOLEDO OH 43614-3356
419-410-8740

08/14/2013

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BOARD OF LUCAS COUNTY COMMISSIONERS

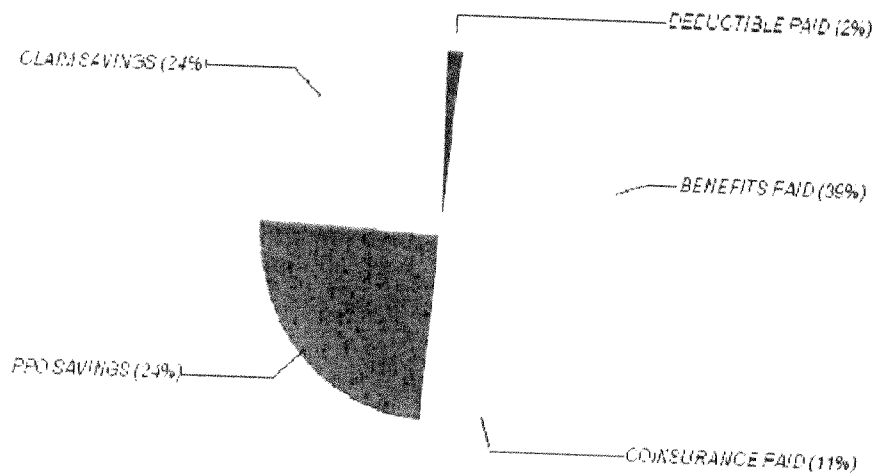
Claim Payment Summary

Policy #: 350688 *03/01/2012 through 02/28/2013*

AMERITAS GROUP

Procedure Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid
11,585	$1,436,739	$351,514	$348,407	$736,818	$22,937	$159,656	$554,225

Claim Payment Summary



AMERITAS LIFE INSURANCE CORP.

BOARD OF LUCAS COUNTY COMMISSIONERS

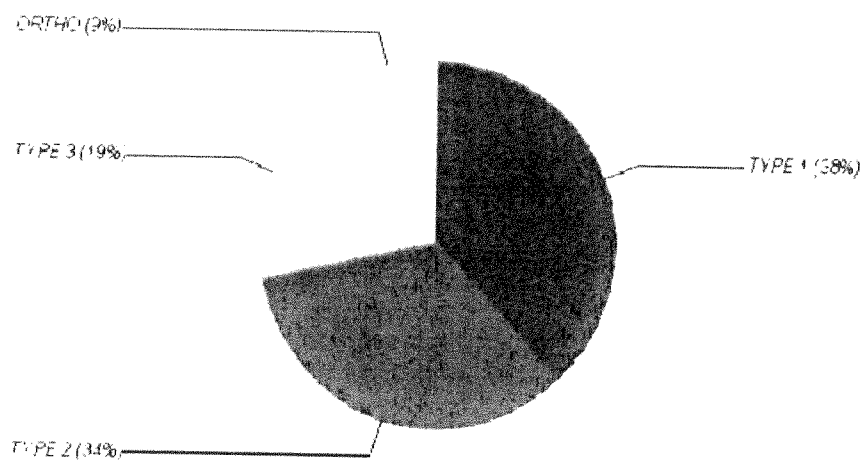
Claim Payment Breakdown by Procedure Type

AMERITAS GROUP

Policy #: 350688 *03/01/2012 through 02/28/2013*

Dental Procedure Type	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
TYPE 1	7,981	$416,492	$122,208	$63,473	$230,811	$0	$19,653	$211,158	38.1%
TYPE 2	2,537	$541,025	$126,925	$140,943	$273,158	$20,582	$64,994	$187,581	33.9%
TYPE 3	565	$406,544	$101,945	$132,191	$172,408	$2,355	$61,688	$108,365	19.6%
ORTHO	358	$64,476	$0	$579	$63,897	$0	$13,322	$50,575	9.1%
NONCLASSIFIED	130	$8,202	$436	$7,766	$0	$0	$0	$0	.0%
CREDITS	14	$0	$0	$3,455	-$3,455	$0	$0	-$3,455	-.6%
TOTAL	11,585	$1,436,739	$351,514	$348,407	$736,819	$22,937	$159,657	$554,224	100.0%

Claim Payment Breakdown by Procedure Type



AMERITAS LIFE INSURANCE CORP.

BOARD OF LUCAS COUNTY COMMISSIONERS

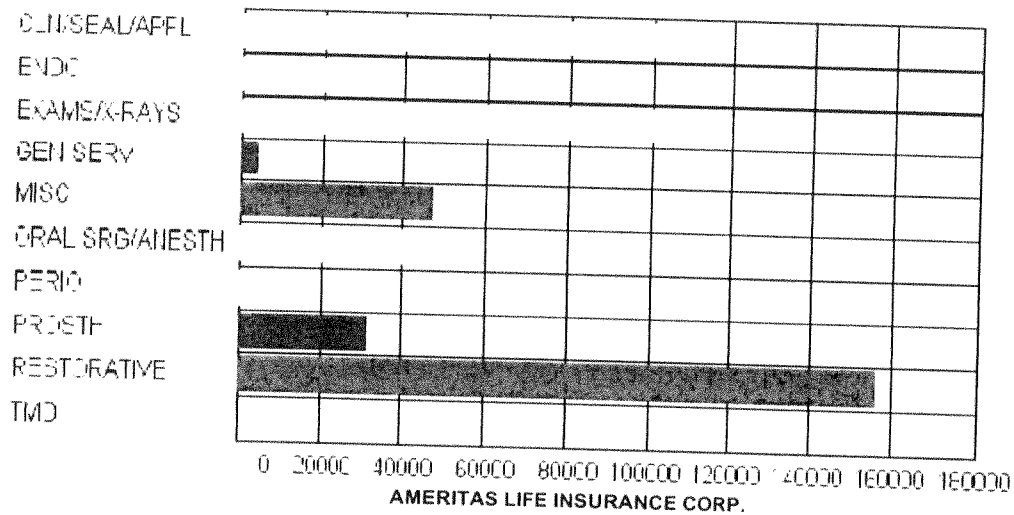
Claim Payment Analysis by Procedure Group

AMERITAS GROUP

Policy #: 350688 *03/01/2012 through 02/28/2013*

Procedure Group	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
EXAMS/X-RAYS	4,679	$231,430	$74,478	$39,294	$117,658	$36	$9,598	$108,023	19.5%
CLN/SEAL/APPL	3,341	$186,792	$48,138	$25,259	$113,395	$0	$10,086	$103,308	18.6%
RESTORATIVE	1,686	$475,082	$129,565	$105,942	$239,575	$14,638	$69,399	$155,538	28.1%
ENDO	120	$76,706	$14,187	$13,801	$48,718	$1,958	$13,582	$33,178	6.0%
PERIO	354	$63,438	$12,684	$24,089	$26,665	$2,324	$5,832	$18,509	3.3%
PROSTH	126	$121,682	$24,651	$45,283	$51,748	$555	$19,265	$31,927	5.8%
ORAL SRG/ANESTH	770	$189,058	$39,750	$77,546	$71,762	$2,846	$16,759	$52,157	9.4%
GEN SERV	84	$22,599	$7,946	$7,870	$6,783	$577	$1,796	$4,410	.8%
TMD	17	$1,139	$6	$1,133	$0	$0	$0	$0	.0%
MISC	50	$4,337	$109	$7,610	-$3,381	$2	$16	-$3,400	-.6%
ORTHO	358	$64,476	$0	$579	$63,897	$0	$13,322	$50,575	9.1%
TOTAL	11,585	$1,436,739	$351,514	$348,407	$736,818	$22,937	$159,656	$554,225	100.0%

Total Benefits Paid by Procedure Group



BOARD OF LUCAS COUNTY COMMISSIONERS

Monthly Experience Summary

AMERITAS GROUP

Policy #: 350688 *03/01/2012 through 02/28/2013*

LOB	Month	Premium $	Paid Claims $	Paid L/R	EE Lives	Dep Units
DEN	Feb 2013	$44,386	$37,014	83%	907	698
DEN	Jan 2013	$45,307	$40,601	90%	915	706
DEN	Dec 2012	$44,830	$36,209	81%	911	702
DEN	Nov 2012	$44,051	$40,785	93%	893	694
DEN	Oct 2012	$44,314	$44,723	101%	896	696
DEN	Sep 2012	$44,083	$34,170	78%	900	696
DEN	Aug 2012	$44,223	$48,757	110%	907	697
DEN	Jul 2012	$44,883	$44,682	100%	913	702
DEN	Jun 2012	$44,459	$59,290	133%	914	704
DEN	May 2012	$44,658	$54,067	121%	914	705
DEN	Apr 2012	$42,669	$51,226	120%	914	705
DEN	Mar 2012	$46,410	$62,701	135%	960	731
TOTAL						
		$534,273	$554,225		10,944	8,436

Paid Claims : $554,225 Change in Reserves: -$2,193 = Incurred Claims: $552,031

** Incurred Claims = Paid Claims + Change in Reserves

2013-2014

our report

on BOARD OF LUCAS COUNTY COMMISSIONERS

Presented by
LINDSAY RHOADS

6792 HEADWATER TRL
NEW ALBANY OH 43054-9393
614-245-8711

08/28/2014

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BOARD OF LUCAS COUNTY COMMISSIONERS

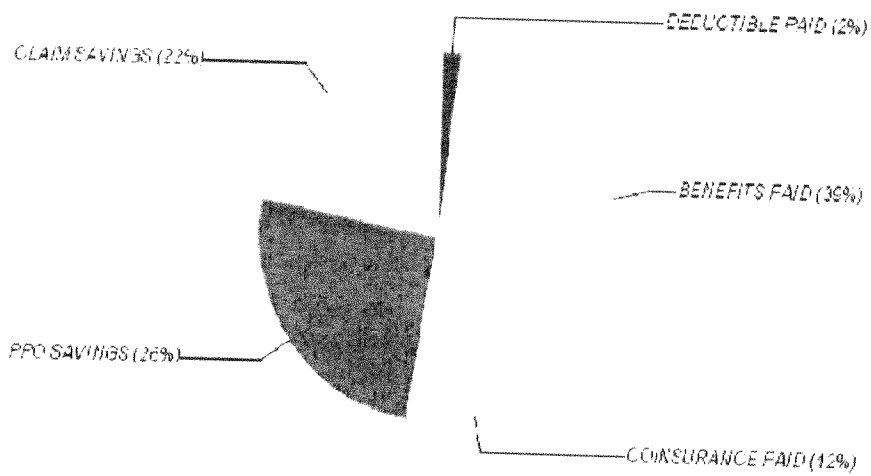
Claim Payment Summary

AMERITAS GROUP

Policy #: 350688 *03/01/2013 through 02/28/2014*

Procedure Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid
12,129	$1,476,985	$379,853	$323,770	$773,363	$25,505	$177,380	$570,477

Claim Payment Summary



AMERITAS LIFE INSURANCE CORP.

BOARD OF LUCAS COUNTY COMMISSIONERS

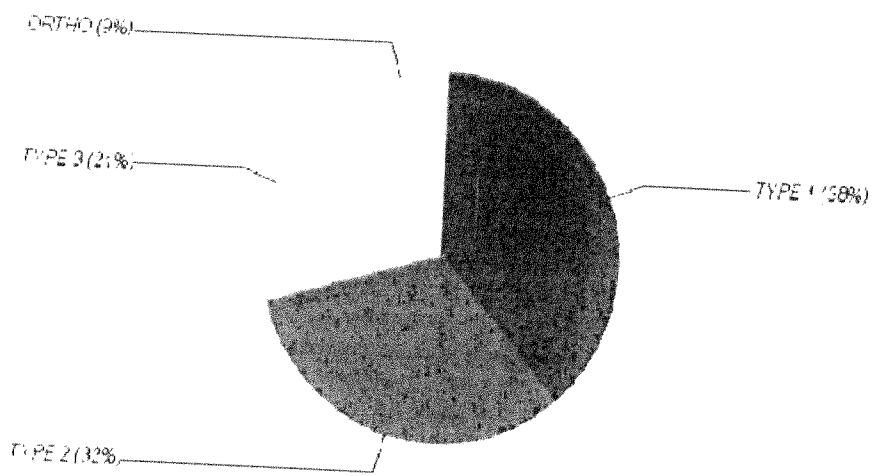
Claim Payment Breakdown by Procedure Type

Policy #: 350688 *03/01/2013 through 02/28/2014*

AMERITAS GROUP

Dental Procedure Type	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
TYPE 1	8,455	$446,517	$129,678	$74,912	$241,927	$0	$23,285	$218,642	38.3%
TYPE 2	2,513	$543,859	$133,148	$128,104	$282,607	$22,505	$75,168	$184,934	32.4%
TYPE 3	609	$410,113	$114,705	$108,165	$187,243	$3,000	$65,340	$118,903	20.8%
ORTHO	362	$64,407	$0	$832	$63,576	$0	$13,588	$49,988	8.8%
NONCLASSIFIED	175	$12,089	$2,322	$9,767	$0	$0	$0	$0	.0%
CREDITS	15	$0	$0	$1,990	-$1,990	$0	$0	-$1,990	-.4%
TOTAL	12,129	$1,476,985	$379,853	$323,770	$773,363	$25,505	$177,381	$570,477	100.0%

Claim Payment Breakdown by Procedure Type



BOARD OF LUCAS COUNTY COMMISSIONERS

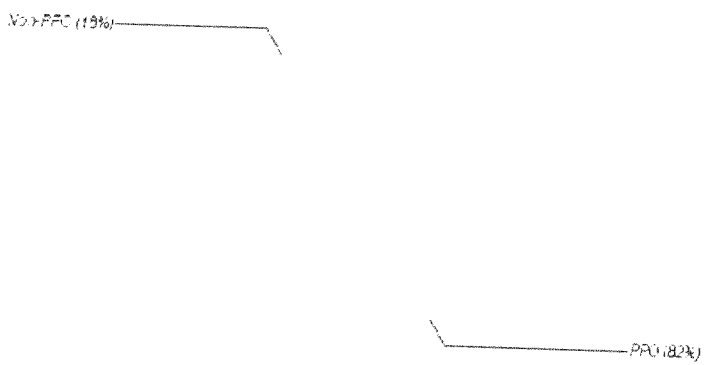
Claim Summary - PPO vs. Non-PPO

Policy #: 350688 *03/01/2013 through 02/28/2014*

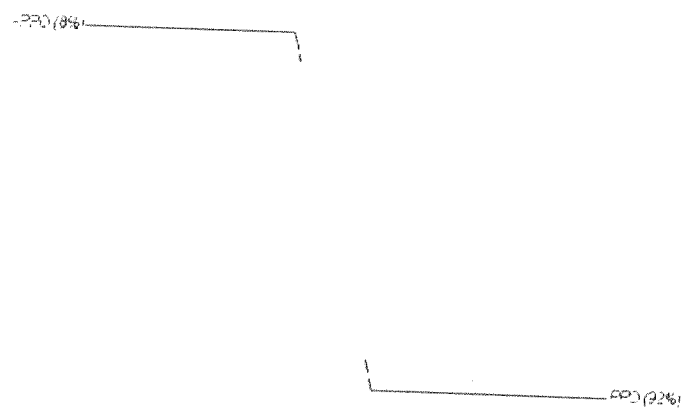
AMERITAS GROUP

PPO	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
Yes	9,946	$1,218,107	$379,853	$185,261	$652,993	$16,250	$111,158	$525,585	92.1%
No	2,183	$258,879	$0	$138,509	$120,370	$9,255	$66,223	$44,892	7.9%
Total	12,129	$1,476,985	$379,853	$323,770	$773,363	$25,505	$177,380	$570,477	100.0%

Actual Submitted Claims - PPO vs. Non-PPO



Total Benefits Paid - PPO vs. Non-PPO



BOARD OF LUCAS COUNTY COMMISSIONERS

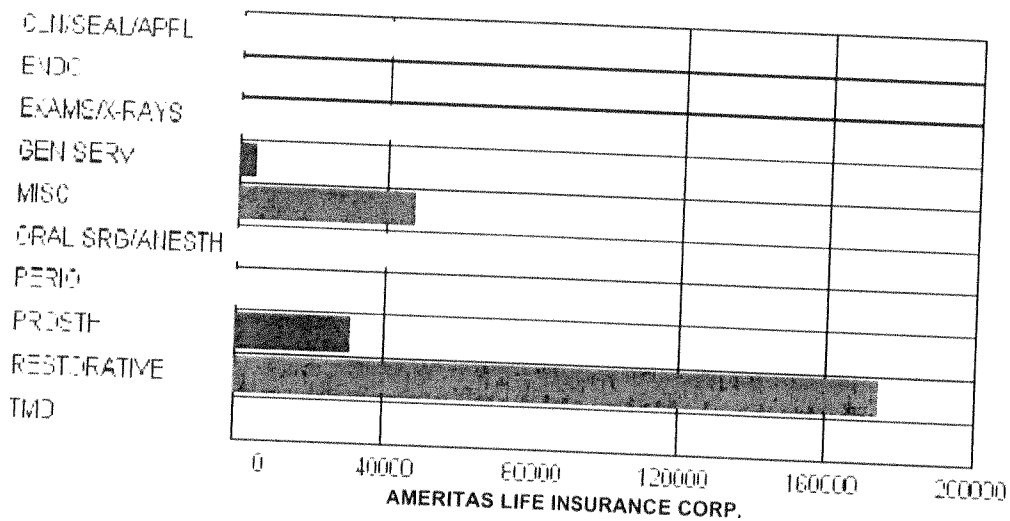
Claim Payment Analysis by Procedure Group

Policy #: 350688 *03/01/2013 through 02/28/2014*

AMERITAS GROUP

Procedure Group	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
EXAMS/X-RAYS	4,920	$243,114	$77,029	$44,590	$121,495	$35	$11,075	$110,385	19.4%
CLN/SEAL/APPL	3,593	$204,937	$53,096	$31,358	$120,483	$0	$12,210	$108,273	19.0%
RESTORATIVE	1,869	$535,307	$158,110	$108,888	$268,309	$16,271	$77,736	$174,301	30.6%
ENDO	122	$86,306	$17,214	$17,136	$51,956	$2,238	$15,869	$33,849	5.9%
PERIO	324	$66,211	$13,117	$27,172	$25,922	$1,882	$8,547	$15,493	2.7%
PROSTH	106	$97,154	$19,556	$26,981	$50,617	$538	$18,633	$31,447	5.5%
ORAL SRG/ANESTH	650	$148,424	$33,795	$48,598	$66,031	$3,931	$17,938	$44,162	7.7%
GEN SERV	84	$22,945	$6,807	$9,298	$6,840	$605	$1,761	$4,474	.8%
TMD	26	$2,957	$338	$2,619	$0	$0	$0	$0	.0%
MISC	73	$5,223	$791	$6,298	-$1,865	$4	$24	-$1,894	-.3%
ORTHO	362	$64,407	$0	$832	$63,576	$0	$13,588	$49,988	8.8%
TOTAL	12,129	$1,476,985	$379,853	$323,770	$773,363	$25,505	$177,380	$570,477	100.0%

Total Benefits Paid by Procedure Group



2012 - 2013

our report

on BOARD OF LUCAS COUNTY COMMISSIONERS

Presented by
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419-410-8740

08/22/2013

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Claim Payment Analysis by Category within Procedure Group

Policy #: 350688 *03/01/2013 through 02/28/2014*

AMERITAS GROUP

Procedure Group	Procedure Category	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
EXAMS/X-RAYS	ROUTINE EXAMS	2,430	$112,493	$36,483	$18,312	$57,699	$0	$5,620	$52,079	9.1%
	LTD ORAL EXAMS	314	$20,531	$5,886	$7,973	$6,672	$35	$540	$6,098	1.1%
	BITEWING XRAYS	1,048	$54,017	$18,284	$7,095	$28,639	$0	$2,312	$26,327	4.6%
	FMX/PANO XRAYS	367	$37,730	$10,420	$7,102	$20,208	$0	$2,045	$18,163	3.2%
	OTHER XRAYS	740	$17,246	$5,957	$3,012	$8,277	$0	$559	$7,718	1.4%
	PRE-DIAGNOSTIC	21	$1,097	$0	$1,097	$0	$0	$0	$0	.0%
CLN/SEAL/APPL	PROPHYS/FLUOR	3,293	$190,639	$49,617	$28,920	$112,102	$0	$11,114	$100,989	17.7%
	SEALANTS	296	$13,487	$3,480	$1,955	$8,052	$0	$867	$7,186	1.3%
	SPACE MAINTAINR	4	$811	$0	$483	$328	$0	$230	$98	.0%
RESTORATIVE	AMALGAM RESTORE	84	$10,216	$2,119	$1,875	$6,222	$1,207	$1,308	$3,707	.6%
	RESIN RESTORE	1,283	$230,748	$66,143	$34,457	$130,147	$12,255	$31,774	$86,119	15.1%
	SS CROWNS	6	$1,087	$124	$0	$963	$40	$185	$738	.1%
	SEDATIVE FILLNG	9	$738	$273	$18	$447	$100	$73	$274	.0%
	ONLAYS	3	$2,147	$405	$213	$1,530	$36	$506	$988	.2%
	CROWNS	248	$235,273	$70,218	$57,159	$107,896	$1,837	$36,746	$69,313	12.2%
	VENEERS	3	$1,735	$822	$913	$0	$0	$0	$0	.0%
	CORE BUILD-UP	170	$39,983	$14,207	$10,505	$15,271	$419	$5,093	$9,759	1.7%
	POST AND CORE	36	$11,139	$3,281	$3,223	$4,635	$18	$1,870	$2,748	.5%
	CRN/PARTDEN REP	1	$120	$15	$45	$60	$0	$32	$29	.0%
	RECEMENT	26	$2,121	$503	$482	$1,136	$358	$152	$626	.1%
ENDO	ROOT CANALS	105	$84,989	$16,875	$16,751	$51,363	$2,184	$15,758	$33,421	5.9%
	OTHER ENDO	5	$612	$156	$0	$456	$48	$82	$327	.1%
	PULP CAP	12	$705	$183	$385	$137	$6	$30	$101	.0%
PERIO	PERIO MAINT	65	$7,492	$2,088	$2,090	$3,314	$722	$543	$2,049	.4%
	DEBRIDEMENT	12	$1,732	$692	$220	$820	$208	$122	$489	.1%
	NON-SURG PERIO	208	$33,705	$9,085	$10,278	$14,342	$727	$3,400	$10,215	1.8%
	SURG PERIO	39	$23,282	$1,252	$14,585	$7,445	$225	$4,481	$2,739	.5%
PROSTH	DENTURE RELINES	2	$766	$0	$306	$460	$75	$308	$77	.0%
	DENTURE REPAIR	4	$666	$97	$330	$239	$100	$29	$110	.0%

BOARD OF LUCAS COUNTY COMMISSIONERS

Claim Payment Analysis by Category within Procedure Group

Policy #: 350688 *03/01/2013 through 02/28/2014*

AMERITAS GROUP

Procedure Group	Procedure Category	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
PROSTH	PROSTH-REMOVABL	14	$16,242	$5,242	$3,004	$7,996	$100	$2,530	$5,367	.9%
	PROSTH-FIXED	47	$42,027	$10,939	$8,905	$22,183	$163	$7,859	$14,161	2.5%
	ADD TOOTH/CLASP	16	$3,755	$1,685	$999	$1,071	$50	$456	$565	.1%
	IMPLANTS	23	$33,698	$1,593	$13,437	$18,668	$50	$7,450	$11,168	2.0%
ORAL SRG/ANESTH	NON-SURG EXTRAC	235	$31,806	$8,667	$8,221	$14,918	$2,240	$4,062	$8,616	1.5%
	SURG EXTRACT	272	$86,839	$20,738	$29,119	$36,982	$1,286	$9,714	$25,982	4.6%
	OTHER ORAL SURG	3	$833	$287	$91	$455	$50	$81	$324	.1%
	ANESTH-GEN/IV	99	$23,576	$3,497	$8,196	$11,883	$280	$3,051	$8,553	1.5%
	ANESTH-LOC/NITR	32	$1,156	$80	$1,076	$0	$0	$0	$0	.0%
	BONAUGMENTATION	9	$4,214	$526	$1,896	$1,792	$75	$1,030	$687	.1%
GEN SERV	APPLIANCE THERA	3	$1,350	$0	$0	$1,350	$50	$390	$910	.2%
	PALLIATIVE	6	$634	$232	$97	$305	$103	$40	$162	.0%
	OCCLUSAL ADJUST	2	$36	$0	$36	$0	$0	$0	$0	.0%
	OCCLUSAL GUARD	35	$19,474	$6,510	$8,774	$4,190	$175	$1,205	$2,811	.5%
	DRUGS	30	$851	$65	$270	$516	$104	$82	$330	.1%
	PROF SERVICES	8	$600	$0	$121	$479	$173	$44	$262	.0%
TMD	NON-SURG MISC	26	$2,957	$338	$2,619	$0	$0	$0	$0	.0%
MISC	MISC (DENY)	31	$1,206	$145	$1,061	$0	$0	$0	$0	.0%
	MISC PREV	8	$529	$230	$299	$0	$0	$0	$0	.0%
	MISC BASIC	12	$679	$180	$374	$125	$4	$24	$97	.0%
	ORTHO	362	$64,407	$0	$832	$63,576	$0	$13,588	$49,988	8.8%
	MISC(TAX & OTH)	18	$1,592	$0	$3,582	-$1,990	$0	$0	-$1,990	-.3%
	RARELY COVERED	4	$1,218	$236	$982	$0	$0	$0	$0	.0%
TOTAL		**12,129**	**$1,476,985**	**$379,853**	**$323,770**	**$773,363**	**$25,505**	**$177,380**	**$570,477**	**100.0%**

BOARD OF LUCAS COUNTY COMMISSIONERS

Monthly Experience Summary

AMERITAS GROUP

Policy #: 350688 03/01/2013 through 02/28/2014

Month	Premium $	Paid Claims $	Paid L/R	EE Lives	Dep Units
Feb 2014	$52,583	$37,412	71%	1,936	1,490
Jan 2014	$52,866	$35,626	67%	1,938	1,488
Dec 2013	$52,157	$43,026	82%	1,930	1,478
Nov 2013	$53,204	$37,677	71%	1,920	1,474
Oct 2013	$51,362	$60,568	118%	1,902	1,456
Sep 2013	$52,294	$45,609	87%	1,918	1,472
Aug 2013	$52,620	$52,560	100%	1,924	1,472
Jul 2013	$51,426	$55,216	107%	1,930	1,468
Jun 2013	$51,282	$51,422	100%	1,934	1,474
May 2013	$51,277	$64,497	126%	1,924	1,470
Apr 2013	$52,192	$54,318	104%	1,932	1,474
Mar 2013	$51,493	$48,596	94%	1,912	1,462
TOTAL	$624,755	$586,529		23,100	17,678

Paid Claims : $586,529 Change in Reserves: $10,094 = Incurred Claims: $596,623

** Incurred Claims = Paid Claims + Change in Reserves

-014

our report

on BOARD OF LUCAS COUNTY COMMISSIONERS

Presented by
LINDSAY RHOADS

6792 HEADWATER TRL
NEW ALBANY OH 43054-9393
614-245-8711

08/28/2014

AMERITAS GROUP
We're Ameritas. We're for people.

BOARD OF LUCAS COUNTY COMMISSIONERS

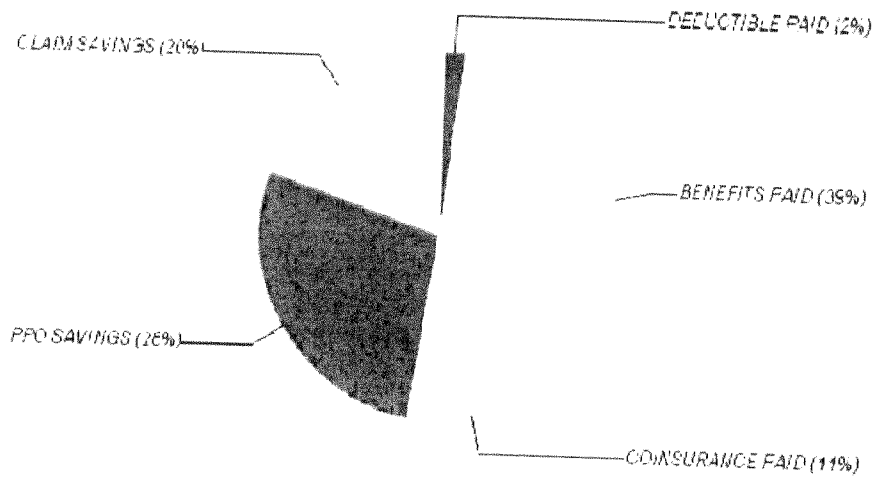
Claim Payment Summary

Policy #: 350688 *03/01/2014 through 07/31/2014*

AMERITAS GROUP

Procedure Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid
5,328	$678,319	$188,614	$134,666	$355,038	$12,404	$76,528	$266,106

Claim Payment Summary



AMERITAS LIFE INSURANCE CORP.

BOARD OF LUCAS COUNTY COMMISSIONERS

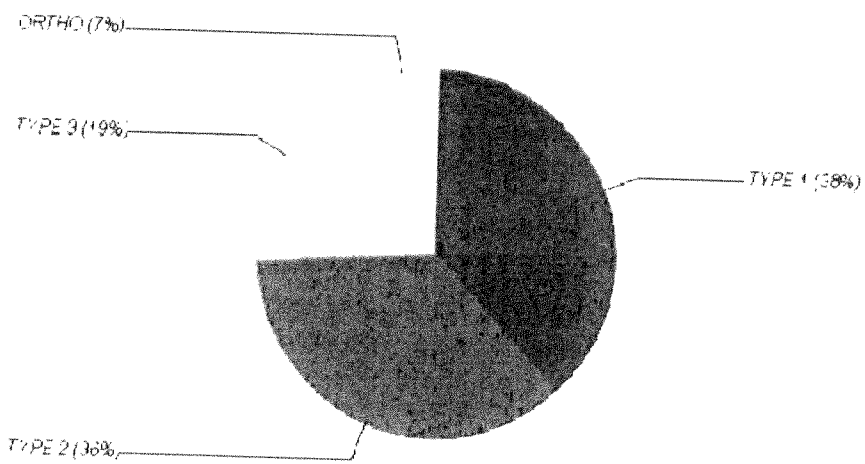
Claim Payment Breakdown by Procedure Type

Policy #: 350688 *03/01/2014 through 07/31/2014*

AMERITAS GROUP

Dental Procedure Type	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
TYPE 1	3,781	$206,059	$61,313	$33,450	$111,295	$0	$10,468	$100,828	37.9%
TYPE 2	1,071	$253,784	$72,557	$43,312	$137,915	$10,829	$30,591	$96,494	36.3%
TYPE 3	262	$190,721	$53,945	$53,980	$82,796	$1,575	$30,090	$51,131	19.2%
ORTHO	128	$23,332	$0	$0	$23,332	$0	$5,379	$17,953	6.8%
NONCLASSIFIED	85	$4,423	$800	$3,623	$0	$0	$0	$0	.0%
CREDITS	1	$0	$0	$300	-$300	$0	$0	-$300	-.1%
TOTAL	5,328	$678,319	$188,615	$134,665	$355,038	$12,404	$76,528	$266,106	100.0%

Claim Payment Breakdown by Procedure Type



BOARD OF LUCAS COUNTY COMMISSIONERS

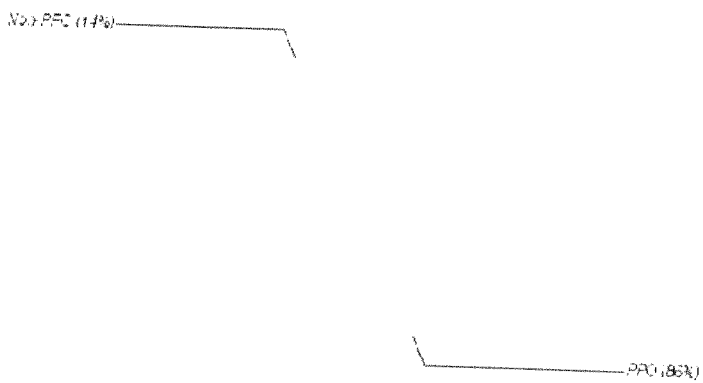
Claim Summary - PPO vs. Non-PPO

Policy #: 350688 *03/01/2014 through 07/31/2014*

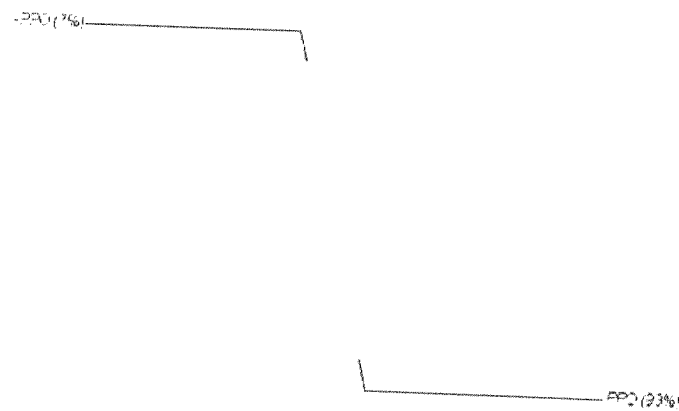
AMERITAS GROUP

PPO	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
Yes	4,490	$584,440	$188,614	$88,131	$307,694	$8,675	$50,979	$248,040	93.2%
No	838	$93,879	$0	$46,535	$47,344	$3,729	$25,549	$18,067	6.8%
Total	5,328	$678,319	$188,614	$134,666	$355,038	$12,404	$76,528	$266,106	100.0%

Actual Submitted Claims - PPO vs. Non-PPO



Total Benefits Paid - PPO vs. Non-PPO



BOARD OF LUCAS COUNTY COMMISSIONERS

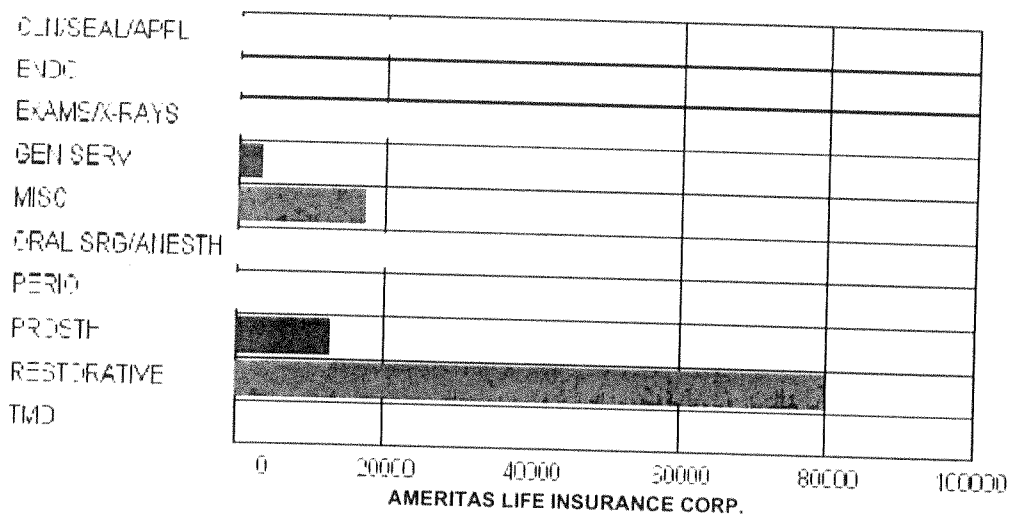
Claim Payment Analysis by Procedure Group

AMERITAS GROUP

Policy #: 350688 *03/01/2014 through 07/31/2014*

Procedure Group	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
EXAMS/X-RAYS	2,253	$113,676	$36,601	$19,360	$57,715	$0	$5,167	$52,548	19.8%
CLN/SEAL/APPL	1,542	$91,727	$24,806	$13,314	$53,607	$0	$5,300	$48,307	18.2%
RESTORATIVE	805	$244,450	$77,132	$44,825	$122,493	$8,185	$34,228	$80,081	30.1%
ENDO	51	$39,836	$9,289	$3,947	$26,600	$847	$5,956	$19,797	7.4%
PERIO	148	$28,389	$7,318	$8,818	$12,253	$961	$2,597	$8,695	3.3%
PROSTH	46	$48,349	$9,293	$16,457	$22,599	$275	$9,514	$12,810	4.8%
ORAL SRG/ANESTH	248	$69,634	$19,544	$18,828	$31,262	$1,574	$6,824	$22,864	8.6%
GEN SERV	55	$15,833	$4,051	$6,305	$5,477	$562	$1,563	$3,352	1.3%
TMD	9	$950	$233	$717	$0	$0	$0	$0	.0%
MISC	43	$2,142	$348	$2,095	-$300	$0	$0	-$300	-.1%
ORTHO	128	$23,332	$0	$0	$23,332	$0	$5,379	$17,953	6.8%
TOTAL	5,328	$678,319	$188,614	$134,666	$355,038	$12,404	$76,528	$266,106	100.0%

Total Benefits Paid by Procedure Group



BOARD OF LUCAS COUNTY COMMISSIONERS

Claim Payment Analysis by Category within Procedure Group

AMERITAS GROUP

Policy #: 350688 *03/01/2014 through 07/31/2014*

Procedure Group	Procedure Category	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
EXAMS/X-RAYS	ROUTINE EXAMS	1,087	$50,975	$16,901	$7,461	$26,613	$0	$2,501	$24,112	9.1%
	LTD ORAL EXAMS	147	$10,536	$3,202	$3,508	$3,826	$0	$209	$3,616	1.4%
	BITEWING XRAYS	490	$25,398	$8,441	$3,300	$13,657	$0	$1,185	$12,472	4.7%
	FMX/PANO XRAYS	178	$18,338	$5,164	$3,746	$9,428	$0	$984	$8,444	3.2%
	OTHER XRAYS	343	$8,042	$2,827	$1,024	$4,191	$0	$288	$3,903	1.5%
	PRE-DIAGNOSTIC	8	$389	$67	$322	$0	$0	$0	$0	.0%
CLN/SEAL/APPL	PROPHYS/FLUOR	1,431	$85,282	$22,791	$12,483	$50,008	$0	$4,964	$45,044	16.9%
	SEALANTS	108	$5,302	$1,512	$831	$2,959	$0	$337	$2,622	1.0%
	SPACE MAINTAINR	3	$1,143	$503	$0	$640	$0	$0	$640	.2%
RESTORATIVE	AMALGAM RESTORE	25	$3,568	$846	$740	$1,982	$320	$782	$880	.3%
	RESIN RESTORE	578	$108,150	$35,061	$9,040	$64,049	$6,629	$14,166	$43,254	16.3%
	SEDATIVE FILLNG	3	$302	$34	$112	$156	$111	$21	$25	.0%
	ONLAYS	5	$5,167	$1,867	$136	$3,164	$25	$942	$2,197	.8%
	CROWNS	106	$107,399	$32,650	$30,322	$44,427	$827	$15,541	$28,059	10.5%
	CORE BUILD-UP	60	$13,317	$4,407	$3,703	$5,207	$92	$1,671	$3,444	1.3%
	POST AND CORE	20	$5,830	$2,057	$683	$3,090	$31	$1,045	$2,015	.8%
	CRN/PARTDEN REP	1	$140	$35	$0	$105	$25	$24	$56	.0%
	RECEMENT	7	$577	$175	$90	$312	$125	$36	$151	.1%
ENDO	ROOT CANALS	46	$38,634	$9,140	$3,110	$26,384	$835	$5,915	$19,633	7.4%
	SURGICAL ENDO	1	$700	$0	$700	$0	$0	$0	$0	.0%
	OTHER ENDO	1	$302	$86	$0	$216	$11	$41	$164	.1%
	PULP CAP	3	$200	$63	$137	$0	$0	$0	$0	.0%
PERIO	PERIO MAINT	33	$3,809	$961	$724	$2,124	$586	$379	$1,158	.4%
	DEBRIDEMENT	3	$437	$198	$109	$130	$50	$21	$59	.0%
	NON-SURG PERIO	100	$15,384	$4,812	$3,720	$6,852	$300	$1,557	$4,995	1.9%
	SURG PERIO	12	$8,759	$1,347	$4,266	$3,146	$25	$639	$2,482	.9%
PROSTH	DENTURE RELINES	1	$350	$120	$0	$230	$25	$41	$164	.1%
	DENTURE REPAIR	1	$250	$178	$0	$72	$25	$9	$38	.0%
	PROSTH-REMOVABL	3	$2,789	$977	$782	$1,030	$75	$409	$546	.2%

BOARD OF LUCAS COUNTY COMMISSIONERS

Claim Payment Analysis by Category within Procedure Group

Policy #: 350688 *03/01/2014 through 07/31/2014*

AMERITAS GROUP

Procedure Group	Procedure Category	Proc Count	Total Claims	PPO Savings	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Claims Paid	% Total Ben Paid
PROSTH	PROSTH-FIXED	31	$30,280	$6,433	$12,357	$11,490	$135	$5,027	$6,328	2.4%
	IMPLANTS	10	$14,680	$1,585	$3,318	$9,777	$15	$4,027	$5,734	2.2%
ORAL SRG/ANESTH	NON-SURG EXTRAC	53	$7,192	$2,288	$771	$4,133	$806	$799	$2,528	.9%
	SURG EXTRACT	140	$47,946	$13,965	$13,080	$20,901	$535	$4,586	$15,781	5.9%
	OTHER ORAL SURG	5	$2,750	$131	$1,238	$1,381	$150	$403	$828	.3%
	ANESTH-GEN/IV	36	$11,230	$3,106	$3,277	$4,847	$84	$1,036	$3,727	1.4%
	ANESTH-LOC/NITR	14	$516	$54	$462	$0	$0	$0	$0	.0%
GEN SERV	APPLIANCE THERA	3	$1,630	$184	$657	$789	$100	$363	$326	.1%
	PALLIATIVE	10	$985	$101	$270	$614	$109	$115	$390	.1%
	OCCLUSAL ADJUST	1	$75	$0	$75	$0	$0	$0	$0	.0%
	OCCLUSAL GUARD	25	$12,509	$3,741	$5,182	$3,586	$225	$1,008	$2,353	.9%
	DRUGS	14	$474	$25	$121	$328	$78	$54	$196	.1%
	PROF SERVICES	2	$160	$0	$0	$160	$50	$22	$88	.0%
TMD	NON-SURG MISC	9	$950	$233	$717	$0	$0	$0	$0	.0%
MISC	MISC (DENY)	18	$682	$90	$592	$0	$0	$0	$0	.0%
	MISC PREV	3	$227	$120	$107	$0	$0	$0	$0	.0%
	MISC BASIC	1	$50	$0	$50	$0	$0	$0	$0	.0%
	MISC MAJOR	3	$528	$125	$403	$0	$0	$0	$0	.0%
	ORTHO	128	$23,332	$0	$0	$23,332	$0	$5,379	$17,953	6.7%
	MISC(TAX & OTH)	1	$0	$0	$300	-$300	$0	$0	-$300	-.1%
	RARELY COVERED	17	$655	$13	$642	$0	$0	$0	$0	.0%
TOTAL		**5,328**	**$678,319**	**$188,614**	**$134,666**	**$355,038**	**$12,404**	**$76,528**	**$266,106**	**100.0%**

BOARD OF LUCAS COUNTY COMMISSIONERS

Monthly Experience Summary

AMERITAS GROUP

Policy #: 350688 03/01/2014 through 07/31/2014

Month	Premium $	Paid Claims $	Paid L/R	EE Lives	Dep Units
Jul 2014	$56,525	$52,789	93%	1,906	1,462
Jun 2014	$55,495	$55,203	99%	1,904	1,460
May 2014	$56,330	$51,201	91%	1,902	1,462
Apr 2014	$55,989	$65,624	117%	1,902	1,466
Mar 2014	$57,466	$49,078	85%	1,908	1,470
TOTAL	$281,805	$273,895		9,522	7,320

Paid Claims : $273,895 Change in Reserves: -$1,454 = Incurred Claims: $272,441

** Incurred Claims = Paid Claims + Change in Reserves

LUCAS COUNTY EMPLOYEES

Dental and Vision Highlight Sheet

FUSION: THE ULTIMATE CHOICE

AMERITAS GROUP

Plan Design

Coinsurance	In Network	Out of Network
Type 1	100%	30%
Type 2	80%	20%
Type 3	70%	20%
Deductible	$25/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum	$75/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum *(per person)*	$1,500 per calendar year	$500 per calendar year
Allowance	Contracted Fee	Contracted Fee
Vision Allowance *(per person)*	$100	$100

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	
Coinsurance	65%	65%
Lifetime Maximum *(per person)*	$1,000	$1,000

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

In and Out of Network

Type 1

- Routine Exam (2 per benefit period)
- Bitewing X-rays (1 per benefit period)
- Full Mouth/Panoramic X-rays (1 in 5 years)
- Periapical X-rays
- Cleaning (2 per benefit period)
- Fluoride for Children 18 and under (2 per benefit period)
- Sealants (to age 16) permanent molars once every 3 years
- Space Maintainers

Type 2

- Restorative Amalgams
- Restorative Composites (anterior and posterior teeth)
- Endodontics (nonsurgical)
- Endodontics (surgical)
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Denture Repair
- Simple Extractions
- Complex Extractions
- Anesthesia

Type 3

- Onlays
- Crowns (1 in 7 years per tooth)
- Crown Repair
- Implants
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years)

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

LUCAS COUNTY EMPLOYEES

Dental and Vision Highlight Sheet

FUSION: THE ULTIMATE CHOICE

AMERITAS GROUP

What is FUSION?

FUSION is a benefit plan design that encompasses both **dental** and **vision** coverage. You decide how you will use your dental and vision benefits:

- The combined annual maximum per covered member is $1,500.
- Each member may choose to spend up to $100 of the $1,500 per year on vision services and materials, including exams, glasses or contacts.

  OR
- Members may select to use the entire annual maximum toward dental services.
- Both dental and vision claims are applied toward the $1,500 annual maximum benefit per member.

Visit Participating Providers

When Lucas County employees visit an Ameritas participating provider, out-of-pocket costs will be lower than what you would pay if visiting an out-of-network provider. There are more than 320 participating providers in Lucas and surrounding counties.

It's easy to find a dental provider. Visit **ameritasgroup.com** and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice.

Visit the vision care provider of your choice. You'll see additional out-of-pocket savings when you visit an EyeMed Access provider. To find a vision provider, visit our website and select **FIND A PROVIDER**, then **EYE CARE**. Please be sure to select the **EYEMED ACCESS PLAN NETWORK**.

We're Here to Help

This plan was designed specifically for the employees of Lucas County and eligible dependents. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll free: 800.487.5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

Customer Relations: 800.487.5553
ameritasgroup.com

Ameritas Group, a division of Ameritas Life Insurance Corp. (Ameritas Life), offers group dental and vision products nationwide. Certain plan designs may not be available in all areas. Ameritas Group's group dental, vision and hearing care products [9000 Rev. 03-08, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Group. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc. Ameritas, the bison symbol, and FUSION: THE ULTIMATE CHOICE are registered service marks of Ameritas Life.

08/29/14 13:06:22

SPECIFIC STOP-LOSS REPORT

POLICY UNDERWRITER: 100 NFP Benefit Alliance

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 12/01/13 THRU: 02/28/15
PAID: 03/01/14 THRU: 02/28/15

COVERAGE/TYPE: MM IND

WARNING #: 11

WARNING AMOUNT: 49,500.00
OVER AMOUNT: 450,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
[redacted]	[redacted]	[redacted]	SELF	103,331.02	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	197,848.42	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	107,450.51	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	205,431.90	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	111,485.80	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	58,909.13	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	67,184.80	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	295,872.14	*WARN*	
[redacted]	[redacted]	[redacted]	DAUGHTER	423,361.33	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	103,024.42	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	52,809.81	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	60,172.15	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	88,721.73	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	97,085.12	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	84,285.88	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	73,380.23	*WARN*	
			GRAND TOTAL:	2,130,354.53		

02/28/14 14:32:28

SPECIFIC STOP-LOSS REPORT

POLICY UNDERWRITER: 100 NFP Benefit Alliance

GROUP: LC1 LUCAS COUNTY LUCAS COUNTY

INCURRED: 03/01/09 THRU: 02/28/14
PAID: 03/01/13 THRU: 02/28/14

COVERAGE/TYPE: MM/IND

WARNING %: 12

WARNING AMOUNT: 51,000.00
OVER AMOUNT: 425,000.00

SOC SEC NBR	EMPLOYEE NAME	PATIENT NAME	RELATION	PAID	MSG	LASER
[redacted]	[redacted]	[redacted]	SELF	71,903.78	*WARN*	
[redacted]	[redacted]	[redacted]	SON	85,974.72	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	77,555.33	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	88,337.96	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	57,711.18	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	93,673.81	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	62,180.98	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	69,332.92	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	87,897.89	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	94,244.23	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	65,364.66	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	149,915.06	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	73,231.70	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	179,003.62	*WARN*	
[redacted]	[redacted]	[redacted]	DAUGHTER	57,326.67	*WARN*	
[redacted]	[redacted]	[redacted]	SON	225,036.71	*WARN*	
[redacted]	[redacted]	[redacted]	DAUGHTER	170,474.85	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	65,295.62	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	66,496.61	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	111,810.28	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	308,045.91	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	159,116.27	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	68,022.83	*WARN*	
[redacted]	[redacted]	[redacted]	DAUGHTER	1,783,426.99	*OVER*	
[redacted]	[redacted]	[redacted]	SELF	62,396.22	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	58,925.32	*WARN*	
[redacted]	[redacted]	[redacted]	SON	409,336.60	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	88,275.68	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	94,771.36	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	109,785.08	*WARN*	
[redacted]	[redacted]	[redacted]	SON	59,907.99	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	223,355.22	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	51,561.29	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	56,906.68	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	135,145.61	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	111,608.08	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	77,965.54	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	215,972.39	*WARN*	
[redacted]	[redacted]	[redacted]	SON	79,993.40	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	75,713.41	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	57,146.75	*WARN*	
[redacted]	[redacted]	[redacted]	SPOUSE	64,698.43	*WARN*	
[redacted]	[redacted]	[redacted]	SELF	100,414.28	*WARN*	
		GRAND TOTAL:		6,405,259.91		

PARAMOUNT
Affiliate of ProMedica

Lucas County Employees

Product: Commercial HMO

Prior Period = Claims Incurred March 2012 through February 2013 and Paid through February 2014
Current Period = Claims Incurred March 2013 through February 2014 and Paid through February 2014
PHC (Paramount Health Care) = Current period data for all groups with same product

Rank	Total Payments	Relationship	Age	Top Clinical Condition*	Currently Active
1	$704,789			Hematologic Disord	N
2	$345,004			Aneurysm	Y
3	$212,426			Infections - Musculoskeletal	Y
4	$167,575			Cancer - Oral Cavity/Mandible	Y
5	$102,349			Cardiovasc Disorder, Congenital	Y
6	$86,598			Signs/Symptoms/Other	N
7	$84,421			Pancreatitis	Y
8	$78,447			Infections	Y
9	$76,541			Osteoarthritis	Y
10	$75,166			Radiation Therapy Encounters	Y

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

Claims $ Range	Members*	% Mbrs	Net Pay*	% Paymts
$0 and under	623	17%	$0	0%
$0.01-$4,999.99	2,696	73%	$2,663,792	29%
$5,000-$9,999.99	179	5%	$1,260,353	14%
$10,000-$24,999.99	127	3%	$1,997,028	21%
$25,000-$49,999.99	36	1%	$1,203,382	13%
$50,000 and over	14	0%	$2,167,620	23%

*Claims $ Range and Members are member centric regardless of group and/or product.
**Net Pay dollars are member/group centric and/or member/product centric.

PARAMOUNT
Affiliate of ProMedica

Lucas County Employees

Product: Commercial HMO

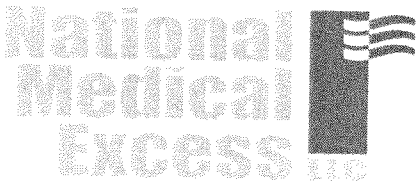
Prior Period = Claims Incurred March 2011 through February 2012 and Paid through February 2013
Current Period = Claims Incurred March 2012 through February 2013 and Paid through February 2013
PHC (Paramount Health Care) = Current period data for all groups with same product

Rank	Total Payments	Relationship	Age	Top Clinical Condition*	Currently Active
1	$585,377			Cancer - Leukemia	Y
2	$233,262			Infections - Musculoskeletal	Y
3	$191,474			Injury - Respiratory	N
4	$132,361			Cancer - Nonspecified	N
5	$120,749			Coronary Artery Disease	N
6	$114,344			Condition Rel to Trauma - Med/Surg	Y
7	$106,292			Mental Hlth - Substance Abuse	N
8	$102,557			Anomalies - Neurologic Disorder	Y
9	$96,636			Cancer - Nonspecified	Y
10	$84,175			Osteoarthritis	Y

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

Claims $ Range	Members*	% Mbrs	Net Pay*	% Paymts
$0 and under	635	17%	$0	0%
$0.01-$4,999.99	2,828	74%	$2,625,100	29%
$5,000-$9,999.99	186	5%	$1,341,913	15%
$10,000-$24,999.99	104	3%	$1,568,557	17%
$25,000-$49,999.99	29	1%	$1,049,169	11%
$50,000 and over	22	1%	$2,567,100	28%

*Claims $ Range and Members are member centric regardless of group and/or product.
**Net Pay dollars are member/group centric and/or member/product centric.



Prepared 09/11/14

Specific Loss Ratio History (HM Life)

From	Through	Paid Claims	Premium	Paid L/R	# Claims
03/01/2013	01/31/2014	$2,049,012	$373,461	548.65%	2
03/01/2012	02/28/2013	$511,587	$359,729	142.21%	3
03/01/2011	02/29/2012	$34,336	$376,067	9.13%	1
03/01/2010	02/28/2011	$354,242	$357,252	99.16%	3
03/01/2009	02/28/2010	$109,676	$322,294	34.03%	1
Total		**$3,058,853**	**$1,788,803**	**171.00%**	10

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

FORM 1A	NON-COLLUSION AFFIDAVIT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 1B	DELINQUENT TAX STATEMENT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 2A	ADMINISTRATIVE SERVICES COST QUOTATION (ONE YEAR)
FORM 2B	ADMINISTRATIVE SERVICES COST QUOTATION (TWO YEAR)
FORM 2C	ADMINISTRATIVE SERVICES QUESTIONAIRRE (MUST BE COMPLETED BY ALL RESPONDENTS FOR ADMINISTRATIVE SERVICES)
FORM 3	ULTIMATE LIABILITY (STOP/LOSS) COVERAGE
FORM 4	CONVENTIONAL HEALTH, PPO COVERAGE
FORM 4A	CONVENTIONAL HMO COVERAGE
FORM 5	CONVENTIONAL DENTAL INDEMNITY COVERAGE
FORM 5A	CONVENTIONAL DENTAL PPO COVERAGE
FORM 8	PREFERRED PROVIDER ORGANIZATION QUESTIONNAIRE
ADDITIONAL FORMS:	Additional Administrative Requirements Compliance with Support Order(s), No Findings for Recovery Affidavit, and Non Discrimination and Equal Employment Opportunity Affidavit.

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 #2A
ADMINISTRATIVE SERVICES COST QUOTATION
ONE YEAR QUOTE

ONE YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
A. BENEFIT TYPE = HEALTH (HMO)					
SINGLE	NA		X _____	=	$ _____
FAMILY	NA	X	_____	=	$ _____
			TOTAL = $ _____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
B. BENEFIT TYPE = HEALTH (PPO)					
SINGLE	NA	X	$ _____	=	$ _____
FAMILY	NA	X	$ _____	=	$ _____
			TOTAL = $ _____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
C. BENEFIT TYPE = DENTAL PPO					
SINGLE	222	X	$ _____	=	$ _____
FAMILY	739	X	$ _____	=	$ _____
			TOTAL = $ _____		

COMPANY NAME: _____

COMPANY ADDRESS: _____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

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

FORM #2B
ADMINISTRATIVE SERVICES COST QUOTATION
TWO YEAR QUOTE

TWO YEAR QUOTATION:

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
D. BENEFIT TYPE = HEALTH (HMO)					
SINGLE	NA	X	$_____	=	$_____
FAMILY	NA	X	$_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
E. BENEFIT TYPE = HEALTH (PPO)					
SINGLE	NA	X	$_____	=	$_____
FAMILY	NA	X	$_____	=	$_____
			TOTAL = $_____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
F. BENEFIT TYPE = DENTAL PPO					
SINGLE	222	X	_____	=	$_____
FAMILY	739	X	_____	=	$_____
			TOTAL = $_____		

COMPANY NAME:_____

COMPANY ADDRESS:_____

_____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

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

FORM #2C
ADMINISTRATIVE SERVICES QUESTIONNAIRE

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

1. How long have you provide claims administration services?
   _____ Years _____ months

2. Will our claims be processed by certain, select individuals or by a pool of claim adjusters?
   _____ Individuals _____ pool

3. Do you have more than one claims processing location?
   _____ One _____ More than one

4. What is the location of the office that will be processing the claims of this account?

   Location _____

5. How many staff members does this claims office have?
   Number_____

6. What type of claim payment system does your staff utilize?

   _____ manual
   _____ batch computer
   _____ on line computer

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

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Dollar Amount of claims	_____	_____	_____	_____
-Number of claims	_____	_____	_____	_____
-Dollar amount of claims by sex	_____	_____	_____	_____
-Number of claims by sex	_____	_____	_____	_____
-Dollar amount of claims by age	_____	_____	_____	_____
-Number of claims by age	_____	_____	_____	_____
-Dollar amount of claims by dependents	_____	_____	_____	_____
-Number of claims by dependents	_____	_____	_____	_____
-Dollar amount of claims by employee	_____	_____	_____	_____
-Number of claims by employee	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
	_____	_____	_____	_____
	_____	_____	_____	_____
-Dollar amount of claims by diagnostic category (total group)	_____	_____	_____	_____
-Number of claims by diagnostic category (total group)	_____	_____	_____	_____
-Dollar amount of claims by diagnostic category by department	_____	_____	_____	_____
-Number of claims by diagnostic category by department	_____	_____	_____	_____
-Total hospital days confined	_____	_____	_____	_____
-Claim charges total	_____	_____	_____	_____
-Claim charges eligible	_____	_____	_____	_____
-Basic vs. Major Medical vs. Med/Surgical claims paid	_____	_____	_____	_____
-Coordination of benefits savings	_____	_____	_____	_____
-Listing of claimants (providers by total claims submitted, claims period, hospital discount savings	_____	_____	_____	_____

SPECIFIC EMPLOYEE DATA:

Employee identification number by:	MONTHLY		ANNUALLY	
	Yes	No	Yes	No
-Claims (number/dollar) amount	_____	_____	_____	_____
-Diagnostic categories of claims	_____	_____	_____	_____
-Employee dependent claims	_____	_____	_____	_____
Employee dependents claims (number/dollar amounts)	_____	_____	_____	_____

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

_____ California Relative Value Schedule
_____ Medical Consultant
_____ Dental Consultant
_____ Usual, reasonable and customary
_____ Other, specify _____

9. If you use U.C.R. schedules, what means will you use to determine UCR value for this client?

_____ Health Insurance Association of America
_____ Zip Code
_____ Other, specify _____

10. Are you prepared to provide this client with the cost source documentation you intend to use in advance of entering into an agreement?

_____ Yes _____ No

11. Under the system of reimbursement you are proposing, who is the responsible party for the following charges?

	ADMINISTRATOR	CLIENT	INSURANCE CO.
Annual Report	_____	_____	_____
Monthly Report	_____	_____	_____
Employee Booklet	_____	_____	_____
Claims Forms	_____	_____	_____
Envelopes	_____	_____	_____
Checks	_____	_____	_____
Postage	_____	_____	_____
Employee Communiqués	_____	_____	_____

12. Is your system capable of generating monthly reports that itemize each claim expenditure by individual employee, complete with diagnosis?

_____ Yes _____ No

13. Does your claims processing capability provide for the following?:

a. Verification of eligibility	_____ Yes _____ Manually	_____ No _____ By Computer
b. Eligibility certification for each claim	_____ Yes	_____ No
c. Coordination of Benefits for each claim	_____ Yes	_____ No
d. Claim calculation are made:	_____ Manually	_____ By Computer
e. Claim checks are drawn	_____ Manually	_____ By Computer
f. Denial letters are drawn	_____ Manually	_____ By Computer

14. Please describe any systems you have in place for updating eligibility, providing client confidentiality, making claim adjustments, and handling questions and complaints from your clients.

_____

_____

_____

_____

_____

_____

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

Make:_____

Model:_____

Capacity:_____

Language:_____ Tape:_____ Disc:_____

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

_____ Number of Clients _____ Number of Employees

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

_____ Total Number of Daily Claims Processed

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

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

Explain:_____

_____

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

_____ Yes _____ No

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

_____

_____

_____

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

_____

_____

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

_____ Yes _____ No

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

_____ Yes _____ No

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

_____ Yes _____ No

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

_____%

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

27. Please identify any separate charges for these services.

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

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

_____

_____

_____

_____

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

FORM #3
ULTIMATE LIABILITY (STOP/LOSS) COVERAGE

A: AGGREGATE STOP/LOSS:

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

Monthly Premium:

$ _____ Per Single Employee per month ...X... NA single plans ...$_____

$ _____ Per Family Employee per month ...X... _NA family plans ...$_____

TOTAL MONTHLY PREMIUM ... ...$_____

B: SPECIFIC STOP/LOSS AT $425,000 INCURRED PER COVERED PERSON (INCLUDING PRESCRIPTION DRUG COVERAGE)

Monthly Premium:

$ _____ Per Single Employee per month ...X...1028 single plans ...$_____

$ _____ Per Family Employee per month ...X 2150 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 #5A
CONVENTIONAL DENTAL COVERAGE THROUGH A PPO NETWORK

ONE YEAR PRICE QUOTATION

PROGRAM BEING OFFERED:
(SPECIFY) _____

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	222	X	_____	=	$ _____
FAMILY	739	X	_____	=	$ _____
TOTAL =			TOTAL = $ _____		

TWO YEAR PRICE QUOTATION

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	*FIRST YEAR* MONTHLY RATE	=	TOTAL MONTHLY PREMIUM
SINGLE	222	X	$ _____	=	$ _____
FAMILY	739	X	$ _____	=	$ _____
TOTAL=			TOTAL = $ _____		

EMPLOYEE CATEGORIES	ESTIMATED NO OF EMPLOYEES	X	*SECOND YEAR* MONTHLY RATE	=	TOTAL MONTHLY PREMIUM	OR	SECOND YEAR RATE CAP
SINGLE	222	X	$ _____	=	$ _____		____%
FAMILY	739	X	$ _____	=	$ _____		____%
TOTAL=			TOTAL = $ _____				

COMPANY NAME: _____

COMPANY ADDRESS: _____

_____

SUBMITTED BY: _____

TELEPHONE NUMBER: _____

FORM #8
DENTAL 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 the plan sponsor as references.

C. Network Providers

10) What is the total number of service providers in your network? (Provide a complete directory listing all providers including the identification of those who are contracted for special cervices only.)
11) If participating providers practice out of multiple locations please count them only once.
12) List all contracting providers in your network of the Northwest Ohio service area including:
    - Primary dental care
    - Endodontic
    - Periodontist
    - Pediatric dentists
    - Oral surgeons
    - Orthodontists
    - Emergency dental providers

D. Satisfaction:

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

E. Pricing:

18) Explain your philosophy in establishing pricing arrangements under your network.

19) How often do you update reimbursement amounts?
20) Are your providers required by contract to honor a "no-balance billing" provision?
21) Does your network require the County to impose an "out-of-network" sanction (steerage)? If so, what is the minimum percentage required?
22) 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?
23) Which network are you proposing as a wrap network to provide discount pricing for emergency services delivered beyond the geographical influence of your network?
24) Please verify that the actual amounts for claims billed to the County are the actual amounts reimbursed to the actual medical providers and that the medical service provider returns no other remuneration to the administrator/insurance company/PPO Network.

Additional Administrative Requirements
Compliance with Support Order(s)

Financial responsibility, integrity and accountability are essential for operating a business that services the public. Unpaid obligations are a social problem which threatens the welfare of children and increases the burden on taxpayers to provide social services. Due to the public's growing concern with non-paying parents, government initiatives to create additional, effective enforcement mechanisms are necessary. It is in the County's interest that all contractors doing business with Lucas County demonstrate financial responsibility and integrity and accountability.

All bidders **must submit** the **completed** "Compliance Affidavit For Businesses" with their bid. Once a lowest and best bidder has been determined and prior to award, this form will be submitted by Lucas County to the Child Support Enforcement Agency for certification of substantial compliance of court ordered and/or agency ordered child support of any individuals of the company who have twenty-five percent (25%) or greater vested interest in the company. If the individual is found to be not in compliance, said bidder will be notified that the individual is not in compliance and therefore the bidder/company/contractor is not in compliance and will have five (5) days to be in compliance from date of notification. Failure to comply will cause disqualification of the bidder's/company's/contractor's bid.

Bidders should contact Lucas County Child Support Enforcement Agency, 419-213-3106, regarding this requirement should they have questions.

COMPLIANCE AFFIDAVIT FOR BUSINESSES

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE BIDDER AND NOTARIZED

STATE OF OHIO }
}ss:
COUNTY OF LUCAS }

_____, being first duly sworn, deposes and says that
(Authorized Officer)
he/she is _____ of _____
(Title) (Company Name)
the party making the foregoing proposal or bid; that according to his/her knowledge, based upon company records the following individuals have a twenty-five (25%) percent or greater vested interest in _____.
(Company Name)

Name	Child Support Case/Order No:	Social Security Number:

Please check if applicable: _____ There are no individuals with twenty-five percent (25%) or greater vested interest in _____.
(Company Name)

_____
(Signature)

Affiant: _____

Sworn to and subscribed in my presence this _____ day of _____, 20____.

_____
(Notary Public)

NO FINDINGS FOR RECOVERY AFFIDAVIT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

I _____ (NAME), _____ (TITLE), _____ (NAME OF COMPANY)

affirm that at the time that I submitted the bid for _____ (BID TITLE)

to the Board of Lucas County Commissioners on _____ (DATE) that

_____ (NAME OF COMPANY) has / has no (CIRCLE ONE) unresolved

finding for recovery from the State Auditor per Ohio Revised Code

Section 9.24.

(If there is unresolved finding for recovery from the State Auditor , complete the following section)

The amount of unresolved finding for recovery due the State Auditor is

_____ (AMOUNT) and unpaid penalties and interest are _____ (AMOUNT).

_____ (SIGNATURE)

_____ (TITLE)

_____ DATE

Sworn to and subscribed before me this _____day of,_____ 20___.

(SEAL) _____ (NOTARY)

My Commission Expires:

_____

NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY AFFIDAVIT

STATE OF _____

SS

COUNTY OF _____

_____ being first duly sworn, deposes and says that
(Name)

he/she is _____ of _____ the party
(Title) (Company)

that made the foregoing proposal; that such party as bidder does not and shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin. If awarded the bid and contract under this proposal, said party shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, color, sex or national origin. If successful as the lowest and best bidder under the foregoing proposal this party shall post non-discrimination notices in conspicuous places available to employees and applicants for employment setting forth the provision of this affidavit.

Furthermore, said party agrees to abide by the assurances found in Section 153.59 of the Ohio Revised Code in the Contract Provisions with the Owner if selected as the successful bidder by the owner.

_____
(Signature)

_____
(Address)

_____
(Company Corporation)

_____
(Phone)

_____
(City, State Zip Code)

Sworn to and subscribed before me this _____ day of _____, 20____.

(Seal)

_____
(Notary)

My Commission Expires:

_____
(Date)